

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Voltaire A. De Vera Date: 08/27/2024	Patient Age: 12 y/o Patient Weight: 50.6 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) - Inflammation of appendix	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Abdomen
3. Identify the most likely and worst possible complications. Ruptured/Perforated Appendix Peritonitis Sepsis	4. What interventions can prevent the listed complications from developing? Prompt diagnosis and management Surgery
5. What clinical data/assessments are needed to identify these complications early? Serial abdominal examination Vital signs including Temperature Pain Assessment WBC values	6. What nursing interventions will the nurse implement if the anticipated complication develops? Keep on NPO Frequent vital signs Pain Assessment Monitor Input and Output
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Relaxation 2. Guided Imagery	8. Patient/Caregiver Teaching: 1. Educate about the surgical procedure 2. Inform what to expect post-op such as pain 3. Importance of ambulation, TCDB exercises and infection control Any Safety Issues Identified: None

Student Name: Voltaire A. De Vera
Date: 08/27/2024

Patient Age: 12 y/o
Patient Weight: 50.6 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hgb 14	14	
Hct 41.3	41.3	
WBC 14.5	14.5	PRESENCE OF INFECTION
Metabolic Panel Labs		
—		
—		
—		
Misc. Labs —		
Absolute Neutrophil Count (ANC) (if applicable)		
—		
—		
Lab TRENDS concerning to Nurse?		
YES		

11. Growth & Development:

*List the Developmental Stage of Your Patient For Each Theorist Below.

*Document 2 OBSERVED Developmental Behaviors for Each Theorist.

*If Developmentally Delayed, Identify the Stage You Would Classify the Patient:

Erickson Stage: Identity vs Confusion

1. She mentioned about her own social circle and felt comfortable with them
2. She conforms to the expectations of that said group

Piaget Stage: Formal Operational Stage

1. She was doing her math assignment while trying to recuperate.
2. Thinking what she wants to be.

Please list any medications you administered or procedures you performed during your shift:
TPCN guided me through in hanging IVPB of Piperacillin-Tazobactam

Pediatric Floor Patient #1

VOLTAIRE DE VERA

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>72</u> L <u>72</u> Lower R <u>72</u> L <u>72</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>2-3MM</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right _____ Left _____ Pushes: Right _____ Left _____ S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>AMBER YELLOW</u> Stool Appearance: <u>LIQUID, BROWN</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>20 G GAUC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5NS, 100ML</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>R INDEX FINGER</u> Oxygen Saturation: <u>98%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: _____ Mucous Membranes: Color: <u>PINK</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>PEDIATRIC DIET</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: <u>0</u> 0800 1200 1600
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____	<input type="checkbox"/> None Type: <u>INCISIONAL WOUND</u> Location: <u>ABDOMEN</u> Description: <u>TROCAR SITE X 3</u> Dressing: <u>GAUZE, INTACT, DRY</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed													
Intake - PO Meds													
SIPS OF WATER AND ATE JELLO													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	80	80	80	20	80	44							424
IV Meds/Flush				100	10	50							
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate 80 mL/HOUR THEN TITRATED DOWN TO 44 mL/HOUR						
ADMITTING WEIGHT = 49.8 kg 49.8 kg $100 \times 10 = 1,000$ $50 \times 10 = 500$ $20 \times 49.8 = 996$							$\frac{2096}{24} = 87.3$ 87.3 PRN L/HOUR						
Rationale for Discrepancy (if applicable)													
OUTPUT													
Urine/Diaper	07	08	09	10	11	12	13	14	15	16	17	18	Total
Stool													1,000 mL MIXED WITH STOOL
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \text{ mL} \times 49.8 \text{ kg} = 24.9 \text{ mL/HOUR}$							200 mL/HOUR						

ADMITTING WEIGHT = 49.8 kg
 PRESENT WEIGHT 50.6

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3
Staff Concern	1 pt - Concerned <input type="radio"/> 0
Family Concern	1 pt - Concerned or absent <input type="radio"/> 0
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0 = 2</u>
	Score 0-2 (Green) - Continue routine assessments
	Score 3-4 (Yellow) - Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) - Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
DSNS + KCl 20 meq 3000 mL	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Maintenance Fluid	Electrolytes (Na, K)	Heart Failure, Renal Failure

Student Name: Voltaire De Vera		Unit: Pedi-MedSurg3	Patient Initials: EP		Date: 8/27/2024	Allergies: No Known Allergies	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Acetaminophen	Analgesic	Pain Relief	500mg IVPB q6	Yes Click here to enter text.	Click here to enter text.	Liver failure	<ol style="list-style-type: none"> 1. Do not take more than what is the intended dosage and frequency. 2. If missed a dose, take one as soon as you can. 3. Do not double if missed one dose. 4. Click here to enter text.
Piperacillin Tazobactam	Antibiotic	Anti-infective	3.375G in NS 100 mL IVPB q6	Yes Click here to enter text.	Click here to enter text.	Allergic reaction	<ol style="list-style-type: none"> 1. Inform patient what to watch out for allergic reaction such as itchiness, hives and difficulty of breathing 2. Assess the patient after 15 minutes after administration for allergic reaction 3. Click here to enter text. 4. Click here to enter text.
Famotidine	H2 receptor antagonis	Prevention of gastric ulcer	20 mg IV q6	Yes Click here to enter text.	Click here to enter text.	Fussiness	<ol style="list-style-type: none"> 1. If the baby experience fussiness, stop giving it and notify the prescriber. 2. Needs to inform about allergic reactions such as itchiness and difficulty of breathing. Call physician immediately

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Student Name: Voltaire De Vera		Unit: Pedi-MedSurg3	Patient Initials: EP	Date: 8/27/2024	Allergies: No Known Allergies		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
							3. Click here to enter text. 4. Click here to enter text.
Morphine	Opioids	Analgesic	2.5mg IV q4	Yes Click here to enter text.	Click here to enter text.	Respiratory Depression Constipation	1. Respiratory assessment frequently 2. Attach pulse oximeter to the digit of patient to know the O2 status 3. Encourage fluid intake as tolerated. 4. Increase dietary fiber.
Ondansetron	Antiemetic	Prevent vomiting	4mg IV q6	Yes Click here to enter text.	Click here to enter text.	Constipation	1. Encourage fluid intake once emesis is controlled 2. Increase dietary fiber 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>12</u> L <u>12</u> Lower R <u>12</u> L <u>12</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <u>ALWAYS</u> Oriented to: <u>ATAXIC</u> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>2-3</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>N</u> Left <u>N</u> Pushes: Right <u>N</u> Left <u>N</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Urine Appearance: <u>AMBER YELLOW</u> Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: _____ <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <u>MIDLINE</u> Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5 NS + KCL 20mcg</u> <u>30ml HOUR</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>BIG TOE</u> Oxygen Saturation: <u>98%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>7</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>G-TUBE</u> Location <u>*</u> Inserted to _____ cm <input type="checkbox"/> Suction Type: _____ <u>* @ UPPER QUADRANT</u>	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: _____ Mucous Membranes: Color: <u>PINK</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: _____ Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input checked="" type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <u>NONE</u> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None <u>SCAR</u> Type: _____ Location: <u>@ LOWER QUADRANT</u> Description: <u>DRY SCAR</u> Dressing: <u>(-)</u>
	MOBILITY	TUBES/DRAINS
	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: _____ Type: <u>G-TUBE</u> Dressing: <u>DRY</u> Suction: <u>(-)</u> Drainage amount: <u>(-)</u> Drainage color: <u>(-)</u>

ATAXIC TRACHEAL
 INTUBATED COL PUMP
 ATAXIC QUADRANTAL

ENTERAL NUTRITION
 KATE PUMP 94°
 325 ml + 150 ml H₂O

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed			150										450
Intake = PO Meds			=										
+ 350 mL OF FEED													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	30	30	30	30	30	30							180
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate 300 mL/HOUR						
54.9 kg $100 \times 10 = 1,000$ $2,198$ $50 \times 10 = 500$ $\div 24$ $20 \times 34.9 = 698$ $91.5 = 92 \text{ mL/HOUR}$							Rationale for Discrepancy (if applicable)						
							KVO RATE						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.6 \times 54.9 = 27.45 \text{ mL/HOUR}$													

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 3
Staff Concern	1 pt = Concerned <input type="radio"/>
Family Concern	1 pt = Concerned or absent <input type="radio"/>
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0-2</u>
	Score 0-2 (Green) - Continue routine assessments
	Score 3-4 (Yellow) - Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) - Activate rapid response team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
DSNS 1000mL + KCl 20 meq	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Maintenance Fluid	Electrolytes (Na, K)	Heart Failure, Renal Failure

Student Name: Voltaire De Vera		Unit: Pedi-MedSurg3	Patient Initials: TG		Date: 8/27/2024	Allergies: No Known Allergies	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Baclofen	Skeletal Muscle Relaxant	Prevent muscle spasms	20mg/tab G-tube q6	Click here to enter text.	Click here to enter text.	seizure	<ol style="list-style-type: none"> 1. Seizure precaution measures like preventing falls, preventing head injury 2. Keeping the airway clear 3. Presence of suction and oxygenation materials 4. Click here to enter text.
Cefepime	Antibiotic	Prevention/treatment of infections	2 Gm in H2O 20mL IV q8	Click here to enter text.	Click here to enter text.	Diarrhea	<ol style="list-style-type: none"> 1. If worsening diarrhea occurs, notify provider to change medication 2. Monitor fluid and electrolytes status if diarrhea persists 3. May need to replace fluid losses 4. Click here to enter text.
Diazepam	Benzodiazepine	To reduce spasticity of muscles	1mg/mL 2mg G-tube HS	Click here to enter text.	Click here to enter text.	Bradycardia Bradypnea	<ol style="list-style-type: none"> 1. Monitor the vital signs frequently and hook up to monitor. 2. If cardiopulmonary adverse effect are observed, immediately notify provider to replace medication. 3. Click here to enter text.

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Student Name: Voltaire De Vera		Unit: Pedi-MedSurg3	Patient Initials: TG	Date: 8/27/2024	Allergies: No Known Allergies		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
							4. Click here to enter text.
Metoprolol	B-blocker	Antihypertensive	50mg ER G-tube once daily	Click here to enter text.	Click here to enter text.	hypotension	1. Vital signs must be checked prior to administering medication 2. Do not give if heart rate is less than 60bpm and/or systolic pressure is less than 90 3. Hook up to telemetry to monitor continuously ECG 4. Click here to enter text.
				Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.