

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Jo Beth Nichols Date: 08/27/2024</p>	<p>Patient Age: 10 years Patient Weight: 28.6 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <p>Acute appendicitis with generalized peritonitis Lumen obstruction, mucous secretions, ischemia, bacterial infection, inflammation</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:]</p> <p>Abdominal</p>
<p>3. Identify the most likely and worst possible complications.</p> <p>Appendix rupture Sepsis</p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p>Removal of appendix Systemic antibiotics IV fluids and electrolytes NG suction</p>
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <p>Recognize signs and symptoms of appendicitis (Periumbilical pain, moving to right umbilical pain, nausea, vomiting, and fever)</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <p>Administer pain medications as prescribed Have suction supplies ready Ambulatory care</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Games, puzzles, books</p> <p>2. Have the child describe a trip he would like to take</p>	<p>8. Patient/Caregiver Teaching:</p> <p>1. Encourage hand washing with proper technique</p> <p>2. Instruct how to use the pain scale</p> <p>3. Educate on signs of infection</p> <p>Any Safety Issues identified: IV pole trip hazard</p>

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Abnormal Relevant Lab Tests	Current	Clinical Significance
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Complete Blood Count (CBC) Labs		
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Metabolic Panel Labs		
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Misc. Labs		
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Absolute Neutrophil Count (ANC) (if applicable)		
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Lab TRENDS concerning to Nurse?

No labs were drawn at the hospital; patient did have lab work at Lockney

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: Industry v Inferiority

1. The patient is proud of himself for getting better
2. The patient enjoys being complimented for his bravery

Piaget Stage: Concrete Operational

1. The patient understands that he was sick and is getting better
2. The patient likes to collect Hot Wheels

Student Name: Jo Beth Nichols	Patient Age: 10 years
Date: 08/27/2024	Patient Weight: 28.6 kg
Please list any medications you administered or procedures you performed during your shift:	

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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 2+ L 2+ Lower R 2+ L 2+ 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 Mom at bedside
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 type="checkbox"/> Person <input type="checkbox"/> Place <input 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 2 mm 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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right S Left S Pushes: Right S Left S S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: Clear, yellow Stool Appearance: None reported post op <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: Right forearm (20 gauge) <input checked="" 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: D5W NS with 20 mEq KCl
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	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 1 quads RL <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type NG FR 14 Location left nare Inserted to 43cm <input type="checkbox"/> Suction Type: switched to gravity	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 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: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: NPO Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 0 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 checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None	<input type="checkbox"/> None Type: Abdominal Location: Left abdominal, left lower quadrant, and left lower laparoscopic puncture Description: Total of 3 Dressing: Gauze and tegaderm
		TUBES/DRAINS
		<input checked="" type="checkbox"/> None

<input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site left index Oxygen Saturation: 97%	Type: _____	<input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____
	MOBILITY	
	<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	

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													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						68	68	68	68	68			340
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
10 x 100 = 1000							68 ml/hr						
10 x 50 = 500							Rationale for Discrepancy (if applicable)						
8.5 x 20 = 170													
1000 + 500 + 170 = 1670 ml/24 hrs = 69.6 ml/hr													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							1						1
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
1ml/kg/hr = 1 ml x 28.6 kg = 28.6 ml/hr							1 occurrence						

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:
	<u>0</u> 1 2 3
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0</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

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	<ul style="list-style-type: none"> – Playing/sleeping appropriately OR – Alert, at patient's baseline 	<ul style="list-style-type: none"> – Sleepy, somnolent when not disturbed 	<ul style="list-style-type: none"> – Irritable, difficult to console OR – Increase in patient's baseline seizure activity 	<ul style="list-style-type: none"> – Lethargic, confused, floppy OR – Reduced response to pain OR – Prolonged or frequent seizures OR – Pupils asymmetrical or sluggish
Cardiovascular	<ul style="list-style-type: none"> – Skin tone appropriate for patient – Capillary refill \leq 2 seconds 	<ul style="list-style-type: none"> – Pale OR – Capillary refill 3-4 seconds OR – Mild tachycardia OR – Intermittent ectopy or irregular HR (not new) 	<ul style="list-style-type: none"> – Grey OR – Capillary refill 4-5 seconds OR – Moderate tachycardia 	<ul style="list-style-type: none"> – Grey and mottled OR – Capillary refill $>$ 5 seconds OR – Severe tachycardia OR – New onset bradycardia OR – New onset/increase in ectopy, irregular HR or heart block
Respiratory	<ul style="list-style-type: none"> – Within normal parameters – No retractions 	<ul style="list-style-type: none"> – Mild tachypnea/ increased WOB (flaring, retracting) OR – Up to 40% supplemental oxygen OR – Up to 1L NC $>$ patient's baseline need OR – Mild desaturations $<$ patient's baseline OR – Intermittent apnea self-resolving 	<ul style="list-style-type: none"> – Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR – 40-60% oxygen via mask OR – 1-2 L NC $>$ patient's baseline need OR – Nebs Q 1-2 hour OR – Moderate desaturations $<$ patient's baseline OR – Apnea requiring repositioning or stimulation 	<ul style="list-style-type: none"> – Severe tachypnea OR – RR $<$ normal for age OR – Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR – $>$ 60% oxygen via mask OR – $>$ 2 L NC more than patient's baseline need OR – Nebs Q 30 minutes – 1 hour OR – Severe desaturations $<$ patient's baseline OR – Apnea requiring interventions other than repositioning or stimulation
Staff Concern		– Concerned		
Family Concern		– Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> – Continue Routine Assessments 	<ul style="list-style-type: none"> – 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 	<ul style="list-style-type: none"> – 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
Dextrose 5% in NaCl 0.9% with 20 mEq KCl	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Fluid and electrolyte replacement		

Student Name: Jo Beth Nichols		Unit: Pediatric Med Surg		Patient Initials: LS		Date: 08/27/2024		Allergies: Band-aids, no known drug 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	Nonsalicylate	Pain	430 mg, IVP over 15 min, every 6 hours	Yes		Hepatotoxicity	<ol style="list-style-type: none"> 1. This medication is given for moderate pain 2. When administering at home, do not exceed the recommended daily amount 3. At home, use an appropriate measuring device 4. Consider all forms of acetaminophen when calculating maximum daily amount 		
Piperacillin-Tazobactam	Extended spectrum penicillins	Appendicitis and peritonitis	3000 mg, IVPB, every 8 hours	Yes		Acute generalized exanthematous pustulosis	<ol style="list-style-type: none"> 1. Report rash 2. Report diarrhea and abdominal cramping 3. The purpose of this medication is to fight bacterial infections 4. Report itching eyes 		
Famotidine	Histamine H2 antagonist	Inhibition of gastric acid secretion	14.5 mg, IVP over 2 minutes every 12 hours	Yes		Arrhythmias, aplastic anemia.	<ol style="list-style-type: none"> 1. May cause drowsiness; call for help getting out of bed 2. Report dizziness 3. Don't take continuously more than 2 weeks 4. Report any black, tarry stools 		

Adopted: August 2016

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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	Nonsalicylate	Pain	430 mg, IVP over 15 min, every 6 hours	Yes		Hepatotoxicity	1. This medication is given for moderate pain 2. When administering at home, do not exceed the recommended daily amount 3. At home, use an appropriate measuring device 4. Consider all forms of acetaminophen when calculating maximum daily amount
Piperacillin-Tazobactam	Extended spectrum penicillins	Appendicitis and peritonitis	3000 mg, IVPB, every 8 hours	Yes		Acute generalized exanthematous pustulosis	1. Report rash 2. Report diarrhea and abdominal cramping 3. The purpose of this medication is to fight bacterial infections 4. Report itching eyes
Famotidine	Histamine H2 antagonist	Inhibition of gastric acid secretion	14.5 mg, IVP over 2 minutes every 12 hours	Yes		Arrhythmias, aplastic anemia.	1. May cause drowsiness; call for help getting out of bed 2. Report dizziness 3. Don't take continuously more than 2 weeks 4. Report any black, tarry stools

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