

Student Name: Bryanna Moreno

Unit: PF1

Pt. Initials: EP

Date: 8/27

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>NaCl 0.9% 200ml/hr</u>	<u>Isotonic</u> /Hypotonic/ Hypertonic	<u>hydration</u>		

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?	If not, why?			
<u>acetaminophen</u>	<u>NSAID</u>	<u>decrease inflammation</u>	<u>500mg IVPB q6hr</u>	<u>650mg</u> yes		<u>500mg of 10mg/mL 200 ml/hr</u>	<u>jaundice, clay-color stool, bleeding</u>	<u>1. do not exceed 4g/day 2. if taken in high doses can cause hepatotoxicity 3. monitor I+O's 4. if rash occurs: d/c</u>
<u>Famotidine</u>	<u>H2 Blocker</u>	<u>reduce gastric acid</u>	<u>20mg intradermal 2x/d</u>	<u>20mg-40mg</u> yes		<u>20mg of 10 mg/mL</u>	<u>Seizures, joint pain, heart palpitation</u>	<u>1. take 30m-1hr before eating 2. can cause dizziness, lay down if this occurs 3. increase fluids 4. monitor CBC</u>
<u>Piperacillin Tazobactam in NaCl</u>	<u>Antibiotic</u>	<u>prevent infection from appendicitis</u>	<u>3.375g in NaCl 0.9% 100ml IVPB q6hrs</u>	<u>3.375g</u> yes		<u>200 mL/hr</u>	<u>SOB, blurred vision, hives</u>	<u>1. monitor CBC, H+H status 2. watch pt for first 30m for S/S of hypersensitivity 3. report loose stools 4. monitor I+O's</u>
								<u>1. 2. 3. 4.</u>
								<u>1. 2. 3. 4.</u>

Student Name: \_\_\_\_\_ Patient Age: \_\_\_\_\_  
 Date: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		no labs
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		

**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. Role Confusion

1. The pt looked at her parents for approval before asking the nurse questions
2. The pt often let her father answer questions regarding how she felt

Piaget Stage: Formal Thought operation

1. The pt was working on a crossword puzzle
2. The pt had organized speech

Please list any medications you administered or procedures you performed during your shift:

- Piperacillin Tazobactam in NaCl IVPB

## IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Bryanna Moreno</u> Date: <u>8/27/24</u>	Patient Age: <u>12</u> Patient Weight: <u>51 kg</u>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)  <u>acute appendicitis</u>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>abdominal assessment</u>
3. Identify the most likely and worst possible complications. <ul style="list-style-type: none"> <li>- sepsis</li> <li>- peritonitis</li> </ul>	4. What interventions can prevent the listed complications from developing? <ul style="list-style-type: none"> <li>- hand washing</li> <li>- clean <del>tech</del> technique</li> <li>- clean ports when accessing</li> <li>- monitor vitals</li> </ul>
5. What clinical data/assessments are needed to identify these complications early? <ul style="list-style-type: none"> <li>- vital signs</li> <li>- CBC</li> <li>- MEWS</li> </ul>	6. What nursing interventions will the nurse implement if the anticipated complication develops? - monitor input & output <ul style="list-style-type: none"> <li>- IV fluids</li> <li>- antibiotics</li> <li>- ensuring O<sub>2</sub> &amp; respiratory support</li> <li>- cultures</li> </ul>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.  1. Guided Imagery ~ "taking a trip"  2. music & aromatherapy	8. Patient/Caregiver Teaching: 1. increase fluids while on antibiotics 2. try to motivate the pt to be more active 3. take antibiotics for the full dose/duration Any Safety Issues identified:

**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							100ml		10ml				110ml
IV Meds/Flush							200ml		10ml		10ml		240ml
<b>Calculate Maintenance Fluid Requirement (Show Work)</b> $10\text{kg} \times 100$ $10\text{kg} \times 50$ $31\text{kg} \times 20$ $2120 \div 24 = 88.3\text{ml/hr}$							<b>Actual Pt IV Rate</b> <b>100ml/hr</b> <b>Rationale for Discrepancy (if applicable)</b>						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							1000ml		500ml				1500ml
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b> $51\text{kg} \times 0.5 = 25.5\text{ ml/hr}$ $25.5 \times 24\text{hr} = 612\text{ ml/day}$							<b>Average Urine Output During Your Shift</b> <b>1500ml</b>						

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
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

**Pediatric Floor Patient #1**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <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 _____ <b>Edema:</b> <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+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> Upper R <u>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Social Status:</b> <input checked="" type="checkbox"/> Calm/Relaxed <input 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 <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>2+S</u> Left <u>2+S</u> Pushes: Right <u>2+S</u> Left <u>2+S</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>clear/yellow</u> <b>Stool Appearance:</b> <u>brown</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <u>snake-like</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>R peripheral</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>20g peripheral</u> <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> _____
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> 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 <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site</b> _____ <b>Oxygen Saturation:</b> _____	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <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 <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <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: _____ <b>Mucous Membranes:</b> Color: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
<b>Diet/Formula:</b> _____ <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<b>Scale Used:</b> <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> 0800 _____ 1200 _____ 1600 <u>0</u>
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <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 <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> _____ <b>Type:</b> _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

## Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?  
CROUP, Seizures
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?  
Infancy, yes I assumed they would be in this age group
3. Was your overall experience different than what you expected? Please give examples.  
Yes, it was busy and we had new admits every hr or so
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?  
A lot of the toddlers were hesitant and refused a lot of the meds & procedures.
5. What types of procedures did you observe or assist with?  
EKG, vitals, blood cultures
6. What community acquired diseases are trending currently?  
COVID, Strep, Influenza
7. What community mental health trends are being seen in the pediatric population?  
Suicide & self harm
8. How does the staff debrief after a traumatic event? Why is debriefing important?  
I didn't witness a debrief during my shift
9. What is the process for triaging patients in the PED?  
Call them back → vitals → ask what happened → doc → room them
10. What role does the Child Life Specialist play in the PED?  
- Soothing & comforting the children when we perform procedures  
- they help distract the pt's