IM5 Clinical Worksheet – Pediatric Floor

Student Name: John Farran **Date:** 8/27/24	**Patient Age:** 37w 5days **Patient Weight:** 6.11 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Patients admitting diagnosis was a Positive Rhino/enterovirus	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory assessment, due to Positive Rhino/enterovirus
3. Identify the most likely and worst possible complications. Complication Includes: Asthma Sinusitis Otitis Media Bronchitis lower respiratory tract infection	**4. What interventions can prevent the listed complications from developing?** Monitor respiratory status Manage antibiotics Hydration Breathing exercises Vital Signs
5.What clinical data/assessments are needed to identify these complications early? Vital Sign Monitoring, Oxygen therapy, Neurological assessment, Gastrointestinal Assessment Ear & sinus Assessment	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Medication management Monitor Education Good hand hygiene
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Med administration 2. Making sure baby is in Comfortable Positions	**8. Patient/Caregiver Teaching:** 1. Signs and Symptoms 2. Medication regiment 3. Nutrition & fluid & feeding **Any Safety Issues identified:** No Safety issues identified

IM5 Clinical Worksheet – PICU

Student Name: John Farran
Date: 8/28/24

Patient Age: 7 yr old
Patient Weight: 40.7 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)
Necrotizing Pneumonia

2. Priority Focused Assessment R/T Diagnosis:
Respiratory Focused Assessment /
GI Assessment

3. Identify the most likely and worst possible complications.
Hyponatremia
Constipation
Venous thrombosis
Pleural effusion on Right

4. What interventions can prevent the listed complications from developing?
Monitor fluids & electrolytes
offer miralax to help pass bowel
Blood thinner

5. What clinical data/assessments are needed to identify these complications early?
Early Signs include:
Fever
Cough
Sputum Production
Chest Pain
Shortness of Breath
malaise
Sepsis

6. What nursing interventions will the nurse implement if the anticipated complication develops?
Interventions Include
Vitals
Respiratory Status
Oxygen therapy
Incentive Spirometer
Med admin
Infection Control
Fluid & Nutrition Management
Emotional Support

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Relaxation:
Such as deep breathing
2. Distraction techniques:
TV, reading, or Games

8. Patient/Caregiver Teaching:
1. Teaching Signs and Symptoms
2. Medication/Pain regimen
3. Managing Fluids if patient is able to drink/Eat

Any Safety Issues Identified:
No Safety Issues Identified

Please list any medications you administered or procedures you performed during your shift:
acetaminophen
Chewable 560 mg/104 Pain

Student Name: John Farran Date: 8/27/2024	Patient Age: 37w 5days (4months Patient Weight: 6.4 kg (14 lb 1.8 oz)

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Platlet Count	461 ↑	
Absolute Monocytes	0.98 ↑	
Metabolic Panel Labs		
Sodium	133.7 ↓	
Glucose	114 ↑	
Bilirubin total	0.3 ↓	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	7.62	
PCO2, Venous	39 ↓	
Lab TRENDS concerning to Nurse?		
Lab trends aren't Concerning, but should Continue to monitor patient		

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: Trust vs Mistrust

1. The baby was Completely dependendent on the mother for food & basic Care.
2. The Quality of the mother/child relationship showed that the baby was happy. Espicially with tactile Stimulation.

Piaget Stage: Sensorimotor

1. During my assessment when I placed a finger in the baby's hand + hey would grasp it.
2. The baby was also aware of what I was doing and what I was doing it with. He was watching my every move. (Stage 3)

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

N/A

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 mL			150 mL			300 mL
Intake – PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

6.4 Kg x 100mL = 640mL

Actual Pt IV Rate

Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							70 mL				60 mL		130 mL
Stool											120 mL		120 mL
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

1mL X 6.4 Kg X 24 = 153.6 mL/day

Average Urine Output During Your Shift

250 mL

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
Family Concern	1 pt – Concerned or absent

CHEWS Total Score

CHEWS Total Score	Total Score (points) 1
	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

PICU

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	/	/	/	/	/		150mL						150 mL
Intake – PO Meds	/	/	/	/	/								

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	/	/	/	/	/	5mL 3mL	5mL 3mL	5mL 3mL	5mL 3mL	5mL 3mL	5mL 3mL	5mL 3mL	56 mL
IV Meds/Flush	/	/	/	/	/			15mL					

Calculate Maintenance Fluid Requirement (Show Work)

10x100 = 1000
10x50 = 500
20x20 = 414
= 1914 mL

Combined Total Intake for Pt (mL/hr)

206 mL

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						50 mL				400 mL			450 mL
Stool						/	/	/	/	/	/	/	
Emesis													
Other								5mL blood					5mL

Calculate Minimum Acceptable Urine Output

1mL x 40.7 kg x hr = 976.8 mL

Average Urine Output During Your Shift

455 mL

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
Family Concern	1 pt – Concerned or absent

CHEWS Total Score

CHEWS Total Score	Total Score (points): 3
	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

Student Name: John Farra **Unit:** Ped 3 **Pt. Initials:** ________ **Date:** 8/27/24

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

Allergies: ____________________

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

	Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)
79								1. 2. 3. 4.
56	amoxicillin (Amoxil)	antibiotic	fight infections	880 mg oral Q12	40-45 mg/kg/day every 8 hours 500mg/dose max		anemia cholestatic jaundice C-diff skin rash	1. Used to treat bacterial infection 2. May cause diarrhea or emesis watch intake 3. Tell nurse if you see unexplained bruising 4. Can potentially cause C-diff wash hands
PICU	acetaminophen	analgesic & antipyretic	fever / pain	560 mg / Q4	10-15 mg/kg Q4-6		liver toxicity allergic reaction renal effects	1. Adherence to schedule to minimize pain 2. It's to treat pain and fever 3. If you miss a dose take it as soon as you remember 4. Side effects [illegible]
								1. 2. 3. 4.
								1. 2. 3. 4.

Adopted: August 2016

PICU

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished ☐ Neat/Clean ☐ Emaciated ☐ Unkept

Developmental age: ☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive

Oriented to: ☐ Person ☐ Place ☐ Time/Event ☑ Appropriate for Age

Pupil Response: ☐ Equal ☐ Unequal ☑ Reactive to Light ☐ Size 4mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed

Extremities:
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None

EVD Drain: ☐ Yes ☑ No Level _____

Seizure Precautions: ☐ Yes ☑ No

RESPIRATORY

Respirations: ☐ Regular ☐ Irregular ☐ Retractions (type) _____ ☐ Labored

Breath Sounds:

Clear	☐ Right	☑ Left
Crackles	☐ Right	☐ Left
Wheezes	☐ Right	☐ Left
Diminished	☐ Right	☐ Left
Absent	☐ Right	☐ Left

☐ **Room Air** ☑ **Oxygen**

Oxygen Delivery:
☐ Nasal Cannula: 20 L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size _____ @ _____ cm
☑ Other: high flow

Trach: ☐ Yes ☑ No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No

Cough: ☑ Yes ☐ No ☑ Productive ☐ Nonproductive

Secretions: Color _____ Consistency _____

Suction: ☐ Yes ☑ No Type _____

Pulse Ox Site finger

Oxygen Saturation: 100%

CARDIOVASCULAR

Pulse: ☐ Regular ☐ Irregular ☐ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____

Edema: ☐ Yes ☑ No Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Capillary Refill: ☑ < 2 sec ☐ > 2 sec

Pulses:
Upper R +2 L +2
Lower R +2 L +2
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear yellow

Stool Appearance: _____
☐ Diarrhea ☑ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☐ Soft ☑ Firm ☐ Flat ☐ Distended ☐ Guarded

Bowel Sounds: ☑ Present X 4 quads ☐ Active ☑ Hypo ☐ Hyper ☐ Absent

Nausea: ☐ Yes ☑ No

Vomiting: ☐ Yes ☑ No

Passing Flatus: ☐ Yes ☑ No

Tube: ☐ Yes ☐ No Type _____
Location _____ Inserted to _____ cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: full diet

Amount/Schedule: _____

Chewing/Swallowing difficulties: ☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☑ Joint Stiffness ☐ Swelling ☐ Contracted ☑ Weakness ☐ Cramping ☐ Spasms ☐ Tremors

Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☑ All

Brace/Appliances: ☑ None
Type: _____

MOBILITY

☐ Ambulatory ☐ Crawl ☐ In Arms ☑ Ambulatory with assist _____

Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet ☐ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious

Social/emotional bonding with family: ☑ Present ☐ Absent

IV ACCESS

Site: Jugular ☐ INT ☐ None
☑ Central Line
Type/Location: R. sh Jugular

Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: _____

SKIN

Color: ☑ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Natural for Pt

Condition: ☑ Warm ☐ Cool ☐ Dry ☐ Diaphoretic

Turgor: ☑ < 5 seconds ☐ > 5 seconds

Skin: ☑ Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____

Mucous Membranes: Color: _____ ☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces

Location: arm

Type: Burning

Pain Score:
0800 _____ 1200 _____ 1600 4

WOUND/INCISION

☐ None

Type: Jugular

Location: Central line

Description: 08/20/24

Dressing: Clean, dry

TUBES/DRAINS

☐ None

☑ **Drain/Tube**
Site: Chest
Type: Chest tube
Dressing: dry clean
Suction: N/A
Drainage amount: _____
Drainage color: _____

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished ☑ Neat/Clean □ Emaciated □ Unkept

Developmental age: ☑ Normal □ Delayed

NEUROLOGICAL

LOC: ☑ Alert □ Confused □ Restless □ Sedated □ Unresponsive

Oriented to: □ Person □ Place □ Time/Event ☑ Appropriate for Age

Pupil Response: ☑ Equal □ Unequal ☑ Reactive to Light □ Size ______

Fontanel: (Pt < 2 years) ☑ Soft □ Flat □ Bulging □ Sunken □ Closed

Extremities: ☑ Able to move all extremities ☑ Symmetrically □ Asymmetrically

Grips: Right +2 Left +2

Pushes: Right +2 Left +2

S=Strong W=Weak N=None

EVD Drain: □ Yes ☑ No Level ______

Seizure Precautions: □ Yes ☑ No

RESPIRATORY

Respirations: ☑ Regular □ Irregular □ Retractions (type) ______ □ Labored

Breath Sounds:

Clear	☑ Right	☑ Left
Crackles	□ Right	□ Left
Wheezes	□ Right	□ Left
Diminished	□ Right	□ Left
Absent	□ Right	□ Left

☑ Room Air □ Oxygen

Oxygen Delivery:

□ Nasal Cannula: 0.3 L/min

□ BiPap/CPAP: ______

□ Vent: ETT size ____ @ ____ cm

□ Other: ______

Trach: □ Yes ☑ No

Size ______ Type ______

Obturator at Bedside □ Yes □ No

Cough: □ Yes ☑ No □ Productive □ Nonproductive

Secretions: Color ______ Consistency ______

Suction: □ Yes ☑ No Type ______

Pulse Ox Site Right leg

Oxygen Saturation: 99%

CARDIOVASCULAR

Pulse: ☑ Regular □ Irregular □ Strong □ Weak □ Thready □ Murmur □ Other ______

Edema: □ Yes ☑ No Location ______ □ 1+ □ 2+ □ 3+ □ 4+

Capillary Refill: ☑ < 2 sec □ > 2 sec

Pulses:

Upper R +2 L +2

Lower R +2 L +2

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear Yellow

Stool Appearance: ——

□ Diarrhea □ Constipation □ Bloody □ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft □ Firm □ Flat □ Distended □ Guarded

Bowel Sounds: ☑ Present X 4 quads ☑ Active □ Hypo □ Hyper □ Absent

Nausea: □ Yes ☑ No

Vomiting: □ Yes ☑ No

Passing Flatus: □ Yes ☑ No

Tube: □ Yes □ No Type ______

Location ____ Inserted to ____ cm

□ Suction Type: ______

NUTRITIONAL

Diet/Formula: total feed

Amount/Schedule: Q 2 hr

Chewing/Swallowing difficulties: □ Yes ☑ No

MUSCULOSKELETAL

□ Pain □ Joint Stiffness □ Swelling □ Contracted □ Weakness □ Cramping □ Spasms □ Tremors

Movement: □ RA □ LA □ RL □ LL ☑ All

Brace/Appliances: ☑ None Type: ______

MOBILITY

☑ Ambulatory □ Crawl □ In Arms □ Ambulatory with assist ______

Assistive Device: □ Crutch □ Walker □ Brace □ Wheelchair □ Bedridden

PSYCHOSOCIAL

Social Status: ☑ Calm/Relaxed ☑ Quiet ☑ Friendly ☑ Cooperative □ Crying □ Uncooperative □ Restless □ Withdrawn □ Hostile/Anxious

Social/emotional bonding with family: ☑ Present □ Absent

IV ACCESS

Site: ______ □ INT ☑ None

□ Central Line Type/Location: ______

Appearance: □ No Redness/Swelling □ Red □ Swollen □ Patent □ Blood return

Dressing Intact: □ Yes □ No

Fluids: ______

SKIN

Color: ☑ Pink □ Flushed □ Jaundiced □ Cyanotic □ Pale □ Natural for Pt

Condition: ☑ Warm □ Cool □ Dry □ Diaphoretic

Turgor: ☑ < 5 seconds □ > 5 seconds

Skin: ☑ Intact □ Bruises □ Lacerations □ Tears □ Rash □ Skin Breakdown

Location/Description: ______

Mucous Membranes: Color: —— ☑ Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric □ FLACC □ Faces ☑ N-PASS

Location: ——

Type: ——

Pain Score:

0800 — 1200 — 1600 0

WOUND/INCISION

☑ None

Type: ______

Location: ______

Description: ______

Dressing: ______

TUBES/DRAINS

☑ None

□ **Drain/Tube**

Site: ______

Type: ______

Dressing: ______

Suction: ______

Drainage amount: ______

Drainage color: ______

16:00

*