

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: <u>Haley Alcabrook</u> Date: <u>9-4-24</u></p>	<p>Patient Age: <u>22 months</u> Patient Weight: <u>13.8 kg</u></p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Wound Dehiscence + Rhinovirus</u> <u>'Cranial reconstruction due to fontanelles</u> <u>not having room to grow</u> <u>Rhinovirus: Common Cold</u></p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>Assess for infection w/ dehiscence</u> <u>Monitor Oxygen Saturation</u></p>
<p>3. Identify the most likely and worst possible complications. <u>Otitis Media + Sinusitis</u> <u>Chronic Bronchitis</u></p>	<p>4. What interventions can prevent the listed complications from developing? <u>TCDB, Incentive Spirometer</u> <u>Early Ambulation</u> <u>Early Antiviral therapy</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early? <u>Lung Assessments</u> <u>Nasal Irrigation</u></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>Oxygen</u> <u>Antibiotic Medications</u></p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. <u>"Buzzy Bee"</u> 2. <u>Distraction: playing games</u> <u>blowing bubbles</u></p>	<p>8. Patient/Caregiver Teaching: 1. <u>Make sure you finish all antibiotics</u> 2. <u>Try to keep hands off of open</u> 3. <u>incision</u> <u>Make sure you are getting vaccines</u> <u>(if appropriate)</u> Any Safety Issues identified: <u>Infection</u></p>

Student Name: <u>Halee Alsubrook</u>		Patient Age: <u>22 months</u>
Date: <u>9-4-24</u>		Patient Weight: <u>13.9 kg</u>
Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Total Hemoglobin	<u>10.4</u>	<u>Slightly low; not getting enough oxygen</u>
mcv	<u>66.7</u>	<u>Red Blood Cells are smaller</u>
Platelet Count	<u>548</u>	<u>Blood clots can form</u>
Metabolic Panel Labs		
MPV	<u>8.3</u>	<u>Bone marrow not producing enough platelets</u>
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
<u>WNL</u>		
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: Autonomy vs. Shame + Doubt

1. Child wasn't able to do thing on his own so he became irritated quickly. Did not have sense of control
2. Always wanted his mommy right by his side

Piaget Stage: Sensorimotor Stage

1. When his mom wasn't by his side or in his sight he
2. became upset quickly

Wasn't sure about me at first because I looked like a "Nurse" had to warm up

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

Morphine

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	-	-	-	-	-	76.67	51.67	63.33	-	-	-	-	191.67
IV Meds/Flush	-	-	-	-	-	-	0.68	-	-	-	-	-	0.68
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
<p>13.8 kg $10 \times 100 = 1000$ $3.8 \times 50 = 190$ $= 1190 / 24 = 50$</p>							<p>N/A Rationale for Discrepancy (if applicable) N/A</p>						
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						
<p>1 mL/kg/day $1(13.8) = 13.8 \text{ mL}$</p>							<p>N/A</p>						

> Not Documented or Measuring

NOT ~~Checked~~ Measuring

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 <u>1</u> 2 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 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>1</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

370

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 <u>NIA</u> Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location <u>NIA</u> <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>6</u> L <u>9</u> Lower R <u>5</u> L <u>5</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 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 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 <u>5</u> Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input checked="" 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 <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>6</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level <u>NIA</u> Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>Clear</u> Stool Appearance: <u>Brown</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Left Foot</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>Foot - 22G</u> Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input checked="" type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>UR 500ml</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>NIA</u> <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: <u>NIA</u> /min <input type="checkbox"/> BiPap/CPAP: <u>NIA</u> <input type="checkbox"/> Vent: ETT size <u>NIA</u> @ <u>NIA</u> cm <input type="checkbox"/> Other: <u>NIA</u> Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>NIA</u> Type <u>NIA</u> Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>NIA</u> Consistency <u>NIA</u> Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Standard</u> Pulse Ox Site: <u>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>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 <u>NIA</u> Location <u>NIA</u> Inserted to <u>NIA</u> cm <input type="checkbox"/> Suction Type: <u>NIA</u>	Color: <input type="checkbox"/> Pink <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input checked="" 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: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Regular Diet</u> Amount/Schedule: <u>On Demand</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Head</u> Type: <u>Dni</u> Pain Score: 0800 _____ 1200 <u>1</u> 1600 <u>2</u>
	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 Type: <u>NIA</u>	<input type="checkbox"/> None Type: <u>Incision</u> Location: <u>Head</u> Description: <u>Wound Dehescence</u> Dressing: <u>Open to air</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>NIA</u> 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: _____

Student Name: Haley Alsharrouh Unit: Pedi Floor Pt. Initials: DD Date: 9-4-24

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

Allergies: AKDA

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

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?			
Bactracin Topical Ointment	Miscellaneous (topicals) Antibiotics	Used to prevent infection in cuts, scrapes or burns	Twice Daily	N/A	N/A	IVP: NS IVB: List concentration and rate of administration	Allergic Reaction hives, difficulty breathing, Swelling	1. Do not use smaller or larger amounts than prescribed 2. Do not use longer than 7 days 3. Store at room temperature 4. Do not ingest
Vancomycin	Glycopeptide Antibiotic	Fights bacteria in the intestines	200mg IV 40ml/hr	Yes		IV Syringe: 40 ml/hr 200mg of 5mg/ml	May cause diarrhea	1. Finish all meds even when feeling better 2. Sleeping doses can ↑ risk of infection 3. May cause kidney problems w/ long term use 4. May cause low K ⁺ . Leg cramps, constipation
Morphine	Opioid	Treat moderate to severe pain	0.18mg IVP 3-5 min	Yes		IVP: NS 0.18mg @ 2-3 mins	May slow or stop breathing	1. Can cause constipation; take a laxative 2. May cause dizziness; get help before getting worse 3. Do not use if you have severe breathing problems 4. Take exactly as prescribed
Acetaminophen (Ofisamiv)	Analgesics	Pain Reliever + Fever Reducer	200mg IV 80ml/hr	Yes		IV Syringe 80 ml/hr 200mg of 10mg/ml	Liver Problems Allergic Reaction	1. Do not take if Hx of liver problems 2. Do not give extra strength to children <12 3. Stop taking if symptoms don't get better 4. Avoid other meds w/ Acetaminophen
Immune-Globulin IGIV	Immune Globulins	Used to ↑ Platelet Count	30g IV 4.8ml/hr	Yes		IV Syringe 4.8 ml/hr 30g @ 10% infusion	Diarrhea, Light-headed Allergic Reaction	1. Do not take w/ blood cell disorders 2. May cause headache, back pain, joint pain 3. May cause blood clots 4. Drink a lot of fluids