

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Mia Canhu Date: 09/4/24</p>	<p>Patient Age: 8y/o Patient Weight: kg 27.7kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) thrombocytopenia - low platelet count</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: skin assessment and cardiac</p>
<p>3. Identify the most likely and worst possible complications. bleeding</p>	<p>4. What interventions can prevent the listed complications from developing? education vital sign monitoring (HR, BP, RR)</p>
<p>5. What clinical data/assessments are needed to identify these complications early? vital signs CBC</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? fluid bolus call physician stop bleeding if external</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. xbox/playstation 2. coloring</p>	<p>8. Patient/Caregiver Teaching: 1. fall precautions and why 2. no rough playing 3. keep track of all bruising Any Safety Issues identified: younger siblings like playing rough</p>

Student Name: Mia Carter

Patient Age: 8y10

Date: 9/4/24

Patient Weight: kg 27.7kg

Abnormal Relevant Lab Tests Current Clinical Significance

Complete Blood Count (CBC) Labs

N/A

Metabolic Panel Labs

N/A

* All labs were f/PCP; getting new labs 9/5/24 in the morning

Misc. Labs

Absolute Neutrophil Count (ANC) (if applicable)

N/A

Lab TRENDS concerning to Nurse?

N/A

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 vs inferiority

1. pt explained to me that he knew what an IV was and knew how to put one in (industry)

2. pt continued to ask questions about medications and was excited when he knew what they were (industry)

Piaget Stage: concrete operational

1. The pt was explaining how the IV can be taken out and won't stay there forever (reversibility)

2. the pt was telling mom how all nurses wear blue scrubs and was able to recognize that a student (grouping)

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

Pushed INT

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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), <http://dx.doi.org/10.1016/j.pedn.2016.10.005>

Cardiovascular	0	1	2	3

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Pediatric Floor Patient #1

INTAKE/OUTPUT														Total
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18		237ml
PO Intake/Tube Feed				237ml										
Intake - PO Meds														
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18		50.6ml
IV Fluid					50.6									
IV Meds/Flush					5ml									231.4ml
Calculate Maintenance Fluid Requirement (Show Work) 27.7kg 10 x 100 1000 10 x 50 500 7.7 x 20 154 1654ml/day 68.9ml/hr														
Actual Pt IV Rate Pt not on only fluids for after med admin rate equal 1654ml/day 50.6ml 125ml/day														
Rationale for Discrepancy (if applicable) med admin rate														
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18		225ml
Urine/Diaper			225ml											
Stool														
Emesis														
Other														
Calculate Minimum Acceptable Urine Output 13.85 ml/hr							Average Urine Output During Your Shift 225ml							

(ar pepper)

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: <div style="display: flex; justify-content: space-around; align-items: center;"> 0 1 2 3 </div>
Circle the appropriate score for this category:	

	Circle the appropriate score for this category:
Respiratory	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>8</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

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 <u>3+</u> L <u>3+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input 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 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>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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> 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: <u>clear/yellow</u> Stool Appearance: <u>normal</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> PIC <input checked="" type="checkbox"/> NNT <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 checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
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 checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>Hand</u> Oxygen Saturation: <u>97%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input checked="" 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 checked="" type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" 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 checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>shins, forearms, face, shoulder, fall</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MOBILITY	NUTRITIONAL	PAIN
<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	Diet/Formula: <u>general</u> Amount/Schedule: <u>PRN</u> 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: <u>N/A</u> Type: <u>N/A</u> Pain Score: 0800 <u>2</u> 1200 _____ 1600 _____
WOUND/INCISION	MUSCULOSKELETAL	TUBES/DRAINS
<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	<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: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Mia Lamm
 Allergies: N/A

Unit: 3N-Pedi
 Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Pt. Initials: RL/D
 Date: 09/14/24

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				

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?			
acetaminophen	analgesic	Pain control	800mg IV Q4		not sure, pt didn't let me get daily wt	IVPB - 10mg/ml RN hung up need, unable to see rate	N/V, headache, constipation, hepatotoxicity	1. FLETC pain assessments 2. monitor for prn pain 3. stay alert in pain control since pt had surgery 4. explain pain control @ home
Vancomycin	antibiotic	back pain	100mg IV			IVPB - 5mg/ml @ 40ml/hr	prn, N/V	1. cont. IV site monitoring 2. could cause diff explain to family 3. make sure cut med is given 4. allergic rxn monitoring
ondansetron	antiemetic	N/V	pen IV 15mg/kg			.15mg/kg - IVP 2-5mms	prn, upset	1. monitor side effects 2. measure emesis if prn 3. give back to pt if prn 4. can cause constipation
IV 1g (immune globulin)	antibodies	pt has rheumatoid arthritis	100mg IV Q1g		yes, 11.15 mg up on 2nd pt is 27.7kg		anaphylaxis rxn	1. cont. VS monitoring, OI 2. nursing monitoring 3. IV site monitoring 4. explain precautions (faint to pt and family)
Acetaminophen	analgesic/antipyretic	fever, analgesics	800mg PRN Q4H PRN 15mg/kg		yes		ingardaxing	1. nursing monitoring 2. explain why it is needed - analgesics 3. vital sign monitoring (OI) 4. swallowing capability

Adopted: August 2016

Room # 370
 Room # 300
 # mt d

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____
 Allergies: _____

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

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?			
Epinephrine	alpha 1 beta 2 adrenergic agonists	anaphylaxis	0.1 mg/kg 1 mg IM	yes		1mg/ml 1ml	bradycardia HTN anxiety	1. explain need for med 2. cont. VS monitoring 3. notify nursing 4. IV site monitoring
Diphenhydramine	antihistamine	anaphylaxis	1 mg/kg 1 mg PO	yes		1VP-28.5mg diluted	drowsiness headache drowsy	1. if given, call admit fall 2. explain why for med 3. VS monitoring Q1 4. notify nursing
Famotidine	H ₂ antagonist	anaphylaxis	100mg PO BID	yes		2mg/ml Q20mhr	constipation dizziness headache	1. explain need for med 2. can get dizzy, call admit fall 3. VS monitoring, Q1 4. notify nursing
metoprolol succinate Bystolic	CCNCO beta 1 blocker	anaphylaxis	1-2 mg/kg 1 mg PO BID	yes		40mg/ml	wt gain edema fluid retention	1. explain need for med 2. VS monitoring Q1 3. notify nursing 4. Signs/sympt. of anaphylaxis.
albuterol	beta 2 agonist	anaphylaxis	2.5mg 3ml nebulizer	yes		1.5mg/3ml administered by RT	bradycardia	1. explain need for med 2. cont. VS monitoring 3. cont. VS monitoring 4. notify nursing

Adopted: August 2016