

IM5 Clinical Worksheet - PICU

Student Name: Lindsey McCormack Date: 9/4	Patient Age: 7 years old Patient Weight: 26.2 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Diagnosis: Asthma Exacerbation Patho: A trigger causes the airways to restrict and become narrow.	2. Priority Focused Assessment R/T Diagnosis: Respiratory: use of accessory muscles, retractions, pursed lip breathing, cyanosis of lips/fingers, O2 and respiratory rate
3. Identify the most likely and worst possible complications. Hypoxemia: not enough oxygen in the blood Respiratory failure Pneumothorax Pneumonia	4. What interventions can prevent the listed complications from developing? Quick-relief medication: Albuterol to open the airways Corticosteroids Oxygen
5. What clinical data/assessments are needed to identify these complications early? Assessing breath sounds, peak flow, and level of oxygen saturation by pulse oximeter.	6. What nursing interventions will the nurse implement if the anticipated complication develops? Administering continuous albuterol Keeping the patient sitting up right at 30 degrees for better airflow to the lungs Place the patient on oxygen
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Controlled breathing exercises 2. Exercise	8. Patient/Caregiver Teaching: 1. Keep taking your medications (inhaler) even when you feel okay. 2. Use your albuterol as needed before any activities that could trigger any symptoms 3. Keep a record of any asthma attacks, what triggered the attacks, and what helped or worsened them. Any Safety Issues Identified: NA
Please list any medications you administered or procedures you performed during your shift: Famotidine	

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input 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 checked="" type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	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>2mm</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	Pulses: 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	Site: hand _____ <input type="checkbox"/> WT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>R hand,</u> <u>24g</u> 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: <u>D5NS + 20K @</u> <u>65mL/hr</u>
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: <u>_____</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size <u>_____</u> @ <u>_____</u> cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>_____</u> Type <u>_____</u> 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 <u>NA</u> Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>left</u> hand _____ Oxygen Saturation: <u>94%</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> <u>quads</u> <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location <u>_____</u> Inserted to <u>_____</u> cm <input type="checkbox"/> Suction Type: _____ NUTRITIONAL Diet/Formula: <u>regular</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input 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>NA</u> <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MUSCULOSKELETAL	MOBILITY	PAIN
<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"/> 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	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>NA</u> Type: _____ Pain Score: 0800 <u>_____</u> 1200 <u>0</u> 1600 <u>0</u>
WOUND/INCISION	TUBES/DRAINS	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____ TUBES/DRAINS <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

PICU

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						0	0	0	0	0			
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)						
N/A, fluids stopped before shift.							N/A						
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						
N/A, pt did not urinate on shift.													

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	
Total Score (points) <u> 3 </u>	

	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notifv charge nurse or LIP. Discuss treatment plan with team. Consider higher

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 ≤ 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>