

# Pedi Clinical BINGO

B	I	N	G	O
Ask TPCN tricks for giving bad tasting PO meds	Perform 2 full assessments	Give your Pt. a wagon ride	Assist with Dressing Change	<del>Teach Pt./Caregiver something</del>
D/C INT	Observe diabetes educator	<del>Take Pt. to Teen Town</del>	<del>Observe procedure in treatment room</del>	Post-op VS
Round with physician/ NP/PA	Read a book to pt	<del>On Time and Clinical Dress Code</del>	Give a Medication	VS/Weight (AM) VS (PM)
<del>Take pt. to Play Room</del>	<del>Ask pt. their favorite cartoon</del>	<del>Weigh a diaper for I&amp;O</del>	<del>Ambulate pt.</del>	<del>ID safety/security hazard</del>
Flush INT	Color/Draw a picture with pt.	<del>Find out Pt's favorite food</del>	<del>Ask TPCN 5 ways they distract a Pt.</del>	Assess/ Manage an IV infusion

Zane Fisher  
9/4/24

Pediatric Floor Patient #1

		INTAKE/OUTPUT												Total	
PO/Enteral Intake		07	08	09	10	11	12	13	14	15	16	17	18	360	
PO Intake/Tube Feed															
Intake - PO Meds					120		240								
IV INTAKE		07	08	09	10	11	12	13	14	15	16	17	18	390	
IV Fluid				78	78	78	78	78							
IV Meds/Flush															
Calculate Maintenance Fluid Requirement (Show Work)								Actual Pt IV Rate						78 mL/hr	
$10\text{kg} \times 100 = 1000$ $10\text{kg} \times 50 = 500$ $15.3\text{kg} \times 200 = 3660$ $1860\text{mL}/24\text{hrs} = 77.8\text{mL/hr}$								Rationale for Discrepancy (if applicable)							
OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18	950	
Urine/Diaper					350		350		250					1	
Stool							1								
Emesis															
Other															
Calculate Minimum Acceptable Urine Output								Average Urine Output During Your Shift							
$19.25\text{ mL/hr}$ $0.5 \times \text{kg} \times 38.3\text{kg} = 19.25\text{ mL/hr}$								$950\text{ mL}/6\text{hrs} = 158.3\text{ mL/hr}$							

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
<b>CHEWS Total Score</b>	
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

Zane Fisher

9/4/24

Pediatric Floor Patient #1

<b>GENERAL APPEARANCE</b> 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	<b>CARDIOVASCULAR</b> Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input 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>1+</u> L <u>1+</u> Lower R <u>1+</u> L <u>1+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>PSYCHOSOCIAL</b> Social Status: <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 Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
<b>NEUROLOGICAL</b> 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 _____ 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	<b>ELIMINATION</b> Urine Appearance: <u>clear/yellow</u> Stool Appearance: <u>black/brown</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>IV ACCESS</b> Site: _____ <input type="checkbox"/> INT <input checked="" 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 type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
<b>RESPIRATORY</b> 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 _____ Oxygen Saturation: _____	<b>GASTROINTESTINAL</b> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>SKIN</b> Color: <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 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 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: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	<b>NUTRITIONAL</b> Diet/Formula: <u>regular diet</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>PAIN</b> Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 <u>0</u>
	<b>MUSCULOSKELETAL</b> <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: _____	<b>WOUND/INCISION</b> <input checked="" type="checkbox"/> None Type: _____ Location: <u>RA of belly button</u> Description: <u>suture of the belly button</u> Dressing: <u>SKIN RESISTANT DRESSING</u>
	<b>MOBILITY</b> <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	<b>TUBES/DRAINS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Zane Fisher  
 Date: 9/4/24  
 Patient Age: 5 yr  
 Patient Weight: 38.3 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
C-Reactive Protein	111 ↑	its increased when inflammation happens
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Keytones UA	40 mg/dl	high amount of sugar in urine.
Lab TRENDS concerning to Nurse?		
The inflammation can be increased because of surgery		

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: Initiative vs. Guilt

1. During a med pass pt stated, "I want to do it!" so the nurse helped her push IV
2. Throughout her care she wanted to help out.

Piaget Stage: Preoperational

1. Her sloth "Brandy" had a name and she said hi to me.
2. The pt stood up and danced with "Brandy" her sloth

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

1. ZOSYN (piperacillin-tazobactam 1,200 mg) 15.0 ml
2. Helped the nurse try to start IV but we couldn't find the vein

different patient

12-5  
vitals at 4  
56990 student  
Break CS soiled 11011  
med 10M1

383  
384  
Maria

IM5 Clinical Worksheet - Pediatric Floor

<p>Student Name: Zane Fisher Date: 9/4/24</p>	<p>Patient Age: 5 yr female Patient Weight: 38.3 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Inflammation in the appendix that cause RLQ pain and can lead to rupture.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: GI focused assessment Pain assessment</p>
<p>3. Identify the most likely and worst possible complications. Most likely leads to a rupture if it continues to get worse. Rupture is the worst comp.</p>	<p>4. What interventions can prevent the listed complications from developing? There is no known prevention, but try to be careful with abdomen and limit ways to increase any swelling.</p>
<p>5. What clinical data/assessments are needed to identify these complications early? Pt having pain then all of a sudden no pain. Big red flag of rupture.</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Call the provider immediately.</p>
<p>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient. 1. Limit your activity 2. Support your abdomen with a pillow when you cough.</p>	<p>8. Patient/Caregiver Teaching: 1. Avoid strenuous activity 2. Consume high fiber and fluids 3. Use a pillow to support your abdomen while you cough. Any Safety Issues identified: Upper side rail lowered, I raised it!</p>

Student Name: Zane Fisher

Unit: PF2

Pt. Initials: M.V

Date: 9/4/24

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

**Allergies:** Oxycodone

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS 20 KCL 78ml/hr	Isotonic/ Hypotonic/ Hypertonic			

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?			
Piperacillin-tazobactam	Extended Spectrum Penicillins	Post-surgical Appendectomy	1,224 mg IV Q8	In a Q8 window each dose max can be 4308mg  So it is in the therapeutic range.  Yes	IVPB - NS 100mL Q8 Rate of admin at 200mL/hr	Anaphylaxis Steven-Johnson syndrome Thrombocytopenia Bleeding Hypokalemia	1. If pt has diarrhea contact your doctor before treating 2. Tell your doctor if you have a allergy to any penicillins. 3. If you start showing signs of a allergic reaction teach pt how to use EPIPEN and to call doctor. 4. Make sure you take ALL prescribed treatment and finish ALL of them.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3.