

# Abiguel Guerrero

## IM5 Clinical Worksheet – Pediatric Floor

Student Name: Abiguel Guerrero Date: 9/10/24		Patient Age: 3 years Patient Weight: 16.8kg <del>16.8</del> 37 lb 0.6oz	
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)  Tonsilectomy & adenoidectomy		2. Priority Focused Assessment You Will Perform Related to the Diagnosis:  Respiratory & Pain Visual of site	
3. Identify the most likely and worst possible complications.  Bleeding Airway obstruction		4. What interventions can prevent the listed complications from developing?  continuous O <sub>2</sub> monitoring Suction set up monitoring of vitals	
5. What clinical data/assessments are needed to identify these complications early?  H&H CBC Stool/urine		6. What nursing interventions will the nurse implement if the anticipated complication develops?  maintain airway Notify Provider Administer Oxygen	
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.  1. Popsicles  2. Tablet / TV (movie)		8. Patient/Caregiver Teaching:  1. Keep hydrated 2. Watch for Swallowing 3. Watch for excessive bleeding Any Safety Issues identified:	
Abnormal Relevant Lab Tests	Current	Clinical Significance	
No Labs			

Lab TRENDS concerning to Nurse?

No labs!

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. Administering own medication (Tylenol/motrin)

2. Mom being supportive when Pt wanted IV out

Piaget Stage: Preoperational Stage

1. Telling what he did/didn't want

2. Independent/self-sufficient in administration of own medication

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

Tylenol (Acetaminophen)

Ibuprofen (motrin)

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 3mm  
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:      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 N/A  
Consistency N/A  
Suction:  Yes  No Type       
Pulse Ox Site R toe  
Oxygen Saturation: 96

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

**ELIMINATION**

Urine Appearance: clear yellow  
Stool Appearance: N/A  
 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: T&A diet  
Amount/Schedule: soft foods  
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

Social Status:  Calm/Relaxed  Quiet  
 Friendly  Cooperative  Crying  
 Uncooperative  Restless  
 Withdrawn  Hostile/Anxious  
Social/emotional bonding with family:  
 Present  Absent

**IV ACCESS**

Site: Peripheral  INT  None  
 Central Line  
Type/Location: R Ant. Ankle  
Appearance:  No Redness/Swelling  
 Red  Swollen  
 Patent  Blood return  
Dressing Intact:  Yes  No  
Fluids: D5 1/2 NS  
Somc/hr

**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: Pink  
 Moist  Dry  Ulceration

**PAIN**

Scale Used:  Numeric  FLACC  Faces  
Location: Mouth  
Type: Soreness/throbbing  
Pain Score:  
0800 X 1200 9 1600 5

**WOUND/INCISION**

None  
Type: T&A  
Location: Mouth  
Description: Surgical Incision  
Dressing: N/A cauterized

**TUBES/DRAINS**

None  
 Drain/Tube  
Site: \_\_\_\_\_  
Type: \_\_\_\_\_  
Dressing: \_\_\_\_\_  
Suction: \_\_\_\_\_  
Drainage amount: \_\_\_\_\_  
Drainage color: \_\_\_\_\_

**Pediatric Floor Patient #1**

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	/	/	/	/	/		180	120	225				425ml
Intake – PO Meds	/	/	/	/	/		7.8				8.4		16.2ml
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	/	/	/	/	/	/							1000ml
IV Meds/Flush	/	/	/	/	/	/	/	/	/	/	/	/	
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$10 \times 100 = 1000$ $6.8 \times 50 = 340$ $1000 + 340 = 1340$ $1340 \div 24 = 55.8 \approx 56$							50ml/hr Rationale for Discrepancy (if applicable) N/A						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													X3
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$16.8 \times 0.5 = 8.4 \text{ mL}$							1 not counted 2 = 100ml						

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: <input checked="" type="radio"/> 0    1    2    3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0    1    2    3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 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

## Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED? Pyloric Stenosis, Abd. Pain  
Seizures, Sore throat, ear aches, nosebleeds
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? Yes  
Infants, school-age, Adolescence
3. Was your overall experience different than what you expected? Please give examples.  
Lack of interaction in the beginning, but great teachers
4. How did growth and development come into play when caring for patients (both in triage and in overall treatment rooms)?  
How you interact with various age groups  
(Cold numbing spray for IV start on older kids)
5. What types of procedures did you observe or assist with?  
CT, X-ray, MRI
6. What community acquired diseases are trending currently?  
Flu & COVID, ~~Strep~~ Strep
7. What community mental health trends are being seen in the pediatric population?  
Suicidal during school & holidays
8. How does the staff debrief after a traumatic event? Why is debriefing important?  
Code lavender, emotional support, prevent PTSD
9. What is the process for triaging patients in the PED?  
Paperwork, vitals, wt, Assessment, Grade level
10. What role does the Child Life Specialist play in the PED?  
Provide distraction

Student Name: Abiguel Guerrero

Unit: Pediatric 3N

Pt. Initials: \_\_\_\_\_

Date: September 10th

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

Allergies: Midazolam (versed)

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List solution to dilute and rate to push.  IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
D5 1/2 NS	Hypotonic Parenteral solutions	Replenish electrolytes & prevent dehydration	50 ml/hr IV	Yes		Febrile response Phlebitis	<ol style="list-style-type: none"> <li>1. Report signs of infection at site, redness/swelling</li> <li>2. Report rapid weight gain, may be fluid overloaded</li> <li>3. Discontinue fluids if SOB present, sign of fluid overload</li> <li>4. Report signs of allergic reaction, swelling, rash</li> </ol>
Acetaminophen	Analgesics	Pain management	7.8ml PRN Q8 oral suspension	Yes		Anemia N/V/D	<ol style="list-style-type: none"> <li>1. Maximum dose of 75mg/kg/day</li> <li>2. May cause hepatic impairment/injury</li> <li>3. Discontinue use if rash or other symptoms of allergic reaction appear</li> <li>4. Monitor for changes in breathing such as wheezing Or Stridor</li> </ol>
Ibuprofen	NSAID	Pain management	8.4mL PRN Q6 oral suspension	Yes		Blurred vision Heartburn	<ol style="list-style-type: none"> <li>1. Not to exceed more than 4 doses in one day, overdose</li> <li>2. Maximum dose of 400mg or 40mg/kg daily</li> <li>3. Increased risk of renal problems/failure</li> <li>4. Report low HR as this medication can lead to heart problems if taken for a long period of time</li> </ol>
							<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
							<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>