

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Avery Baidree Date: 9/11/24		Patient Age: 3 Patient Weight: kg 13.3 kg	
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) gun shot wound resulting in resection of small bowel	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: bowel sounds and abdominal assessment		
3. Identify the most likely and worst possible complications. • pain post-op • fever • hypoactive bowel sounds • infection	4. What interventions can prevent the listed complications from developing? • watch for any fever • check incision for any signs of infection • abdominal assessments every hour		
5. What clinical data/assessments are needed to identify these complications early? • fever • faces pain scale • decreased bowel movements	6. What nursing interventions will the nurse implement if the anticipated complication develops? • get some antibiotics for the infection • Ambulation for bowel sounds • often vital sign checks		
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. playing with play don 2. watching bluey	8. Patient/Caregiver Teaching: 1. watch for decreased activity 2. look for any guarding around incision. 3. watch for an increased periods of sleeping Any Safety Issues identified:		

Student Name:		Patient Age:	
Date:		Patient Weight: kg	
Abnormal Relevant Lab Tests	Current	Clinical Significance	
Complete Blood Count (CBC) Labs			
Hgb	7.2 ↓	not enough oxygen, could be bleeding	
Hct	23.7 ↓	could mean patient is bleeding	
Metabolic Panel Labs			
Ketones	15 ↑	body is using fat for energy	
Misc. Labs			
Absolute Neutrophil Count (ANC) (if applicable)			
Lab TRENDS concerning to Nurse?			
We want to see his Hct & Hgb come back up. He did lose blood with the GSW so we just want to see it back up			
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 and Doubt 1. He would answer every question with "no" (negativism) 2. He had a dog stuffed animal that he loved			
Piaget Stage: sensorimotor/preoperational stage 1. He thought about what he would get if he did a task (egocentrism) 2. Thought about his popsicle the whole time (centration)			
Please list any medications you administered or procedures you performed during your shift:			
• Peppid • Ofirmiv • Miralax • removed an IV			

Pediatric Floor Patient #1

<b>GENERAL APPEARANCE</b> Appearance: <input type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input checked="" 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 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>3</u> L <u>3</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>PSYCHOSOCIAL</b> Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input type="checkbox"/> Present <input checked="" 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 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 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	<b>ELIMINATION</b> Urine Appearance: <u>WNL</u> Stool Appearance: <u>Thin/Watery</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>IV ACCESS</b> Site: <u>left hand</u> <input type="checkbox"/> INT <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: _____
<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 checked="" 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>right finger</u> Oxygen Saturation: <u>97</u>	<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 type="checkbox"/> Present <input checked="" type="checkbox"/> quads <input type="checkbox"/> Active <input checked="" 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 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
<b>MUSCULOSKELETAL</b> <input checked="" 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 type="checkbox"/> None Type: _____	<b>NUTRITIONAL</b> Diet/Formula: <u>clear liquids</u> Amount/Schedule: <u>as tolerated</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>PAIN</b> Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>IV site</u> Type: _____ Pain Score: 0800 <u>3</u> 1200 _____ 1600 _____
<b>MOBILITY</b> <input 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 checked="" type="checkbox"/> Bedridden	<b>WOUND/INCISION</b> <input type="checkbox"/> None Type: <u>incision</u> Location: <u>abdomen</u> Description: <u>clean dry intact</u> Dressing: <u>gauze</u>	<b>TUBES/DRAINS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

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		10		30	10								130
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	50	50	50	50	50								250
IV Meds/Flush		3.48											3.48
Calculate Maintenance Fluid Requirement (Show Work)													Actual Pt IV Rate
$10 \times 100 = 1,000$ $3.3 \times 20 = 66$ $1,000 - 66 = 934$ $934 \div 24 = 39 \text{ mL/hr}$													50 Rationale for Discrepancy (if applicable) was having diarrhea
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													730
Stool		510			220								
Emesis													
Other													
Calculate Minimum Acceptable Urine Output													Average Urine Output During Your Shift
$0.5 (13.3) / 5 = 1.33 \text{ mL/hr}$ NE were there for 5 hours													did not have a diaper without stool during 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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) _____
	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 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		90		30	10								130
Intake - PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	50	50	50	50	50								250
IV Meds/Flush		3.48											3.48
													253.48
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$10 \times 100 = 1,000$ $3.3 \times 20 = 66$ $\frac{1,000}{66} = 15.15$ $15.15 \times 24 = 363.6$							44 mL/hr 50 Rationale for Discrepancy (if applicable) was having diarrhea						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool		510			220								730
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$0.5 (13.3) / 5 = 1.33 \text{ mL/hr}$ ↑ we were there for 5 hours							did not have a diaper without stool during 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 <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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) _____
	Score 0-2 (Green) - Continue routine assessments
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Student Name: Avery Baldree

Unit: Pedi floor

Pt. Initials: MA

Date: 9/11/24

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NSC 20KCl 50 ml/hr	Isotonic/ Hypotonic/ <del>Hypertonic</del>	give calories	potassium levels	hyperkalemia

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 (ofirmiv)	Analgesic	pain relief	185mg IV QID 18.5ml	Yes	SYRINGE module 10mg/ml OVER 15 MINUTES	1. anemia 2. thrombocytopenia 3. constipation	1. watch for signs of bleeding 2. assess oxygen from anemia 3. monitor bowel sounds 4. watch IV for irritation
Famotidine	H2 blocker	decrease acid in stomach	6.91mg IV BID 2mg/ml	Yes	SYRINGE module 2mg/ml OVER 30 MINS	1. dizziness 2. diarrhea 3. seizures	1. get up from the bed slowly 2. monitor fluid & electrolytes 3. watch for changes in LOC 4. monitor B-12 in long term use
Piperacillin/tazobactam	Beta lactam inhibitor	prophylactic for infection	1400mg IVPB TID	Yes	IVPB: 1400mg in NaCl 17.5ml	1. seizures 2. bleeding 3. fever 4. electrolyte imbalances	1. watch for change in LOC 2. watch for easy bruising 3. check temp often 4. watch electrolyte levels

Student Name: Avery Baldree

Unit: Pedi floor

Pt. Initials: SH

Date: 9/11/24

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

Allergies: NKDA D5 NSC 20KCl @ 70 ml/hr

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?			
acetaminophen (ofirmiv)	Analgesic	pain relief	420mg IV QID	Yes		1. anemia 2. thrombocytopenia 3. constipation	1. watch for signs of bleeding 2. assess oxygen levels for anemia 3. monitor bowel sounds 4. watch IV site for irritation
Famotidine	H2 blocker	decrease acid in stomach	14mg IV BID	Yes		1. dizziness 2. seizures 3. diarrhea	1. have someone help them out of bed 2. monitor fluid & electrolytes 3. watch for decrease in LOC 4. monitor B-12 with long term use
Piperacillin/tazobactam	Beta lactam inhibitor	treat appendix rupture	2792mg IV TID	Yes		1. bleeding 2. fever 3. seizures 4. electrolyte imbalances	1. watch for easy bruising 2. check temperature often 3. watch electrolyte levels 4. watch for decrease in LOC
							1. 2. 3. 4.
							1. 2. 3. 4.