IM5 Clinical Worksheet – PICU

Student Name: Zane Fisher **Date:** 9/10/24	**Patient Age:** 11 yrs **Patient Weight:** 34 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) DKA T1	**2. Priority Focused Assessment R/T Diagnosis:** Blood Glucose Monitoring

3. Identify the most likely and worst possible complications. most likely • Cerebral Edema, AKI, electrolyte abnormals, worst possible • Cerebral Edema, Cerebral Injury	**4. What interventions can prevent the listed complications from developing?** • Fluids • Electrolytes • Insulin • Monitoring

5. What clinical data/assessments are needed to identify these complications early? • HA, Drowsiness, moody, pain of stiff in neck, vomiting, seizures.	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** • Diuretics, corticosteroids, and even surgical decompression

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. ✱ 1. Watching tv or a game on the phone 2. Draw a picture	**8. Patient/Caregiver Teaching:** 1. Check your blood sugar often 2. Keep blood sugar in their target range 3. Drink fluids to prevent dehydration. **Any Safety Issues Identified:** To call for us when she needed to go the bathroom

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

famotidine (Pepcid) IVP 20mg = 2mL ≈ 10 mg/mL over 2 mins

10mL with 8mL NS/2mL diluted

Zane Fisher

GENERAL APPEARANCE
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 _3_
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_____
Consistency_____
Suction: ☐Yes ☑No Type _____
Pulse Ox Site _____
Oxygen Saturation: _____

CARDIOVASCULAR
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: normal brown
☐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: carb controlled
Amount/Schedule: General
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 stand by
Assistive Device: ☐Crutch ☐Walker
☐Brace ☐Wheelchair ☐Bedridden

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☐Withdrawn ☐Hostile/Anxious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

IV ACCESS
Site: R+L AC ☑INT ☐None
☐Central Line
Type/Location: _20 (R) AC
Appearance: ☑No Redness/Swelling
☐Red ☐Swollen
☐Patent ☐Blood return
Dressing Intact: ☑Yes ☐No
Fluids: _____

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: _____
Type: _____
Pain Score:
0800 _0_ 1200_____ 1600 _____

WOUND/INCISION
☑None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS
☑None
☐Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

PICU

Zane Fisher

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed				30									30
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		0	10	0	0	0							10

Calculate Maintenance Fluid Requirement (Show Work)

$10 \times 100 = 1000$
$10 \times 50 = 500$
$14 \times 20 = 280$

1780 mL/24hrs

74,2 mL/hr

Combined Total Intake for Pt (mL/hr)

40 mL in total

20 mL/hr average

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper				375									375
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

17 mL/hr

Average Urine Output During Your Shift

375 mL/6   60.83 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	0	1 pt – Concerned
Family Concern	0	1 pt – Concerned or absent

CHEWS Total Score

Total Score (points) ___0___

CHEWS Total Score

- 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