# IM5 Clinical Worksheet – Pediatric Floor

**Student Name:** Ivana Sanchez
**Date:** 9/24

**Patient Age:** 13
**Patient Weight:** kg 46.4

**1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)**
Splenic cyst- tissue of the cyst wall undergo calcification.

**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:**
abdominal assessment

**3. Identify the most likely and worst possible complications.**
Since she got surgery to relieve fluid related to the cyst I would say infection is the worst complication.

**4. What interventions can prevent the listed complications from developing?**
IV antibiotics which she is getting. frequent washing hands, dressing changes & a close eye of her vital signs.

**5.What clinical data/assessments are needed to identify these complications early?**
Labs, incision assessment, vital signs.

**6. What nursing interventions will the nurse implement if the anticipated complication develops?**
Continuing her antibiotics, even more frequent dressing changes, Patient teaching to not touch site / keep site cleaned

**7. Pain & Discomfort Management:**
**List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.**

1. She is 13+ teenagers love their electronics!
2. Crafts provided by child life.

**8. Patient/Caregiver Teaching:**

1. keep an eye on her UO.
2. keeping up w/ the antibiotic
3. keep dressing clean

**Any Safety Issues identified:**
None

| Student Name: Ivana Sanchez | Patient Age: 13 y 10 |
|---|---|
| Date: 9/24/24 | Patient Weight: 46.4 kg |

| Abnormal Relevant Lab Tests | Current | Clinical Significance |
|---|---|---|
| Complete Blood Count (CBC) Labs | | |
| N/A | | |
| | | |
| | | |
| Metabolic Panel Labs | | |
| Chloride | 108 | dehydration |
| Bilirubin total | 0.5 | Could be from her recent surgery |
| | | |
| Misc. Labs | | |
| Absolute Neutrophil Count (ANC) (if applicable) | | |
| N/A | | |
| | | |

Lab TRENDS concerning to Nurse?

No lab trends concerning

**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:** Identity VS Role confusion

1. She told me she recently started reading + enjoys it.

2. I also asked who her friends are @ school + she told me her 2 best friends names.

**Piaget Stage:** formal thinking

1. She could tell me her pain level w/o moms help

2. She was answering all questions for herself + could make some choices for herself.

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

I drew blood from her!

I also gave her acetemenophine IVBP

# Pediatric Floor Patient #1

## 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 _____

**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 2+ L 2+

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

## ELIMINATION

**Urine Appearance:** Yellow | clear

**Stool Appearance:** _____ ☐ 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:** Normal

**Amount/Schedule:** _____

**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 pain

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:** L Hand ☐ INT ☐ None ☐ Central Line

Type/Location: _____

**Appearance:** ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

**Dressing Intact:** ☒ Yes ☐ No

**Fluids:** D5NS + KCL 20 80mL/HR

LAC 22G

## 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: Surgical sites

**Mucous Membranes:** Color: _____ ☒ Moist ☐ Dry ☐ Ulceration

## PAIN

**Scale Used:** ☒ Numeric ☐ FLACC ☐ Faces

**Location:** abdomen

**Type:** _____

**Pain Score:** 8

0800 ✓ 1200 ____ 1600 ____

## WOUND/INCISION

☐ **None**

**Type:** Surgery

**Location:** 4 small incisions along upper Stomach

**Description:** _____

**Dressing:** gauze + tape

## TUBES/DRAINS

☒ **None**

☐ **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 | | | | | | | | | | | | | |
| Intake – PO Meds | | | | | | | | | | | | | |

| IV INTAKE | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IV Fluid | 80mL | 86mL | 200mL | 86 | 86 | 86 | 86 | 86 | 86 | 86 | 86 | 86 | 1146mL |
| IV Meds/Flush | | 2mL | | | | | | | | | | | 2mL |
| | | | | | | | | | | | | | 1148mL |

**Calculate Maintenance Fluid Requirement (Show Work)**

10 x 100 = 100
10 x 50 = 500
26.4 x 20 = 528

47mL/hr

**Actual Pt IV Rate**

86mL/Hr

**Rationale for Discrepancy (if applicable)**

| OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Urine/Diaper | | 150mL | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Calculate Minimum Acceptable Urine Output**

1mL/hr

**Average Urine Output During Your Shift**

150mL/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 |
| **CHEWS Total Score** | |
| CHEWS Total Score | Total Score (points) 0 |
| | 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 |