Student Name: Hannah Landsman Unit: 3N PF1 Pt. Initials: _____ Date: 10/29/24

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

**Allergies:** Almonds / NKDA

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|---|---|---|---|---|
| N/A | Isotonic/ Hypotonic/ Hypertonic | N/A | N/A | N/A |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Therapeutic Range? Is med in therapeutic range? If not, why? | IVP – List diluent solution, volume, and rate of administration<br>IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|---|---|---|---|---|---|---|---|
| Clarithro-mycin | macrolide abx | abx prophylatic | 100mg PO BID | DONE omg - Strong Yes | N/A | QT Syndrome<br>Steven-Johnsons Syndrome<br>C-diff | 1. Notify of child having seizures or possible as it can cause prolong QT syndrome.<br>2. Notify of any rashes or patches on skin as it can cause steven Johnsons Syndromic.<br>3. Notify of loss of appetite as it can cause liver damage.<br>4. Have parents notify of increasing diarrhea that is taring, as it can cause C. diff. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |



Adopted: August 2016

## IM5 Clinical Worksheet – Pediatric Floor

| | |
|---|---|
| **Student Name:** Hannah Landsman<br>**Date:** 10/29/24 | **Patient Age:** 2lm<br>**Patient Weight:** 11.1 kg |
| **1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)**<br>Abcess of parotid massetteric.<br>The ductal valve can become incompetent allowing bacteria causing an infection. | **2. Priority Focused Assessment You Will Perform Related to the Diagnosis:**<br>Respiratory to make sure airway is maintained |
| **3. Identify the most likely and worst possible complications.**<br>puts to much pressure on airway | **4. What interventions can prevent the listed complications from developing?**<br>Monitor size of abcess<br>Monitor RR & $O_2$ sat |
| **5.What clinical data/assessments are needed to identify these complications early?**<br>Respiratory assessment<br>RR & $O_2$ sat | **6. What nursing interventions will the nurse implement if the anticipated complication develops?**<br>Keep HOB up<br>Cont. $O_2$ sat |
| **7. Pain & Discomfort Management:**<br>**List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.**<br>1. Refocus their attention onto something else like non-nutritive sucking & parents talking to the child.<br>2. do bubble blowing which allows them to take deep breathes & have fun. | **8. Patient/Caregiver Teaching:**<br>1. Teach parents comfort positions and holdings to help soothe the child.<br>2. Demonstrate procedures on a stuffed animal so the patient can see & understand a little.<br>3. Teach parents to keep same schedule like home to help ease the child w/ hospitalism.<br>**Any Safety Issues Identified:**<br>None |

**Student Name:** Hannah Landsman
**Date:** 10/29/24
**Patient Age:** 21M
**Patient Weight:** 11.1 kg

| Abnormal Relevant Lab Tests | Current | Clinical Significance |
|---|---|---|
| Complete Blood Count (CBC) Labs | | |
| WBC | 10.19 | Infection w/ abcess |
| | | |
| | | |
| Metabolic Panel Labs | | |
| Na | 138 | Brain function |
| K | 3.7 | Heart function |
| | | |
| Misc. Labs | | |
| Absolute Neutrophil Count (ANC) (if applicable) | N/APPP | |
| Rhino / Entero | + | nasps RID 3/dx |

Lab TRENDS concerning to Nurse?
WBC trending down = + direction

**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 & Doubt

1. Patient had a toy chicken with her as her transitional object that I used to demonstrate my assessment so she would let me.

2. Patient ~~was~~ while giving medicine to her kept repeating "No!" that she wanted to try and hold it to take her medicine instead.

**Piaget Stage:** Sensorimotor / Perioperative

1. Patient was playing make belief in her costume that her parents brought to distract her.

2. Child was seen playing peka boo w/ parent & child would demonstrate back the motion of hiding & remerging

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

gH

**Pediatric Floor Patient #1**

**GENERAL APPEARANCE**
**Appearance:** X Healthy/Well Nourished
X Neat/Clean ☐ Emaciated ☐ Unkept
**Developmental age:**
X Normal ☐ Delayed

**NEUROLOGICAL**
**LOC:** X Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
**Oriented to:**
X Person X Place X Time/Event
X Appropriate for Age
**Pupil Response:** X Equal ☐ Unequal
X Reactive to Light ☐ Size 3
**Fontanel:** (Pt < 2 years) X Soft ☐ Flat
☐ Bulging ☐ Sunken X Closed
**Extremities:**
X Able to move all extremities
X Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
**EVD Drain:** ☐ Yes X No Level \
**Seizure Precautions:** ☐ Yes X No

**RESPIRATORY**
**Respirations:** X Regular ☐ Irregular
☐ Retractions (type) \
☐ Labored
**Breath Sounds:**
Clear ☐ Right ☐ Left
Crackles ☐ Right ☐ Left
Wheezes X Right X Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X **Room Air** ☐ **Oxygen**
**Oxygen Delivery:**
☐ Nasal Cannula: \ L/min
☐ BiPap/CPAP: \
☐ Vent: ETT size \ @ \ cm
☐ Other: \
**Trach:** ☐ Yes X No
Size \ Type \
Obturator at Bedside X Yes ☐ No
**Cough:** ☐ Yes X No
☐ Productive ☐ Nonproductive
**Secretions:** Color \
Consistency \
**Suction:** ☐ Yes X No Type \
**Pulse Ox Site** INT
**Oxygen Saturation:** 98

**CARDIOVASCULAR**
**Pulse:** X Regular ☐ Irregular
X Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other \
**Edema:** ☐ Yes X No Location \
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
**Capillary Refill:** X < 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:** light yellow
**Stool Appearance:** Not observed
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

**GASTROINTESTINAL**
**Abdomen:** X Soft ☐ Firm ☐ Flat
☐ Distended ☐ Guarded
**Bowel Sounds:** X Present X 4 quads
X Active ☐ Hypo ☐ Hyper ☐ Absent
**Nausea:** ☐ Yes X No
**Vomiting:** ☐ Yes X No
**Passing Flatus:** ☐ Yes X No
**Tube:** ☐ Yes X No Type \
Location \ Inserted to \ cm
☐ Suction Type: \

**NUTRITIONAL**
**Diet/Formula:** General
**Amount/Schedule:** NOT Seen
**Chewing/Swallowing difficulties:**
☐ Yes X No

**MUSCULOSKELETAL**
☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
**Movement:**
☐ RA ☐ LA ☐ RL ☐ LL X All
**Brace/Appliances:** X None
Type: \

**MOBILITY**
X Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist \
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

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

**IV ACCESS**
**Site:** \ INT X None
☐ Central Line
Type/Location: \
**Appearance:** ☐ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
**Dressing Intact:** ☐ Yes ☐ No
**Fluids:** \

**SKIN**
**Color:** X Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale X Natural for Pt
**Condition:** X Warm ☐ Cool ☐ Dry
☐ Diaphoretic
**Turgor:** X < 5 seconds ☐ > 5 seconds
**Skin:** X Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: \
**Mucous Membranes:** Color: pink
X Moist ☐ Dry ☐ Ulceration

**PAIN**
**Scale Used:** ☐ Numeric X FLACC ☐ Faces
**Location:** Arm
**Type:** sore
**Pain Score:**
0800 3 1200 / 1600 /

**WOUND/INCISION**
X **None**
**Type:** \
**Location:** \
**Description:** \
**Dressing:** \

**TUBES/DRAINS**
X **None**
☐ **Drain/Tube**
Site: \
Type: \
Dressing: \
Suction: \
Drainage amount: \
Drainage color: \

## GENERAL APPEARANCE

**Appearance:** [X] Healthy/ Well Nourished [X] Neat/ Clean [ ] Emaciated [ ] Unkept
**Developmental age:** [ ] Normal [X] Delayed

## NEUROLOGICAL

**LOC:** [X] Alert [ ] Confused [ ] Restless [ ] Sedated [ ] Unresponsive
**Oriented to:** [X] Person [X] Place [X] Time/ Event [X] Appropriate for Age
**Pupil Response:** [X] Equal [ ] Unequal [ ] Reactive to Light [ ] Size 2
**Fontanel:** (Pt < 2 years) [ ] Soft [ ] Flat [ ] Bulging [ ] Sunken [X] Closed
**Extremities:** [X] 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 [X] No Level ___
**Seizure Precautions:** [X] Yes [ ] No

## RESPIRATORY

**Respirations:** [X] Regular [ ] Irregular [ ] Retractions (type) ___ [ ] Labored
**Breath Sounds:**
Clear [X] Right [X] Left
Crackles [ ] Right [ ] Left
Wheezes [ ] Right [ ] Left
Diminished [ ] Right [ ] Left
Absent [ ] Right [ ] Left
[X] Room Air [ ] Oxygen
**Oxygen Delivery:** [ ] Nasal Cannula: ___ L/ min [ ] BiPap/ CPAP: ___ [ ] Vent: ETT size ___ @ ___ cm [ ] Other: ___
**Trach:** [ ] Yes [X] No
Size ___ Type ___
Obturator at Bedside [X] Yes [ ] No
**Cough:** [ ] Yes [X] No [ ] Productive [ ] Nonproductive
**Secretions:** Color ___ Consistency ___
**Suction:** [ ] Yes [X] No Type ___
**Pulse Ox Site** ___
**Oxygen Saturation:** ___

## CARDIOVASCULAR

**Pulse:** [X] Regular [ ] Irregular [X] Strong [ ] Weak [ ] Thready [ ] Murmur [ ] Other ___
**Edema:** [ ] Yes [X] No Location ___ [ ] 1+ [ ] 2+ [ ] 3+ [ ] 4+
**Capillary Refill:** [X] < 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:** Not observed
**Stool Appearance:** Not observed
[ ] Diarrhea [ ] Constipation [ ] Bloody [ ] Colostomy

## GASTROINTESTINAL

**Abdomen:** [X] Soft [ ] Firm [ ] Flat [ ] Distended [ ] Guarded
**Bowel Sounds:** [X] Present X 4 quads [X] Active [ ] Hypo [ ] Hyper [ ] Absent
**Nausea:** [ ] Yes [X] No
**Vomiting:** [ ] Yes [X] No
**Passing Flatus:** [X] Yes [ ] No
**Tube:** [ ] Yes [X] No Type ___ Location ___ Inserted to ___ cm [ ] Suction Type: ___

## NUTRITIONAL

**Diet/Formula:** General
**Amount/Schedule:** Moderate/ normal
**Chewing/Swallowing difficulties:** [ ] Yes [X] No

## MUSCULOSKELETAL

[ ] Pain [ ] Joint Stiffness [ ] Swelling [ ] Contracted [ ] Weakness [ ] Cramping [ ] Spasms [ ] Tremors
**Movement:** [ ] RA [ ] LA [ ] RL [ ] LL [X] All
**Brace/Appliances:** [X] None Type: ___

## MOBILITY

58
[X] Ambulatory [ ] Crawl [ ] In Arms [ ] Ambulatory with assist ___
**Assistive Device:** [ ] Crutch [ ] Walker [ ] Brace [ ] Wheelchair [ ] Bedridden

## PSYCHOSOCIAL

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

## IV ACCESS

Site: ___ [ ] INT [X] None
[ ] Central Line
Type/ Location: ___
**Appearance:** [ ] No Redness/ Swelling [ ] Red [ ] Swollen [ ] Patent [ ] Blood return
**Dressing Intact:** [ ] Yes [ ] No
**Fluids:** ___

## SKIN

**Color:** [X] Pink [ ] Flushed [ ] Jaundiced [ ] Cyanotic [ ] Pale [X] Natural for Pt
**Condition:** [X] Warm [ ] Cool [ ] Dry [ ] Diaphoretic
**Turgor:** [X] < 5 seconds [ ] > 5 seconds
**Skin:** [X] Intact [ ] Bruises [ ] Lacerations [ ] Tears [ ] Rash [ ] Skin Breakdown
Location/ Description: ___
**Mucous Membranes:** Color: pink
[X] Moist [ ] Dry [ ] Ulceration

## PAIN

**Scale Used:** [ ] Numeric [ ] FLACC [X] Faces
**Location:** ___
**Type:** ___
**Pain Score:**
0800 0 1200 ___ 1600 ___

## WOUND/INCISION

[X] None
**Type:** ___
**Location:** ___
**Description:** ___
**Dressing:** ___

## TUBES/DRAINS

[X] None
[ ] Drain/Tube
Site: ___
Type: ___
Dressing: ___
Suction: ___
Drainage amount: ___
Drainage color: ___

357

**Pediatric Floor Patient #1**

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**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 | 0 | 0 | 0 | 270 | 0 | | | | | | | | 270 |
| Intake – PO Meds | 0 | 0 | 0 | 2.5 | 0 | | | | | | | | 2.5 |

| IV INTAKE | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IV Fluid | 0 | 0 | 0 | 0 | 0 | | | | | | | | 0 |
| IV Meds/Flush | 0 | 0 | 0 | 0 | 0 | | | | | | | | 0 |

**Calculate Maintenance Fluid Requirement (Show Work)**
10 · 100 = 1000
1 · 50 = 50
1060 mL/day
43.75 ≈ 44 mL/hr

**Actual Pt IV Rate**
N/A
**Rationale for Discrepancy (if applicable)**

| OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Urine/Diaper | 0 | 0 | 0 | 272 | 0 | | | | | | | | 272 |
| Stool | 0 | 0 | 0 | 0 | 0 | | | | | | | | 0 |
| Emesis | 0 | 0 | 0 | 0 | 0 | | | | | | | | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | | | | | | | | 0 |

**Calculate Minimum Acceptable Urine Output**
11.1 · 1 mL = 11.1 mL/hr

**Average Urine Output During Your Shift**
272 ÷ 6
45

### 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 |