IM5 Clinical Worksheet – Pediatric Floor

Student Name: Emily Arismendez **Date:** 10-31-24	**Patient Age:** 15 days old **Patient Weight:** 3.2 **kg**
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Neonatal fever 101.8 degrees Fahrenheit, a fever is a systemic reaction to a possible infection that activated the immune system	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory, neuro, and cardiac
3. Identify the most likely and worst possible complications. Neonatal fever is a sign of possible infection. Meningitis was a possibility but ruled out when lab results did not show bacteria present.	**4. What interventions can prevent the listed complications from developing?** Keeping the baby in a room not too warm, and without clothing just wrapped in a light blanket. Keep the swaddle from being too tight. Administer antipyretic meds suitable for a newborn.
5.What clinical data/assessments are needed to identify these complications early? Monitor VS: is temp lowering? Is HR and RR rising? Is the baby retracting while breathing? Assess breath sounds, and neurological status.	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Allow position of comfort for baby. Administer ampicillin and ceftazidime to treat bacterial infection (meningitis) Assess neuro focused assessment. (Is the baby crying, are the fontanels sunken in, pupils WNL?)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** **1.** Ask mom to hold him, if he is truly inconsolable. **2.** Try feeding breast milk to console him. **3.** Sucrose (sweetease) is an analgesic for newborns that can be given to calm the baby as well.	**8. Patient/Caregiver Teaching:** **1.** Good handwashing **2.** Keep the baby's temp from rising but also make sure it does not drop too fast too quickly or below 36.5 degrees Celsius. **3.** Do not place the baby in a cool bath, this could cause the baby to shiver which could raise their temp. **Any Safety Issues identified:** *Keep the IV in a stint to keep the baby from dislodging it Keep rails up on the crib

Student Name: Emily Arismendez **Date:** 10-31-24	**Patient Age:** 15 days old **Patient Weight:** 3.2 **kg**

Abnormal Relevant Lab Tests	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
WBC	617	High WBC could indicate infection in the body
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
UA normal Lumbar Puncture normal		

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: Trust v. Mistrust

1. Patient cries when hungry and satisfied when mom feeds him.

2. Patient cries when sleep was disrupted to take VS; however, consolable after assessment/

Piaget Stage: Sensorimotor

1. Patient heard mom's voice and his cry calmed to light whine.

2. Patient was asleep and aroused when the Blood Pressure cuff was applied.

Please list any medications you administered or procedures you performed during your shift:
Administered ampicillin and ceftazidime

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:
◻ Person ◻ Place ◻ Time/Event
X Appropriate for Age
Pupil Response: X Equal ◻ Unequal
X Reactive to Light ◻ Size __2mm___
Fontanel: (Pt < 2 years) X Soft ◻ Flat
◻ Bulging ◻ Sunken ◻ Closed
Extremities:
X Able to move all extremities
X Symmetrically ◻ Asymmetrically
Grips: Right _S____ Left ___S__
Pushes: Right _____ Left _____
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 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 ◻ Yes ◻ No
Cough: ◻ Yes X No
◻ Productive ◻ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ◻ Yes X No Type _____
Pulse Ox Site __R__foot_____
Oxygen Saturation: _____98 RA_____

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: ____yellow
clear_____
Stool Appearance: ___brown
runny_____
◻ 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: _____breastmilk_____
Amount/Schedule: __2.5 oz q 3 hrs___
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

◻ Ambulatory ◻ Crawl X In Arms
◻ Ambulatory with assist _____
Assistive Device: ◻ Crutch ◻ Walker
◻ Brace ◻ Wheelchair ◻Bedridden

PSYCHOSOCIAL

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

IV ACCESS

Site: _____R __AC_____ X INT ◻ None
◻ Central Line
Type/Location: _____
Appearance: X No Redness/Swelling
◻ Red ◻ Swollen
◻ Patent ◻ Blood return
Dressing Intact: X Yes ◻ No
Fluids:
_____N/A_____

SKIN

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

PAIN

Scale Used: ◻ Numeric ◻FLACC ◻ Faces
Location: _____no pain_____
Type: _____N PASS_____
Pain Score:
0800__0___ 1200__0___ 1600 _0_

WOUND/INCISION

X None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

X 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		74											74
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush		130											130
Calculate Maintenance Fluid Requirement (Show Work) **3.2x100=320/24hr= 13.3 mL/hr**							**Actual Pt IV Rate** **Amp: 30mg/mL over 30 min** **Ceftazidime: 100mg/mL over 15min** **Rationale for Discrepancy (if applicable)** **Pt is receiving some fluid PO through breastmilk**						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	12	50											62
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output **1.0mL/kg/hr = 1x 3.2= 3.2mL/hr**							**Average Urine Output During Your Shift** **12 + 50 = 62** **62mL/6hr=10.3 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	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

Pediatric Floor Patient #2

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 __4mm___
Fontanel: (Pt < 2 years) ◻ Soft ◻ Flat
◻ Bulging ◻ Sunken X Closed
Extremities:
X Able to move all extremities
X Symmetrically ◻ Asymmetrically
Grips: Right _S____ Left ___S__
Pushes: Right ___S__ Left _S____
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 X Right X Left
Crackles ◻ Right ◻ Left
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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 ◻ Yes X No
Cough: ◻ Yes X No
◻ Productive ◻ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ◻ Yes X No Type _____
Pulse Ox Site __R__finger_____
Oxygen Saturation: _____95 RA_____

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
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ELIMINATION

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clear_____
Stool Appearance: ___brown_____
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◻ Bloody ◻ Colostomy

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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: _____regular diet
Amount/Schedule: __Intake q 5 hours
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 ◻ Quiet
X Friendly X Cooperative ◻ Crying
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IV ACCESS

Site: _____R __AC_____ X INT ◻ None
◻ Central Line
Type/Location: ___21g _____
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Color: ◻ Pink ◻ Flushed X Jaundiced
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Condition: X Warm ◻ Cool X Dry
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Turgor: X < 5 seconds ◻ > 5 seconds
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Location/Description: _____
Mucous Membranes: Color: __pink___
◻ Moist X Dry ◻ Ulceration

PAIN

Scale Used: X Numeric ◻FLACC ◻ Faces
Location: _____no pain_____
Type: _____no pain_____
Pain Score:
0800__0___ 1200__0___ 1600 _0_

WOUND/INCISION

X None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

◻None
◻ Drain/Tube
Site: _____R chest_____
Type: ____Chest Port_____
Dressing: _clean and changed 10/29_
Suction: _n/a_____
Drainage amount:___n/a_____
Drainage color:
_____n/a_____