Mayci Wood

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
An Autistic 7yr old boy came in for a Sedated ABR (auditory brain response)

2. The majority of the patients who came into the Outpatient Surgery were from which age group?

Was this what you expected? I was only able to work w/ one pt. The nurse I was w/ said usually they have pts anywhere from 3-40yrs old. No, I expected more women to come in.

3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)? With the pt being only 7 years old, the Child Life Specialist came to distract the boy from the insection. The Dr. explained to the parents what was going to happen. The parents held the child for comfort until he fell asleep.

4. What types of procedures did you observe or assist with?
The only pt that I was able to assist w/ was the Sedated ABR.

5. What are some common post-op instructions given to the patient/caregivers?
They may be sleepy throughout the day while he sleeps off the med. Drink plenty of water, balance & coordination may be off, & may be nauseated after they eat. Eat a light & easy first meal. (vomiting 1-2x is normal)

6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop? distractions such as his blanket, dinosaur, Ipad, & comfort positions. These were the same for pre-op & post-op care.

7. What complications (red flags) from anesthesia did you watch for and how did you monitor?
We watched to make sure he woke up ok (not too sedated). We also watched for Nausea & vomiting. We also took malignant hyperthermia into consideration

8. What is the process for obtaining a procedural consent for a pediatric patient?

The nurse asks the parents if they have any questions or concerns. The physician then comes in to educate. We then can go in & reiterate anything they didn't understand. Then we get all of the signatures

9. How does the NPO status change based on age or if infant takes breast milk vs formula?

Breastmilk is okay, but must be stopped 4hrs before surgery. Formula must be stopped 6-8hrs before surgery. Everyone can have clear liquids up to 4hrs before surgery.

10. What role does the Child Life Specialist play in the Outpatient Surgery? If not observed, how could they be part of your interdisciplinary team?

They help to comfort & distract the kids from any unwanted/feared procedure. When I observed the specialist, she played CoCo (the boy's favorite movie). She also gave him his blanket & had his mom hold him in a secure comfort hold for the insection in the boy's calf.

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IM5 Clinical Worksheet – Pediatric Floor

Student Name: Mayci Wood **Date:** 10/30/24	**Patient Age:** 6 months **Patient Weight:** 7.5 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) RSV & Flu B	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory
3. Identify the most likely and worst possible complications. · Respiratory distress	**4. What interventions can prevent the listed complications from developing?** · Positioning · Nasal & oral suctioning · Temp. (Breath faster when they have a fever)
5.What clinical data/assessments are needed to identify these complications early? · O_2 Sat. · Resp. Assessment	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** · ↑ Oxygen · Nasal/oral suction
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Swaddling, distractions 2. comforting from family	**8. Patient/Caregiver Teaching:** 1. Watch for Symptoms of resp. distress (Retraction, color, pace) 2. Monitor for fevers & alternate tylenol & motrine 3. If they have a cough it can take weeks to resolve **Any Safety Issues identified:** · High fall risk (6 month) & in a crib · Risk for aspiration (faster then 60 Breaths per Min don't feed)

Student Name: Mayci Wood Date: 10/30/24	Patient Age: 6 months Patient Weight: 7.5 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
~~RDVP~~		~~flu B & RSV~~
150-400 Platelets	428 ↑	to —
Metabolic Panel Labs		
Misc. Labs RDVP		flu B & RSV
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse? NO		

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 vs Mistrust

1. when waking up & looking around dad came to comfort & the baby started to rest again
2. We are not always there when the baby cries so she's not to sure about us yet.

Piaget Stage: Sensorimotor

1. baby wakes up & looks around & closes fist.
2. may be developing Separation anxiety Looks for dad every time she wakes

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

N/A None

Pediatric Floor Patient #1

126mL

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	302	60	0							
Intake – PO Meds	0	0	0	0	0	0							
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
N/A IV Fluid 0 IV													
N/A IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

N/A

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	60	0	126	0	0							
Stool	0	0	0	0	0	0							
Emesis	0	0	0	0	0	0							
Other													

Calculate Minimum Acceptable Urine Output

1 mL/Kg/24 7.5 × 24

180mL

Average Urine Output During Your Shift

only voided 1x during my shift. 126mL

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: green ✓	Total Score (points) 1-2
	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

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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 ___ Left ___
Pushes: Right ___ Left ___
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: 1 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 L foot
Oxygen Saturation: 98%

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: None
☐ 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: Formula
Amount/Schedule: 3oz q3hrs
Chewing/Swallowing difficulties: ☐ Yes ☑ No Ad-lib *

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 _____
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

roll over & move in bed

PSYCHOSOCIAL

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

IV ACCESS

Site: _____ ☐ INT ☑ None ☐ Central Line
Type/Location: _____
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: _____

*dad @ bedside

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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 ____ Left ____
Pushes: Right ____ Left ____
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 0.25L
Oxygen Delivery:
☑ Nasal Cannula: 0.25 L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size ____ @ ____ cm
☐ Other: _____
Trach: ☐ Yes ☑ No
Size ____ Type _____
Obturator at Bedside ☐ Yes ☑ No
Cough: ☑ Yes ☐ No infrequent ☐ Productive ☑ Nonproductive
Secretions: Color _____ Consistency _____
Suction: ☐ Yes ☑ No Type ____
Pulse Ox Site Left lower leg
Oxygen Saturation: 100%

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: Ø stool
☐ 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: Formula
Amount/Schedule: 30z / 93-4hrs
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 _____
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: Left Scalp ☐ INT ☐ None
☐ Central Line
Type/Location: IV Peripheral
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5 1/2 NS @ 3mL/hr

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: normal ☑ 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: _____

Sweet little boy

1mL/Kg/24hrs

58 VS (6month) F

T: 98
O2Sat: 97
MAP: 73
BP: 105/57
RR: 40
HR: 120

~~T:~~
~~O2Sat:~~
~~MAP:~~
~~BP:~~
~~RR:~~
~~HR:~~

Weight (K)
7.5

I&O
~~120~~
O: 126

62 VS (9week) M

T: 99.7
O2Sat: 100% on .5L ↓ .25L
MAP: 59
BP: 85/46 LLE
RR: 34
HR: 144

~~T:~~
~~O2Sat:~~
~~MAP~~
~~BP:~~
~~RR:~~
~~HR:~~

Weight (K)
3.6

I&O
O: 69

58) (LG)
Logan Gardner hx: 34 week premie
6month F twin
·NKDA Contact/Droplet Precautions
Admission: RSV & Flu B
Ø IV site
PRN: tylenol & Ibuprofen
1L O2
Hx: 34w premie twin
*dad @ bedside
I&O: output 126mL of urine

*Full codes
Regular diet
7.5kg
*watch for COVID

62) hx: 31 week premie (LR)
Luke Howard
9 week old M twin
2 blue episodes @ home & 2 in ER
⊕entero/chino virus
·NKDA
Admission: apnea (infant)
Ⓛ Scalp 24guage IV
L Fluid: D5 1/2 NS @3
PRN: tylenol ·coughing
0.5L O2
Labs: ⊕entero/chino virus
31 weeker (43 days NICU) twin
*dad @ bedside
output: 69mL of urine

3.6K