

## IM5 Clinical Worksheet - Pediatric Floor

<p><b>Student Name:</b> dacia rodriguez</p> <p><b>Date:</b> 10/21/24</p>	<p><b>Patient Age:</b> 3 years</p> <p><b>Patient Weight:</b> 8.98 kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b></p> <p>Hypoxemia- low levels of oxygen in the blood</p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b></p> <p>respiratory</p>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <p>brain damage, decreased cardiac output, arrhythmias, acute respiratory distress, renal insufficiency, death</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <p>manage any underlying conditions, stay up to date on vaccinations (ex. Flu &amp; pneumonia), use a humidifier to prevent dry airways, keep head of bed elevated to promote chest expansion &amp; decrease work of breathing</p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <p>pulse ox, ABGs, physical exam, lung function tests, chest x-ray, watch for nasal flaring while breathing &amp; retractions</p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <p>increase flow of oxygen, notifying HCP of any changes in breathing or in vital signs</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. distractions such as turning on the TV</p> <p>2. read to the child</p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <p>1. notify HCP if you notice nasal flaring</p> <p>2. proper oxygen safety</p> <p>3. sitting the patient up can help the child breathe better</p> <p><b>Any Safety Issues identified:</b> oxygen tubing can be a tripping hazard</p>

Student Name: dacia rodriguez	Patient Age: 3 years	
Date: 10/21/24	Patient Weight: 8.98 kg	
Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs Glucose: 129 K: 5.5		
Misc. Labs Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
<p><b>11. Growth &amp; Development:</b>            *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:</p> <p>Erickson Stage: pt is developmentally delayed so I would classify her in the trust vs mistrust</p> <ol style="list-style-type: none"> <li>Pt only wanted her mom. when we tried to give her medications she was not happy and would look at mom. mom was then able to give medication without issue</li> <li>pt loved tactile stimulation, she was easily calmed down when having her back rubbed, snuggling her blanket, or being wrapped up tightly in blanket</li> </ol> <p>Piaget Stage: pt is developmentally delayed so I would classify her in sensorimotor</p> <ol style="list-style-type: none"> <li>when we removed her blanket to perform an assessment, it was out of her visual field and she was only focused on finding where it went</li> <li>having something in her mouth to suck on soothed her</li> </ol>		
<p>Please list any medications you administered or procedures you performed during your shift:            Keppra 100mg/ml            Miralax 8.5g</p>		

Pediatric Floor Patient #1

### IM5 Clinical Worksheet - PICU

<b>Student Name:</b> dacia Rodriguez <b>Date:</b> 10/31/24	<b>Patient Age:</b> 5 y.o <b>Patient Weight:</b> 39.5 kg
<b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b>  Pancreatitis- inflammation of the pancreas due to prematurely activated pancreatic enzymes	<b>2. Priority Focused Assessment R/T Diagnosis:</b>  abdominal assessment & respiratory assessment (pt was on a ventilator)
<b>3. Identify the most likely and worst possible complications.</b>  respiratory issues malnutrition kidney failure Pseudocysts death	<b>4. What interventions can prevent the listed complications from developing?</b>  eat a healthy diet, drink plenty of fluids throughout the day, exercise, seek treatment as soon as pancreatitis is suspected
<b>5. What clinical data/assessments are needed to identify these complications early?</b>  lab work, CT or MRI, physical exam/family history, vital signs & stool sample	<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b>  Oxygen therapy (or in this case ventilator) tube feedings (elecare junior) fluids (D5NS+20k) Continues vital signs lab work
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. turning the patient Q2 hours, to prevent pressure injuries  2. Un-releasing the soft bilateral hand restraints when we were in the room to allow for the patient to move their arms and stretch	<b>8. Patient/Caregiver Teaching:</b> 1. assess the temperature of the patients hands & fingers to assure restraints are not too tight/ proper circulation  2. perform oral hygiene every day to prevent infection due to patient being ventilated  3. assess and clean catheter site to prevent UTI, and to prevent skin breakdown  Any Safety Issues Identified: N/A
<b>Please list any medications you administered or procedures you performed during your shift:</b> Fentanyl 2mcg/kg/hr @ 1.58ml/hr Precedex 1mcg/kg/hr @ 9.9ml/hr Procedure: extubation	

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

Primary IV Fluid and Infusion Rate (mL/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NONE	<input type="checkbox"/> Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic	NONE	NONE	NONE

<b>Student Name:</b> Dacia rodriguez		<b>Unit:</b> PEDI & last 2 medications PICU	<b>Patient Initials:</b> M.G & H.M & L.M		<b>Date:</b> 10/31/24	<b>Allergies:</b> Neither patient had allergies	
<b>Generic Name</b>	<b>Pharmacologic Classification</b>	<b>Therapeutic Reason</b>	<b>Dose, Route &amp; Schedule</b>	<b>Is med in therapeutic range? If not, why?</b>	<b>IVP - List diluent solution, volume, and rate of administration</b>	<b>Adverse Effects</b>	<b>Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)</b>
Prednisone	Corticosteroid	help reduce inflammation	15mg/5ml PO TID	Yes		Cushing syndrome, hypertension, weight gain, infection	1. take this medication with food to avoid an upset stomach 2. this can weaken your immune system if you start to have signs of infection (fever, weakness, diarrhea) notify your HCP 3. AVOID LIVE vaccines while taking because it can cause the vaccine to not work as well (measles, mumps, rubella, varicella) 4. this medication may cause you to bruise easily, so monitor for abnormal bruising

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

Student Name: Dacia rodriguez		Unit: PEDI & last 2 medications PICU	Patient Initials: M.G & H.M & L.M		Date: 10/31/24	Allergies: Neither patient had allergies	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP - List diluent solution, volume, and rate of administration IVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Keppra	Anticonvulsant	treat seizures	100mg/ml PO Daily	Yes		aggressive behavior, Stevens Johnson's syndrome, headache, anxiety	1. suddenly stopping may increase seizures 2. this medication may make you feel dizzy, get up slowly from a sitting or laying position 3. Notify your HCP if you experience hallucinations, ski rash, unusual bleeding or pale skin 4. do not stop taking suddenly
Miralax	Laxatives	treat constipation	8.5g PO PRN	Yes		Electrolyte disorders, laxative dependence	1. do not use for more than a week without talking to your HCP 2. drink plenty of water while taking this medication, water helps decrease constipation 3. STOP taking if you experience rectal bleeding or do not have a bowel movement after use 4. if you do not have a bowel movement after 24 hours of taking, notify your HCP

Adopted: August 2016

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

Student Name: Dacia rodriguez		Unit: PEDI & last 24 medications PICU	Patient Initials: M.G & H.M & L.M		Date: 10/31/24	Allergies: Neither patient had allergies	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP - List diluent solution, volume, and rate of administration IVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Fentanyl	Opiate	pain/ sedation	2mcg/kg/hr @ 1.58ml/hr IPV	Yes	1.58ml/hr	respiratory depression, bradycardia, cardiac arrest,	<ol style="list-style-type: none"> <li>1. may cause severe drowsiness and dizziness</li> <li>2. monitor breathing, blood pressure and oxygen levels</li> <li>3. notify HCP if your experience hallucinations, fever, sweating, muscle stiffness twitching</li> <li>4. if HR is low prior to giving, hold medication</li> </ol>
precedex	Alpha 2 adrenergic agonist	Sedation	1mcg/kg/hr @ 9.9ml/hr	yes	9.9ml/hr	bradycardia, hypotension, anemia	<ol style="list-style-type: none"> <li>1. monitor heart rate, blood pressure, oxygen levels closely</li> <li>2. If HR and to BP is low prior to taking, hold medication</li> <li>3. Notify your HCP if your experience chest pain, trouble breathing, muscle cramps, high fever</li> <li>4. this medication will cause dizziness &amp; drowsiness,</li> </ol>