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 4

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: ☒ Able to move all extremities ☒ Symmetrically ☐ Asymmetrically

Grips: Right N Left N

Pushes: Right N Left N

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: 0.5 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 right toe

Oxygen Saturation: 99

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: _____

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: regular

Amount/Schedule: as tolerated

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

Social Status: ☒ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious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: _____ ☒Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☒FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:

0800 0 1200 0 1600 6

WOUND/INCISION

☒None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☒None

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

room 370

Pediatric Floor Patient #1

VITALS/OUTPUT

ROOM 310

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			90										90
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

10 x 100 = 1000
10 x 50 = 500
− x 20 = 20

8.98 × 100 = 898

898 / 24 = 37.41

Actual Pt IV Rate

Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper		78			20								98
Stool													

room 370

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) 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

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 4

Fontanel: (Pt < 2 years) ☒ Soft ☐ Flat ☐ Bulging ☐ Sunken ☒ Closed

Extremities: ☒ Able to move all extremities ☒ Symmetrically ☐ Asymmetrically

Grips: Right N Left N

Pushes: Right N Left N

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: 2 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 clear

Consistency _____

Suction: ☐ Yes ☒ No Type _____

Pulse Ox Site left foot

Oxygen Saturation: 95

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: _____

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: regular

Amount/Schedule: Q2

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

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: _____ ☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☒ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:

0800 0 1200 0 1600 0

WOUND/INCISION

☒ None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☒ None

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

RM 387

Pediatric Floor Patient #1 ROOM 387

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	60		60										120
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work) 10 X 100 10 X 50 — X 20 10 X 100 = 1000 3.6 X 50 = 180 1180/24 = 49.16							Actual Pt IV Rate Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper		410			50								460
Stool													

Emesis													
Other													

Calculate Minimum Acceptable Urine Output	Average Urine Output During Your Shift

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) 4
	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

387

Daca
rodriguez
~~Pediatric Floor Patient #1~~
PICU

GENERAL APPEARANCE

Appearance: □Healthy/Well Nourished
X Neat/Clean □Emaciated □ Unkept
Developmental age:
□ Normal X Delayed

NEUROLOGICAL

LOC: □ Alert □ Confused X Restless X Sedated □ Unresponsive
Oriented to:
□ Person □ Place □ Time/Event
□ Appropriate for Age
Pupil Response: X Equal □ Unequal
X Reactive to Light □ Size 4
Fontanel: (Pt < 2 years) □ Soft □ Flat
□ Bulging □ Sunken □ Closed
Extremities:
X Able to move all extremities
□ Symmetrically □ Asymmetrically
Grips: Right N Left N
Pushes: Right N Left N
S=Strong W=Weak N=None
EVD Drain: □ Yes □ 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

□ Room Air □ Oxygen
Oxygen Delivery:
□ Nasal Cannula: ____L/min
□ BiPap/CPAP:
X Vent: ETT size 5.0 @ 17 cm
□ Other:
Trach: □ Yes X No
Size _____ Type
Obturator at Bedside □ Yes □ No

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: Clear yellow
Stool Appearance: no bowel movement
□ Diarrhea □ Constipation
□ Bloody □ Colostomy
8fr foley

GASTROINTESTINAL

Abdomen: X Soft □ Firm □ Flat
X 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:
abd girth 92cm

NUTRITIONAL

Diet/Formula:
Amount/Schedule:
Chewing/Swallowing difficulties:
□ Yes X No

MUSCULOSKELETAL

PSYCHOSOCIAL

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

IV ACCESS

Site: IJ □ INT □ None
X Central Line
Type/Location:
Appearance: X No Redness/Swelling
□ Red □ Swollen
□ Patent □ Blood return
Dressing Intact: X Yes □ No
Fluids: NS @ 2 Hep + PNP @ 3.0

SKIN

Color: □ 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: cyan/pink
X Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric X FLACC □ Faces
Location:
Type:
Pain Score:
0800 0 1200 0 1600 0

WOUND/INCISION

X None
Type:

10/26

AR
A1

CHEWS ... and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	- Playing/sleeping appropriately OR - Alert, at patient's baseline	- Sleepy, somnolent when not disturbed	- Irritable, difficult to console OR - Increase in patient's baseline seizure activity	- Lethargic, confused, floppy OR - Reduced response to pain OR - Prolonged or ...
	- Skin ...			

Daca roanguez PICU

Cough: ☐ Yes ☒ No
☐ Productive ☐ Nonproductive
Secretions:
Color clear/white
Consistency
Suction: ☒ Yes ☐ No Type
yankeR
Pulse Ox Site
left big toe
Oxygen Saturation:
above 90%

☐ 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

bilateral soft wrist restraints

Location:
Description:
Dressing:

TUBES/DRAINS

☒ None
☒ Drain/Tube
Site:
Type:
Dressing:
Suction:
Drainage amount:
Drainage color:

PICU

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) 10
	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 #1~~ PICU

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													
IV Meds/Flush			10										10

Calculate Maintenance Fluid Requirement (Show Work)

10x100
10x50
+ x20

10x100=1000
10x50=500
18.5x20=370

1870/24 = 77.9

Actual Pt IV Rate

Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	175	175	80	200	70								8620
Stool					1								1