

## IM5 Clinical Worksheet – Pediatric Floor

<p><b>Student Name:</b> <i>Inna Purser</i></p> <p><b>Date:</b> <i>10/29/2024</i></p>	<p><b>Patient Age:</b> <i>16</i></p> <p><b>Patient Weight:</b> <i>116 kg</i></p>
<p><b>1. Admitting Diagnosis and Pathophysiology</b> (State the pathophysiology in own words)</p> <p><i>ALL, thrombocytopenia, pancytopenia due to antineoplastic chemotherapy. ALL - a type of blood cancer that affects white blood cells.</i></p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b></p> <p><i>I would perform skin, pain assessment due to the fact that ALL causes tiredness, pale skin color, fever, easy bruising, enlarged lymph nodes.</i></p>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <p><i>Infections which are frequent due to reduced blood cells. Patient gets immuno-compromised due to chemo drugs and lack of healthy white cells, may cause severe extensive bleeding and death.</i></p>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <p><i>Interventions should be aimed at reducing all possible infections by following strict hand hygiene protocol by family, friends, visitors and caregivers, getting immunizations, limiting number of visitors, reducing side effects of chemo medications and steroids.</i></p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <p><i>CBL, BMP coagulation factors, daily weights, bone density test to check for osteoporosis due to heavy steroid use, DEXA scans, ANC.</i></p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <p><i>with PCP RN would discuss an alternative medication regimen (esp. steroid) to reduce the number of anticipated complications, if possible.</i></p>
<p><b>7. Pain &amp; Discomfort Management:</b> List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</p> <p><i>1. Music, video and video games to provide a distraction</i></p> <p><i>2. Massage, aromatherapy, cold/heat applications to reduce muscle/bone pain.</i></p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <p><i>1. Strict hand hygiene protocol for family, friend and use soap</i></p> <p><i>2. importance of up-to-date vaccinations to reduce possibility of infections.</i></p> <p><i>3. Supplementation with vitamins esp. vitamin D and Ca</i></p> <p><b>Any Safety Issues identified:</b></p> <p><i>Patient is a fall risk, fracture risk due to increased osteoporosis formation.</i></p>

Student Name: *Inna Purser* Patient Age: *16*  
 Date: *10/29/2024* Patient Weight: *116* kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
White blood cells	<i>0.19</i>	<i>(4.5K - 10K - normal for female) ext. low</i>
Platelets	<i>4</i>	<i>Normal range 150-400K) extremely low</i>
Neutrophils	<i>0.09</i>	<i>Normal range 2.5K - 7.0K) extremely low</i>
Metabolic Panel Labs		
K	<i>3.5</i>	<i>normal</i>
CO <sub>2</sub>	<i>24</i>	<i>normal</i>
Albumin	<i>2.1</i>	<i>normal (3.5-5.0) - low</i>

Misc. Labs

Absolute Neutrophil Count (ANC) (if applicable)	<i>—</i>	<i>—</i>
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Lab TRENDS concerning to Nurse?  
*WBC, Platelets, Neutrophils, Hemoglobin and Hematocrit trending downward to the extremely lower number due to the immune system of pt. being suppressed*

**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: *Identity vs. Role confusion (12-18 years olds)*

- Pt. appeared quite, shy, uninterested in participating in self-care, treatment plan*
- Patient lacks social interactions with peers, school friends.*

Piaget Stage: *Formal operational stage (older than 12 years old)*

- Patient exhibited abstract logic and reasoning planning of the future becomes possible.*
- Patient is aware of severity of her diagnosis and can apply abstract reasoning to treatment plan she is on.*

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

- 1) Acetaminophen PO 650mg, one, prior to pegaspargase*
- 2) Gabapentin PO, 600mg, BID*
- 3) Scopolamine Transdermal patch, 1mg patch, q 72h*

**Pediatric Floor Patient #1**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> Upper R <u>3+</u> L <u>3+</u> Lower R <u>4+</u> L <u>4+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Social Status:</b> <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>clear yellow</u> <b>Stool Appearance:</b> <u>brown, soft</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>R subclavian</u> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <u>chemo bioflow port</u> Type/Location: _____ <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return <b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>NRALL</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>N/A</u> <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color <u>N/A</u> Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ <b>Pulse Ox Site</b> <u>R thumb blind</u> <b>Oxygen Saturation:</b> <u>96%</u>	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>upper arms bilaterally</u> <b>Mucous Membranes:</b> Color: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
<b>Diet/Formula:</b> <u>regular pediatric</u> <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Movement:</b> <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<b>Scale Used:</b> <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> <u>abdomen</u> <b>Type:</b> <u>dull pain</u> <b>Pain Score:</b> 0800 _____ 1200 <u>5</u> 1600 <u>4</u>
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> _____ <b>Type:</b> _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

**Pediatric Floor Patient #1**

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						50		100					150
Intake – PO Meds							50		50				100
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	1000					1000							2000
IV Meds/Flush						50	5	5	52	100			212
													2462 mL
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>						<b>Actual Pt IV Rate</b>							
$\frac{1 \text{ mL} \cdot 116 \text{ kg}}{\text{kg} \cdot \text{hr}} = \frac{116 \text{ mL}}{\text{hr}} \times 24 \text{ hr}$ $= 2784 \text{ mL/day}$						$\frac{2462 \text{ mL}}{24 \text{ hr}} = 102.6 \text{ mL/hr} \approx 103 \text{ mL/hr}$							
<b>Rationale for Discrepancy (if applicable)</b>						MORE IV fluid is expected to be given by the end of the day							
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							250		150				
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>						<b>Average Urine Output During Your Shift</b>							
$\frac{0.5 \text{ mL} \cdot 116 \text{ kg}}{\text{kg} \cdot \text{hr}} = \frac{58 \text{ mL}}{\text{hr}}$						$\frac{400 \text{ mL}}{4 \text{ hr}} = 100 \text{ mL/hr}$							

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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>1</u>
	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

## CHEWS Scoring and Escalation Algorithm

	0	1	2	3
<b>Behavior/Neuro</b>	<ul style="list-style-type: none"> <li>- Playing/sleeping appropriately OR</li> <li>- Alert, at patient's baseline</li> </ul>	<ul style="list-style-type: none"> <li>- Sleepy, somnolent when not disturbed</li> </ul>	<ul style="list-style-type: none"> <li>- Irritable, difficult to console OR</li> <li>- Increase in patient's baseline seizure activity</li> </ul>	<ul style="list-style-type: none"> <li>- Lethargic, confused, floppy OR</li> <li>- Reduced response to pain OR</li> <li>- Prolonged or frequent seizures OR</li> <li>- Pupils asymmetrical or sluggish</li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>- Skin tone appropriate for patient</li> <li>- Capillary refill <math>\leq</math> 2 seconds</li> </ul>	<ul style="list-style-type: none"> <li>- Pale OR</li> <li>- Capillary refill 3-4 seconds OR</li> <li>- Mild tachycardia OR</li> <li>- Intermittent ectopy or irregular HR (not new)</li> </ul>	<ul style="list-style-type: none"> <li>- Grey OR</li> <li>- Capillary refill 4-5 seconds OR</li> <li>- Moderate tachycardia</li> </ul>	<ul style="list-style-type: none"> <li>- Grey and mottled OR</li> <li>- Capillary refill <math>&gt;</math> 5 seconds OR</li> <li>- Severe tachycardia OR</li> <li>- New onset bradycardia OR</li> <li>- New onset/increase in ectopy, irregular HR or heart block</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>- Within normal parameters</li> <li>- No retractions</li> </ul>	<ul style="list-style-type: none"> <li>- Mild tachypnea/ increased WOB (flaring, retracting) OR</li> <li>- Up to 40% supplemental oxygen OR</li> <li>- Up to 1L NC <math>&gt;</math> patient's baseline need OR</li> <li>- Mild desaturations <math>&lt;</math> patient's baseline OR</li> <li>- Intermittent apnea self-resolving</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR</li> <li>- 40-60% oxygen via mask OR</li> <li>- 1-2 L NC <math>&gt;</math> patient's baseline need OR</li> <li>- Nebs Q 1-2 hour OR</li> <li>- Moderate desaturations <math>&lt;</math> patient's baseline OR</li> <li>- Apnea requiring repositioning or stimulation</li> </ul>	<ul style="list-style-type: none"> <li>- Severe tachypnea OR</li> <li>- RR <math>&lt;</math> normal for age OR</li> <li>- Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR</li> <li>- <math>&gt;</math> 60% oxygen via mask OR</li> <li>- <math>&gt;</math> 2 L NC more than patient's baseline need OR</li> <li>- Nebs Q 30 minutes – 1 hour OR</li> <li>- Severe desaturations <math>&lt;</math> patient's baseline OR</li> <li>- Apnea requiring interventions other than repositioning or stimulation</li> </ul>
<b>Staff Concern</b>		<ul style="list-style-type: none"> <li>- Concerned</li> </ul>		
<b>Family Concern</b>		<ul style="list-style-type: none"> <li>- Concerned or absent</li> </ul>		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> <li>- Continue Routine Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Notify charge nurse or LIP</li> <li>- Discuss treatment plan with team</li> <li>- Consider higher level of care</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>- Notify attending physician</li> <li>- Discuss treatment plan with team</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>

**A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE**  
**Use SBAR communication**

**Reference:** McLellan, M.C., et al. Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition. *Journal of Pediatric Nursing* (2016). <http://dx.doi.org/10.1016/j.pedn.2016.10.005>