

PT #1

IMS Clinical Worksheet - Pediatric Floor

Student Name:
Date:

Patient Age: 11 F
Patient Weight: kg 46.1 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)
2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Headache, Malaise/fever
fever swelling from infection
w/ 2 weeks of malaise, headache
from right eye pain of right orbit

Neuro, & pain

3. Identify the most likely and worst possible complications.
4. What interventions can prevent the listed complications from developing?

infection/Abscess/Sepsis
Dehydration

Antibiotics, water intake, 20 fluids,
probiotics

5. What clinical data/assessments are needed to identify these complications early?

Dehydration: PMA, no tears,
lethargy, dry mucous
membranes
Infection: swelling, fever, lethargy

6. What nursing interventions will the nurse implement if the anticipated complication develops?

Monitor for ↓ BP, ↓ RR, ↓ urine output
Administer/monitor: Colloids, fluids
PO rehydration

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate
Non-Pharmacologic Interventions Related to
Pain & Discomfort for This Patient.

1. Ice pack
2. Distraction w/ animal or family.

8. Patient/Caregiver Teaching:

1. Oral hygiene
2. Antibiotic/probiotic use & why take them
3. Importance of adequate hydration, 20
sodas & more water

Any Safety Issues identified:

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		

Metabolic Panel Labs

N_2 131 ↓
 BUN 20 ↓
 Creatinine 4.3 ↑
 } Dehydration

<https://v9.edvance360.com/repository/filedownload/244837>

moderate blood in urine but prior
menstrual cycle

pt #1

Misc. Labs
Absolute Neutrophil Count
(ANC) (if applicable)

Lab TRENDS concerning to Nurse?

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: *Industry vs Inferiority*

1. *Independent → wears pants in bathroom*
2. *productive → educated for height & knew she had right to be pain free*

Piaget Stage: *Concrete operational*

1. *Think logically*
2. *Enter puberty*

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

Pediatric Floor Patient #1

GENERAL APPEARANCE

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

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 _____ L _____
 Lower R _____ L _____
 4+ Bounding 3+ Strong 2+ Weak
 1+ Intermittent 0 None

PSYCHOSOCIAL

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

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive
 Oriented to:
 Person Place Time/Event
 Appropriate for Age
 Pupil Response: Equal Unequal
 Reactive to Light Size _____

IV ACCESS

PT #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/ Well Nourished <input type="checkbox"/> Neat/ Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <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 _____ Edema: <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+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	Social Status: <input checked="" type="checkbox"/> Calm/ Relaxed <input 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 Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/ Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <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 EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level <u>N/A</u> Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: _____ Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>206 @ UA</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/ Location: _____ Appearance: <input type="checkbox"/> No Redness/ Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS/ENS R 200ml</u> <u>Q 85ml/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/ CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>@ index finger</u> Oxygen Saturation: <u>97%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <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 Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/ Description: _____ Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>DS-12</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Applicancas: <input checked="" type="checkbox"/> None Type: _____	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Chest, abdomen, @ Cheek</u> Type: <u>Sharp, dull, intermittent</u> Pain Score: <u>8</u> 0800 <u>x</u> 1200 _____ 1600 _____
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 _____ Assistive Device: <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 <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

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Diet/Formula: _____
Amount/Schedule: _____
Chewing/Swallowing difficulties:
 Yes No

WOUND/INCISION
 None
Type: _____
Location: _____
Description: _____

MUSCULOSKELETAL
 Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasms Tremors
Movement:
 RA LA RL LL All
Brace/Appliances: None
Type: _____

Dressing: _____
TUBES/DRAINS

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

MOBILITY
 Ambulatory Crawl In Arms
 Ambulatory with assist
Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

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
Intake - PO Meds
begin pt 8am @ 4oz c/s w/ 18oz s/d
+ 2h-palen

IV INTAKE 07 08 09 10 11 12 13 14 15 16 17 18 Total
IV Fluid
IV Meds/Flush
D5 1/2 NS + 20 kcal @ 85/hr ordered

Calculate Maintenance Fluid Requirement (Show Work) 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
Stool
Emesis
Other
not assessed yet
should be 46ml/hr

Calculate Minimum Acceptable Urine Output Average Urine Output During Your Shift
55 ml *46 ml x 2 hr = 92*

PT #1

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) <u>0</u> GREEN
	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

1
3

pt #2

IM5 Clinical Worksheet - Pediatric Floor

Student Name:
Date:

Patient Age: 5 F
Patient Weight: 23.7 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)
Constipation
2. Priority Focused Assessment You Will Perform Related to the Diagnosis:
GU/GI, Pain

3. Identify the most likely and worst possible complications.
Bowel obstruction
Dehydration, malnutrition
4. What interventions can prevent the listed complications from developing?
NG tube, laxatives,
↑ IV fluids, surgery, ↑ fiber

5. What clinical data/assessments are needed to identify these complications early?
Monitor bowel movement
Ask family about bathroom habits & frequency,
Imaging (CT), labs,
Grinding when trying to have BM
6. What nursing interventions will the nurse implement if the anticipated complication develops?
NG tube, IV fluids usually, Ischemia,
consider tube feeds,

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

- Distraction with movie or songs
- Tummy massage or toy or blanket that soft

8. Patient/Caregiver Teaching:

- increase fiber in diet
- increase fluid intake
- watch for signs of surgery or know when to start 2 weeks

Any Safety Issues identified:

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		

Metabolic Panel Labs

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Misc. Labs
Absolute Neutrophil Count
(ANC) (if applicable)

Lab TRENDS concerning to Nurse?

Watch for electrolyte imbalances,
or abnormal kidney labs for the dehydration & metabolic
Specifically Na, bic, BUN, creatinine

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:

Initiative vs guilt is what she should be, but pt is Autistic/nonverbal
& developmentally delayed so she's more in Autonomy vs shame & doubt

1. learns independence

2. Learning to play fair

more delayed but these
could be if I were here

Piaget Stage: Preconcrete

1. How difficulty w/ conversation (pt points to things)

2. How difficulty w/ using basic logic

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

Pediatric Floor Patient #1

GENERAL APPEARANCE

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

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 5 L 5
 Lower R 5 L 7
 4+ Bounding 3+ Strong 2+ Weak
 1+ Intermittent 0 None

PSYCHOSOCIAL

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

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive
 Oriented to:
 Person Place Time/Event
 Appropriate for Age
 Pupil Response: Equal Unequal
 Reactive to Light Size _____

IV ACCESS 20 G 1 @ AC

Fontanel: (A = 2 years) Soft Flat
 Bulging Sunken Closed

Extremities:

Able to move all extremities
 Symmetrically Asymmetrically
Grips: Right _____ Left _____
Pushes: Right _____ Left _____
B=Strong W=Weak N=None
EVD Drain: Yes No Level _____
Seizure Precautions: Yes No

Site: 6 hr yes none
 Central Line
Type/Location: _____
Appearance: No Redness/Swelling
 Red Swollen
 Painful Blood return
Dressing Intact: Yes No
Fluids: _____

ELIMINATION

Urine Appearance: _____
Stool Appearance: normal
 Diarrhea Constipation
 Bloody Colostomy

SKIN

Color: Pink Flushed Jaundiced
 Cyanotic Pale Normal for Pt
Condition: Warm Cool Dry
 Diaphanous

GASTROINTESTINAL

Abdomen: Soft Firm Flat
 Distended Guarded
Bowel Sounds: Present 4 quads
 Active Hypo Hyper Absent
Nausea: Yes No
Vomiting: Yes No
Passing Flatus: Yes No
Tube: Yes No Type NGT
Location: MP Inserted to 39 cm
 Suction Type: French

Turgor: < 5 seconds 5 seconds
Skin: Intact Bruises Lacerations
 Tears Rash Skin Breakdown
Location/Description: _____
Mucous Membranes: Color pink
 Moist Dry Ulceration

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: _____ 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 RA
Oxygen Saturation: 98%

PAIN

Scale Used: Numeric FLACC Faces
Location: Abdomen
Type: _____
Pain Score: _____
0800 1200 1600

*not asked but
pt would
be
uncomfortable
maybe (gas
or
swelling, redness)*

NUTRITIONAL

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Diet/Formula: NPO
Amount/Schedule:
Chewing/Swallowing difficulties:
 Yes No

WOUND/INCISION
 None
Type:
Location:
Description:

MUSCULOSKELETAL

Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasms Tremors
Movement:
 RA LA RL LL All
Brace/Appliances: None
Type:

Dressing:

TUBES/DRAINS

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

MOBILITY

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

Pt on NPO for post-op surgery

Pediatric Floor Patient #1

INTAKE/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO/Enteral Intake													
PO Intake/Tube Feed													
Intake - PO Meds													

Pt NPO

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

based on calculation per needs 107.25ml/day

Calculate Maintenance Fluid Requirement (Show Actual Pt IV Rate Work) Rationale for Discrepancy (if applicable)

	07	08	09	10	11	12	13	14	15	16	17	18	Total
OUTPUT													
Urine/Diaper													
Stool													
Emesis													
Other													

should be 1000-1500ml/day or 3.7ml/hr per cycled weight

Calculate Minimum Acceptable Urine Output Average Urine Output During Your Shift

Pt # 2

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 <u>2</u> 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: <u>0</u> 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>2</u>
<u>2</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

PT # 3

IM5 Clinical Worksheet - Pediatric Floor

Student Name:
Date:

Patient Age: 15 M
Patient Weight: 57 kg

1. Admitting Diagnosis and Pathophysiology
(State the pathophysiology in own words)

② Rad 3rd ulna fx
↳ skip fracture, global h/o trauma
strengthen off patch

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Pain, pupal/visual

3. Identify the most likely and worst possible complications.

Compartment Syndrome

4. What interventions can prevent the listed complications from developing?

decompression NSAIDs
rest, avoid tight bandages,
avoid tight clothing or anything
restricting, don't cover the extremity

5. What clinical data/assessments are needed to identify these complications early?

X-ray, CT, Physical
exam, frequent
neuromuscular checks

6. What nursing interventions will the nurse implement if the anticipated complication develops?

pain management, keep limb below heart level,
remain NPO, keep & bandages,
monitor pupal/visual

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate
Non-Pharmacologic Interventions Related to
Pain & Discomfort for This Patient.

1. Rest/sleep
2. deep breathing

8. Patient/Caregiver Teaching:

1. Avoid over use of the arm
2. don't elevate the arm
3. watch for increased swelling or decrease in sensation

Any Safety Issues identified:

Abnormal Relevant Lab Tests	Current	Clinical Significance
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Complete Blood Count (CBC) Labs

Metabolic Panel Labs

A 43

Misc Labs
Absolute Neutrophil Count
(ANC) (if applicable)

Lab TRENDS concerning to Nurse?

watch (PK) milk counts not checked
mucus (oral hygiene, already in my system)
on chex vira

II. 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

1. Develop sense of identity (his was part)
↳ Parents told him he was worthless so he hated them
2. Role confusion

Piaget Stage: Formal operational stage

1. Analyze environment
2. Use logic (form hypotheses)

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

Pediatric Floor Patient #1

GENERAL APPEARANCE

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

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 5 L 5
 Lower R 5 L 5
 4+ Bounding 3+ Strong 2+ Weak
 1+ Intermittent 0 None

PSYCHOSOCIAL

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

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive
 Oriented to:
 Person Place Time/Event
 Appropriate for Age
 Pupil Response: Equal Unequal
 Reactive to Light Size 2
 Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed

IV ACCESS

P1 A3

Extremities:

- Able to move all extremities
- Symmetrically Asymmetrically
- Clonus: Right 0 Left 0
- Pushes: Right 0 Left 0
- N=Strong W=Weak N=None
- EVD Drain: Yes No Level _____
- Seizure Precautions: Yes No

X numbness & tingling to @ finger has had good cap refill @ still pale

Site: 226-018 None

Central Line

Type/Location: _____

Appearance: No Redness/Swelling

Red Swollen

Patent Blood return

Dressing Intact: Yes No

Fluids: D 5% NS 1200ml

ELIMINATION

Urine Appearance: Not done

Stool Appearance: _____

Diarrhea Constipation

Bloody Colostomy

SKIN

Color: Pink Flushed Jaundiced

Cyanotic Pale Natural for Pt

Condition: Warm Cool Dry

Diaphanous

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: _____

Turgor: < 5 seconds > 5 seconds

Skin: Intact Bruises Lacerations

Tears Rash Skin Breakdown

Location/Description: _____

Mucous Membranes: Color: pink

Moist Dry Ulceration

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: _____ 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 _____

Oxygen Saturation: _____

PAIN

Scale Used: Numeric FLACC Faces

Location: _____

Type: Not done

Pain Score: _____

0800	1200	1600
------	------	------

NUTRITIONAL

Diet/Formula: NPO

Amount/Schedule: _____

Chewing/Swallowing difficulties: N/A

for solids

1743

Yes No

WOUND/INCISION

None
Type: _____
Location: _____
Description: _____

MUSCULOSKELETAL

Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasm Tremor Ataxia
Movement:
 RA LA RL LL Bil
Brace/Apparatus: _____
Type: *cast*

Dressing: _____

TUBES/DRAINS

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

MOBILITY

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

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	<i>NPO for surgery</i>												
Intake - PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	<i>on D5 1/2 NS & 20% EA</i>												
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work) Actual Pt IV Rate *not shown*
Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	<i>57 ml/hr</i>												
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output Average Urine Output During Your Shift

57 ml/hr *684 ml / 12 hr shift*

Children's Hospital Early Warning Score (CHEWS)
(See CHEWS Scoring and Escalation Algorithm to score each category)

pt # 3

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) _____
6	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