

Christi Gomez

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
Respiratory, appendicitis, otitis media, and psych
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
The majority of PED cases were under 2, with a few young teens. This is what I expected due to the time of year & communicable diseases that are spreading.
3. Was your overall experience different than what you expected? Please give examples.
Yes, I expected it to be a lot more chaotic, but it was a lot more relaxed than I expected.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
Growth + development came into play when caring for patients upon assessment + when explaining what procedures were about to take place.
5. What types of procedures did you observe or assist with?
EKG / discharge / psych consult.
6. What community acquired diseases are trending currently?
RSV, mycoplasma, rhinovirus
7. What community mental health trends are being seen in the pediatric population?
Suicidal ideation / oppositional defiance disorder.
8. How does the staff debrief after a traumatic event? Why is debriefing important?
RN Tommy told me "They make faces!" they have counselors onsite, and they talk to each other to get through traumatic events.
9. What is the process for triaging patients in the PED?
Assess, vitals, # of importance, then rank order of urgency.
10. What role does the Child Life Specialist play in the PED?
Child life's role in the PED is to assist children with preparing for procedures such as IV, OR / admits, diagnosis education, + procedures.
Child life also helps with bereavement and sibling support.
As well as resources for families

Student Name: Justa Brown

Unit: Pedi

Pt. Initials: J.P.

Date: 10/20/24

Allergies: NDA

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
<u>NS @ 10 ml/hr</u>	<u>isotonic</u> / Hypotonic / Hypertonic	<u>Pt. needs fluids compatible w/ blood</u>	<u>Pt. Hct. WBC RBC</u>	

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?	If not, why?			
<u>Pendex</u>	<u>Antinutritional</u>	<u>Reduces inflammation and swelling of the gums</u>	<u>100mg BID for 30 sec</u>	<u>yes</u>			<u>may cause allergic reaction. Hives (swelling) wheezing</u>	<u>1. DO NOT RINSE with water or other mouthwashes/brush teeth/ eat etc 2. Do not swallow/ get in E/E/N 3. DO NOT use longer than 2 months. 4. DO NOT eat/drink for 30min.</u>
<u>Gabapentin</u>	<u>Anticonvulsant</u>	<u>Neuropathic pain due to shingles.</u>	<u>100mg</u>	<u>yes</u>			<u>Periphereal edema Drowsy fatigue dizziness sedation</u>	<u>1. Take exactly as directed do not take more often than prescribed. 2. Avoid alcohol, may cause dizziness 3. Avoid caffeine, can cause diminished effectiveness. 4. Avoid driving - risk for nva</u>
<u>Misodol</u>	<u>Ballstone dissolution Agent</u>	<u>Prophylactic for uric acid build-up/ prevention.</u>	<u>500mg PO</u>	<u>yes</u>			<u>Diarrhea Skin rash Puritus of skin Acute abdominal pain.</u>	<u>1. Take with meals. 2. Avoid eating foods high in calories/ cholesterol 3. DO NOT take antacids 4. Take capsules in the evening</u>
<u>ZYPREXA</u>	<u>Atypical Anti-psychotic</u>	<u>Treatment resistant depression</u>	<u>10mg</u>	<u>yes</u>			<u>Constipation dizziness Xerodermia Psychomotor agitation low BR</u>	<u>1. May cause dizziness/low BP, get up slowly. 2. Increased risk of suicidal ideation 3. May cause hyperglycemia 4. Weight gain/ high-fat levels in blood.</u>
<u>Purinethol</u>	<u>Purine Antagonist</u>	<u>Treatment for leukemia</u>	<u>150mg</u>	<u>yes</u>			<u>MOUTH SORES headache N/V/D Joint pain Liver inflammation</u>	<u>1. TAKE BY MOUTH, WITH/ WITHOUT food once daily. 2. Drink plenty of fluids to prevent kidney problems. 3. Avoid all dairy products/ take 1 hour before having dairy. 4. May cause weight gain</u>

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Alista Gomez</u> Date: <u>10/30/24</u>	Patient Age: <u>110</u> Patient Weight: <u>110</u> kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Acute lymphoblastic leukemia</u>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>GI, pt. hospitalized due to excessive N/V after chemotherapy.</u>
3. Identify the most likely and worst possible complications. <u>Pt. could easily get an infection/hemorrhage.</u>	4. What interventions can prevent the listed complications from developing? <u>Blood transfusion.</u>
5. What clinical data/assessments are needed to identify these complications early? <u>Monitor VS. - HR, RR, O2 sats</u> <u>Assess BP/spO2/HR due to low blood plt. count, and neurological status.</u>	6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>- Alert HCP/RRT/charge nurse</u>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. iPad/iPhone - pt. can watch videos/read/music 2. Distraction with conversation	8. Patient/Caregiver Teaching: 1. Pt. was encouraged to use hat when voiding. 2. Pt.'s mother asked for education on urasodial. 3. Hand washing + infection precautions. Any Safety Issues identified: <u>Pt. educated on why they needed to void in measurement hat.</u>

Student Name: <u>Crista Gomez</u> Date: <u>10/30/24</u>	Patient Age: <u>10</u> Patient Weight: <u>110 kg</u>
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Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Platelets	17	Clotting factor/hemorrhage
Hematocrit	23.2	Determines blood viscosity
WBC	0.20	Protects body from infection
Metabolic Panel Labs		
Glucose	86	Blood sugar within range
Na ⁺	143	muscle excitability / Neuro function
K	3.4	Heart + BP regulation
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	1.00	
RBC	2.73	

Lab TRENDS concerning to Nurse?

PIH.
WBC
HCT.

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

1. Patient was able to let us know how she was feeling + adherence to rules.
2. Patient mentioned feeling down since diagnosis.

Piaget Stage: Formal Operational Thought

1. Patient was hopeful in their recovery + future.
2. Patient able to formally speak for themselves, able to self-report appropriately.

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

Pain assessment scale done, also educated / encouraged pt. to use that when voiding to get accurate intake/output. Nurse held med till 1800. voided, etc.

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Celeste Gomez

Pediatric Floor Patient #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 Pulses: Upper R <u>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input 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 checked="" 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 <u>3mm</u> 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 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 checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>yellow</u> Stool Appearance: <u>last BM 10/29</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <u>Normal</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Subclavian</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>Port-a-cath</u> Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>NS @ 10ml</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 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 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 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>95%</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 type="checkbox"/> Present X _____ 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 checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <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 Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input type="checkbox"/> < 5 seconds <input checked="" 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: <u>Upper Arm</u> Mucous Membranes: Color: <u>clear</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>regular</u> Amount/Schedule: <u>As tolerated</u> 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/Appliances: <input checked="" type="checkbox"/> None Type: _____	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Abdomen</u> Type: <u>Constipation/ache</u> Pain Score: 0800 _____ 1200 <u>0</u> 1600 <u>7</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 _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input type="checkbox"/> None Type: <u>Port-a-cath</u> Location: <u>Subclavian</u> Description: <u>Intact/Suture</u> Dressing: <u>Chlorhexidine</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Usted Gomez

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					500								500ml
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						10	10	10					30
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$10 \times 100 = 1000$ $10 \times 50 = 500$ $96 \times 20 = 1920$ $1000 + 500 + 1920 = 3420 / 143 \text{ ml/hr}$							NS @ 10 ml/hr Rationale for Discrepancy (if applicable) Pt. reviewing fluids.						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \text{ mL/kg/hr} = 58 \text{ mL/hr}$							unable to record, Pt. did not use nat for specimen collection.						

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: <input checked="" type="radio"/> 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: <input type="radio"/> 0 <input checked="" type="radio"/> 1 2 3 Pt. looked pale
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 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>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