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Sydney RN

56990
11011
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TPM Pediatric Med Surg
Gordy

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Kaylee Herbert
Date: 10/05/2024
Patient Age: 8yo
Patient Weight: 47.1kg ~~47.2kg~~

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)
acute appendicitis w/ perforation
his appendix was inflamed then ruptured
~~drains inserted~~

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:
pain and sepsis assessment
↳ monitor vitals

3. Identify the most likely and worst possible complications.
peritonitis
abscess
blockage of bowel

4. What interventions can prevent the listed complications from developing?
drains inserted to pull puss from abscess
antibiotic therapy
pain management Rx

5. What clinical data/assessments are needed to identify these complications early?
Signs of infection
↑ Temp constipation
↑ RR
↓ HR
WBC count

6. What nursing interventions will the nurse implement if the anticipated complication develops?
teach antibiotic therapy (full course)
teach to encourage BM (walk early, drink water, etc)

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.
1. watching cartoons
2. listening to music
3. deep breathing

8. Patient/Caregiver Teaching:
1. keep surgical site clean/dry
2. eat slowly at first to avoid GI upset post surgery
3. teach safe handling of drains and importance of follow up to complete approx removal
Any Safety Issues identified:
should not lay on / tug drains.

Abnormal Relevant Lab Tests	Current	Clinical Significance
Culture body fluid aerobics	11/5/24	pending / in progress
Culture body fluid aerobics	11/5/24	pending / in progress
gram stain from abscess	11/5/24	pending / in progress

although the labs were still being processed the importance of these labs is to identify the kind of bacteria in the abscess and their sensitivity to find the best treatment plan.

Lab TRENDS concerning to Nurse?

elevated WBC is expected but should be monitored for risk of septic shock

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. able to communicate pain level & location
2. not dependent on mom for social comfort as much

Piaget Stage: concrete operational

1. understood the cause & effect logic of pain medications
2. understood to drink water slowly post surgery to avoid stomach pain/nausea (logic)

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

none.

Pediatric Floor Patient #1

GENERAL APPEARANCE

CARDIOVASCULAR

PSYCHOSOCIAL

Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL		
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 _____ Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" 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>W</u> Left <u>W</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	ELIMINATION Urine Appearance: _____ Stool Appearance: <u>did not observe</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	
GASTROINTESTINAL		
Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input type="checkbox"/> Present X _____ quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	SKIN Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" 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 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	
RESPIRATORY		
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 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 _____ Oxygen Saturation: _____	PAIN Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: <u>abdomen right</u> Type: <u>generalized</u> Pain Score: 0800 _____ 1200 _____ 1600 <u>7</u>	
NUTRITIONAL		
Diet/Formula: <u>normal teeny</u> Amount/Schedule: <u>as tolerated</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	
MUSCULOSKELETAL		
<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 checked="" 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: _____	TUBES/DRAINS <input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube <u>2</u> Site: <u>ABD r side flank lower ? RLQ</u> Type: <u>collapsible closed device</u> Dressing: <u>clean & dry</u> Suction: <u>no</u> Drainage amount: <u>5ml</u> Drainage color: <u>grey/brown</u>	
MOBILITY		
<input 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 checked="" type="checkbox"/> Bedridden <u>seated post OP</u>		

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						CT	CT	CT	350	350	100	-	800
Intake - PO Meds						CT	CT	CT	-	-	-	-	0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						CT	CT	CT	-	-	-		
IV Meds/Flush						CT	CT	10 ml	-	-	150		160
Calculate Maintenance Fluid Requirement (Show Work)						Actual Pt IV Rate							
$ \begin{aligned} 100\text{ mL} \times 10\text{ kg} &= 1000 \\ 50\text{ mL} \times 10\text{ kg} &= 500 \\ 20\text{ mL} \times 27.1\text{ kg} &= 542 \\ \hline &= 2042\text{ mL/day} \\ &= 85.08\text{ mL/hr} \end{aligned} $						1021 mL per shift v/A Rationale for Discrepancy (if applicable) pt gets fluids							
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						CT	CT	CT	-	-	-	-	
Stool						CT	CT	CT	-	-	-	-	
Emesis						CT	CT	CT	-	-	-	-	
Other <i>drain</i>						CT	CT	60 mL	5 mL				65
Calculate Minimum Acceptable Urine Output						Average Urine Output During Your Shift							
$0.5\text{ mL} \times 47.1 = 23.6\text{ mL/hr}$ $2 \times 23.6\text{ mL} = 47.2\text{ mL/shift}$						0 mL							

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) 0
	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

Student Name: Kaylee Heberst

Unit: Ped Floor PM Pt. Initials: DS

Date: 11/14/24

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
1 NT nothing running	Isotonic/ Hypotonic/ Hypertonic	n/a	n/a	n/a

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?			
acetaminophen	analgesic	pain management	500mg IVPB 200ml/hr Q6hr	70.6-5mg/dose yes		10mg/ml 200ml/hr	liver damage	1. Sit's juice 2. teach about safe daily intake 3. teach how acetaminophen works w/ morphine for pain control 4. also works to reduce fever
penicillin - tozobactam	antibiotic	order for appendicitis	3.375g IVPB 200ml/hr Q6hr	2.8-3.5g/dose yes		in NS 100ml 200ml/hr	GI upset	1. skin urine test may be conducted to monitor if first time taking this 2. don't take if allergic to penicillin 3. may cause constipation/walk to help 4. may cause diarrhea, eat probiotic
								1. 2. 3. 4.
								1. 2. 3. 4.

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
headache, fever, respiratory virus, seizure, burns, overdose
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? 11-13 year olds mostly and teens
I expected more young children
3. Was your overall experience different than what you expected? Please give examples.
I expected the ED to be chaos, but today was kinda slow.
I was surprised that the ED took seizure patients and did EEGs in house. I was impressed by the comfort tactics used for the
4. How did growth and development come into play when caring for patients (both in triage and in IV treatment rooms)?
the parents brought both children in to be seen even if just one is sick, and they shared a bed in the same exam room
there were toys and games available for a variety of developmental stages
5. What types of procedures did you observe or assist with?
respiratory focused assessment
hour-long albuterol treatment
IV start IV bolus medication administration
6. What community acquired diseases are trending currently?
RSV and other respiratory viruses from Sept-March
~~football season has a lot of broken bones for the injuries~~
7. What community mental health trends are being seen in the pediatric population?
overdoses / suicide attempts
anxiety and depression family stress
8. How does the staff debrief after a traumatic event? Why is debriefing important?
they meet together afterwards with supervisor and/or a chaplain. Covenant provides 12 free therapy sessions per year. It is important to avoid trauma burnout and to improve outcomes.
9. What is the process for triaging patients in the PED?
they fill out a paper
Triage assigns them an acuity level (1-5)
10. What role does the Child Life Specialist play in the PED?
She prepares kids for procedures and helps distract them from painful procedures like starting an IV.