

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <i>Inna Purser</i> Date: <i>11/05/2024</i>	Patient Age: <i>5 years old</i> Patient Weight: <i>34.5kg</i>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <i>Acute necrotizing pancreatitis - an inflammation and swelling of pancreas, with part of tissue dying, causing severe abd. pain, nausea, vomiting, fever</i>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <i>abdominal assessment pain assessment</i>
3. Identify the most likely and worst possible complications. <i>pancreatic insufficiency: less of pancreatic tissue = loss of its functionality. Disorganized pancreatic duct syndrome, sepsis, death. Diabetes Mellitus</i>	4. What interventions can prevent the listed complications from developing? <i>bed rest, IV fluids therapy, pain and discomfort control, promotion of adequate nutrition balance while allowing pancreas to rest; infection control and minimization of infection risk and sepsis</i>
5. What clinical data/assessments are needed to identify these complications early? <i>Monitor VS - HR, RR, SpO2, non verbal cues Worsening of nausea, vomiting, increase in pain level (restlessness, agitation) Metabolic panel, amylase, lipase levels</i>	6. What nursing interventions will the nurse implement if the anticipated complication develops? <i>Maintain NPO status and NGT Alert physician, charge nurse. Administer pain medication routinely.</i>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <ol style="list-style-type: none"> <i>1. A toy or comforting object to hold. Pt. loves stuffed animals</i> <i>2. Massage, rocking, music Visual distractions hand holding, cold/heat therapy.</i> 	8. Patient/Caregiver Teaching: <ol style="list-style-type: none"> <i>1. lifestyle modification after discharge - active lifestyle</i> <i>2. Nutritional more ^{activity} changes - reduction in fat consumption</i> <i>3. maintaining a stable weight (reduction at first)</i> Any Safety Issues identified: <i>Extensive clutter in the room - trip hazard.</i>

Student Name: *Ima Purser* Patient Age: *5 years old*
 Date: *10/05/24* Patient Weight: *59.5 kg*

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	<i>17.73</i>	<i>high, sign of possible infectious process</i>
RBC	<i>3.62</i>	<i>low, anemia</i>
Total Hemoglobin	<i>10.0</i>	<i>low, anemia, resp. distress-hypoxemia</i>
Metabolic Panel Labs		
Glucose	<i>111</i>	<i>elevated slightly</i>
ALT	<i>45</i>	<i>high (Liver function).</i>
Lipase level	<i>178</i>	<i>elevated, pancreatitis</i>
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	<i>N/A</i>	<i>N/A</i>

Lab TRENDS concerning to Nurse?
level of lipase were going up (acute pancreatitis)

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:

PI is autistic and developmentally delayed.

Erickson Stage: *Trust/Mistrust and Autonomy/ Shame, doubt*

- Patient only wanted grandmother assisting him in activities of daily living, only wanted her affection, mistrust in any other caregivers*
- Patient wanted to control which activities his caregivers could perform.*

Piaget Stage: *preoperational*

- Egocentric thinking*
- Patient had his favorite stuffed animals at bedside, pretending they were alive and were protecting him from evil*

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

Administered docusate sodium via NGT, prebiotic via NGT, enteral nutrition - formula - via NGT.

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input checked="" type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input checked="" 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 type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Uncooperative <input checked="" 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 checked="" type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input 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 checked="" type="checkbox"/> Size <u>3 mm</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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>W</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	Urine Appearance: <u>yellow</u> Stool Appearance: <u>black/iron</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>upper arm</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <u>PICC LINE</u> Type/Location: <u>single lumen</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5 1/2 NS + KLR 20</u> <u>15 mL CONT NEEDLES</u> <u>hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input checked="" type="checkbox"/> Labored Breath Sounds: Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: <u>1.5</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>white</u> Consistency <u>thick</u> Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>INT</u> Pulse Ox Site: <u>index finger (R)</u> Oxygen Saturation: <u>95%</u>	Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>TPT</u> Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>NFT</u> Location <u>stomach</u> Inserted to <u>33</u> cm <input checked="" type="checkbox"/> Suction Type: <u>INT</u>	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 checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input checked="" type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>neck</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>formula</u> <u>continues/sim</u> Amount/Schedule: <u>100 mL q2h</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>50 mL</u> <u>NT</u>	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>abdomen</u> Type: <u>dull, mild</u> Pain Score: 0800 <u>1</u> 1200 <u>1</u> 1600 <u>—</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input checked="" type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> LA <input checked="" type="checkbox"/> RL <input checked="" type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input checked="" type="checkbox"/> Ambulatory with assist <u>PT</u> Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input checked="" 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: _____

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	50	50	50	50	50	50							300
Intake - PO Meds			10										10
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	15	15	15	15	15	15							40
IV Meds/Flush			5										5
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
39.5 kg $10 \text{ kg} \times 100 \text{ mL} = 1000 \text{ mL}$ $10 \text{ kg} \times 50 \text{ mL} = 500 \text{ mL}$ $9.5 \text{ kg} \times 20 \text{ mL} = 190 \text{ mL}$							$300 + 10 + 190 = 500 \text{ mL}$ $\frac{500 \text{ mL}}{6 \text{ hr}} = 83.3 \text{ mL/hr}$						
OUTPUT							Rationale for Discrepancy (if applicable)						
Urine/Diaper	220												Total
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$\frac{0.5 \text{ mL}}{\text{kg} \cdot \text{hr}} \cdot 39.5 \text{ kg} = 19.75 \text{ mL/hr}$							$\frac{220 \text{ mL}}{4 \text{ hr}} = 55 \text{ mL/hr}$ <i>above acceptable urine output</i>						

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 <input checked="" type="radio"/> 1 2 3
Cardiovascular	Circle the appropriate score for this category:
	0 <input checked="" type="radio"/> 1 2 3 <i>tachycardic</i>
Respiratory	Circle the appropriate score for this category:
	0 <input checked="" type="radio"/> 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>
	Score 0-2 (Green) - Continue routine assessments <input checked="" type="checkbox"/>
	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:

Inna Purser

Unit:

Pediatrics

Pt. Initials:

LM

Date:

11/05/24

patient #1

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
<u>D5 1/2 NS + KCl 20</u> <u>75 mL/hr</u>	Isotonic/ Hypotonic/ Hypertonic	<u>illness dehydration</u> <u>(w/ fluid overload)</u>	<u>Na, K</u>	<u>Electrolyte imbalances</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>Docusate Sodium liquid</u>	<u>Stool softener laxative</u>	<u>Constipation</u>	<u>100mg NGT daily</u>	<u>50-150mg/day</u> yes	<u>N/A</u>	<u>electrolyte imbalance</u> <u>hypomagnesemia</u>	<ol style="list-style-type: none"> 1. Report N/V/D 2. Report excessive stomach cramping. 3. Do not take longer than 1 week. 4. May cause dependency.
<u>famotidine</u>	<u>H2 blocker</u>	<u>GERD abdominal discomfort</u>	<u>20mg IVP q12h</u>	<u>0.5mg/kg x 39.5kg = 20mg</u>	<u>IVP 20mg dilute 2ml in 8ml of NaCl 2ml = 20mg of 10mg/ml over 2 min</u>	<u>Headache</u> <u>Dizziness</u> <u>Constipation</u> <u>Dark tea</u>	<ol style="list-style-type: none"> 1. Report HA, N/V/D 2. Report muscle cramps 3. Tremors, weakness, rash, itching 4. Avoid GI irritants (high fiber food)
<u>ferrrous sulfate</u>	<u>Iron supplement</u>	<u>anemia</u>	<u>2948mg PO BID with breakfast</u>	<u>15-30mg/kg/day</u> <u>592.5-1185mg/day</u> yes	<u>N/A</u>	<u>constipation</u> <u>abdominal distention</u> <u>flatulence</u>	<ol style="list-style-type: none"> 1. Darker than normal stool 2. Is expected. 3. May cause stomach discomfort, heartburn, constipation. 4. Report constipation (prolonged)
<u>nystatin oral suspension</u>	<u>Antifungal</u>	<u>fungal infection candidiasis</u>	<u>0.4mg/ml BID anterior neck</u>	<u>yes</u>	<u>N/A</u>	<u>Nephrotoxic</u> <u>ototoxic</u> <u>Pruritis</u>	<ol style="list-style-type: none"> 1. Report any S/S of N/V/D abdominal pain. 2. May cause rash, itching, burning sensation. 3. In large quantities – nephrotoxic so take as directed. 4. Report blurred vision.
<u>lorazepam</u>	<u>Anti-anxiety</u>	<u>anxiety insomnia</u>	<u>1mg IVP q6h</u>	<u>0.025-0.1mg/kg/day</u> <u>x 39.5kg = 0.98-3.95mg/day</u> yes	<u>IVP 2mg dilute with equal volume of NaCl rate < 2mg/min</u>	<u>sedation</u> <u>muscle weakness</u> <u>weakness</u> <u>Drowsiness</u> <u>constipation</u> <u>Dyspepsia</u>	<ol style="list-style-type: none"> 1. Report abnormal drowsiness, dizziness, sedation 2. Report weakness, tremors 3. Rash, constipation or abd. pain 4. Report blurred vision.

Student Name: Inna Purser

Unit: Pediatrics

patient #2
Pt. Initials: CC

Date: 10/05/24

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
Ampicillin	penicillin antibiotic	Klebsiella infection <i>pos. bacteria meningitis</i>	30mg/mL 340mg IV q 8h	100mg/kg EQ = 340mg	IVP 340mg in sterile water $\frac{30mg}{mL} = 11.3mL$	NIV/D Steven-Johnson syndrome anaphylaxis	1. Report sig of NIV/D, abd. pain, fever 2. may cause muscle pain, joint pain, bleeding 3. report sig of excessive bleeding 4. bleeding, not bleed, gum bleed
acetaminophen suspension	antipyretic	fever	32mg q 6h PO	10mg/kg EQ = 33mg in 1 mL q 6h	IVP 33mg in 1 mL suspension	Hepatotoxic GI bleeding abd. pain NIV/D	1. May cause liver failure 2. if taken in large quantities 3. Report red blistering skin 4. rash, hives, hives
ceftriaxone	cephalosporin antibiotic	Klebsiella infection meningitis	IVP 100mg q 12h	30mg-50mg/kg EQ q 12h 102mg-170mg q 12h	IVP 100mg/mL $50mg/kg \times 3.4kg = 170mg$ = 1.7mL over 30min	GI upset GI dist. diarrhea bleeding Hemolytic anemia	1. Report loose stool or diarrhea 2. abd. cramping, vomiting 3. Report bleeding gums or easy bruising 4. Avoid in pt. with Vt K deficiency
							1. 2. 3. 4.
							1. 2. 3. 4.