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													

Pt. was NPO due to CT w/o contrast for 1300. Pt. came back to room @ 1600.

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

Calculate Maintenance Fluid Requirement (Show Work)	Actual Pt IV Rate no IV Fluid running.
$10 \times 100 = 1000$ $10 \times 50 = 510$ ⟶ $\boxed{1510}$ $\underline{}$ 1510	**Rationale for Discrepancy (if applicable)**

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis												X1		
Other													

Calculate Minimum Acceptable Urine Output	Average Urine Output During Your Shift
$0.5 \, mg/kg/ \times 11.4 \, mg/kg = 5.7 \, mg/kg/hr$	Pt did not urinate while I was on shift

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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) ___ 4 – Yellow
	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: | | | | Patient Age: | | |
| Date: | | | | Patient Weight: | kg | |

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?

Blood culture - pending.

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: Autonomy vs. Shame & Doubt (Toddler 1-3yrs)

1. While doing my assessment, I allowed the child to pick out which color of penlight she wanted to use

2. While nurse was giving meds after she had gotten back from Joe Arrington pt. showed negativism by saying "No".

Piaget Stage: Pre-Operational (sensori → pre)

1. animism - after child life specialist came in, pt. was given a stuffed animal started to giving the toy animism-(human qualities)

2. animation- the pt. dad did not give her a toy while we were going to CT scan she then began to throw a fit however the child life started to show her movies on the Ipad.

Please list any medications you administered or procedures you performed during your shift:
- heparin
- tylenol
- ativan

WBC - 13.17
RBC - 4.29
Hgb - 17.7
HCT - 38.4
MCV - 80.2
Plt - 443
monocytes - 0.37
    Na - 36
    k⁺ - 5.6
    gluco - 95
    BUN - 8
    ucamik - 0.30
    albumin - 7.6

new labs ordered
   due to her running fever after radiation

(S/S)
- abd pain/
  girth
- fever
- loss of
  appetite
- hematuria
- N/V
- constipation

Student Name: Gabriela Marinelavena **Date:** 11/6/24	**Patient Age:** 3 yrs. **Patient Weight:** 11.4 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Wilms disease: is a rare kidney cancer. (kidney cancer) a genetic mutation changes in kidney cell → resut of aberrations in WT1 gene. usually unilateral.	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** (LABS) (TESTS) (ASSESSMENTS) - CBC - CT scan - abdominal assessment - urine values - ultrasound - liver function - MRI

3. Identify the most likely and worst possible complications.
- hypertension
  ↳ due to hypercalcemia.
- metastsis of cancer
  ↳ worst possible complication.
	4. What interventions can prevent the listed complications from developing?
	
	no preventions of Wilms kidney cancer.
	Risk factors of Wilms in higher in african american; while more common in girls than boys.

5. What clinical data/assessments are needed to identify these complications early? (lipid panel) → hypertension - vital signs (trends) → hypercalcemia - HR (VIS), calcium blood test, PTH, PTHrP, vitamin D blood test & calcium urine test. metastatic cancer - RCC, urinalysis, urine cytology, CBC, ESR	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** HTN - monitoring BP, giving antihypertensive meds. giving healthy diet, & sodium intake. - restriction of products that have vitamin D/or decreasing → · depending on stage will have sx to remove tumor; still will be on chemo/radiation depending on stage. team can come on board 2 palliative
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. seek and find books 2. pop up books	**8. Patient/Caregiver Teaching:** 1. Avoid palpating abdomen 2. when given chemo to pt: clean surfaces, flush toilet first days 3. be aware of who is around pt. @ ↑ risk for infections **Any Safety Issues identified:** monitoring output (urine/stool)

GENERAL APPEARANCE

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

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☑ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☑ Appropriate for Age
Pupil Response: ☑ Equal ☐ Unequal
☑ Reactive to Light ☐ Size 4mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☑ Closed
Extremities:
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right 4L(S) Left 4L(S)
Pushes: Right 4L(S) Left 4L(S)
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☐ Yes ☑ No

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: N/A L/min
☐ BiPap/CPAP: N/A
☐ Vent: ETT size N/A @ N/A cm
☐ Other: last O₂ -
Trach: ☐ Yes ☑ No
Size N/A Type N/A
Obturator at Bedside ☐ Yes ☐ No
Cough: ☑ Yes ☐ No
☑ Productive ☐ Nonproductive
Secretions: Color N/A
Consistency N/A
Suction: ☐ Yes ☑ No Type N/A
Pulse Ox Site ℝ foot
Oxygen Saturation: 96%

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular
☑ Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other N/A
Edema: ☐ Yes ☑ No Location N/A
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☑ < 2 sec ☐ > 2 sec
Pulses:
Upper R +3 L +3
Lower R +2 L +2
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow/clear
Stool Appearance: N/A-no BM an
☐ Diarrhea ☑ Constipation shift
☐ Bloody ☐ Colostomy
per family A. urine output clear
yellow.

GASTROINTESTINAL

Abdomen: ☐ Soft ☐ Firm ☐ Flat
☑ Distended ☐ Guarded
Bowel Sounds: ☑ Present X 4 quads
☐ Active ☑ Hypo ☐ Hyper ☐ Absent
Nausea: ☑ Yes ☐ No
Vomiting: ☑ Yes ☐ No → clear mucus
Passing Flatus: ☐ Yes ☑ No
Tube: ☐ Yes ☑ No Type N/A
Location N/A Inserted to ____ cm
☐ Suction Type: N/A

NUTRITIONAL

Diet/Formula: NPO - for CT scan
Amount/Schedule: will change diet
Chewing/Swallowing difficulties: will
☐ Yes ☑ No   after CT.

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors pt. unable to
Movement: describe.
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: N/A

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist N/A
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

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

IV ACCESS

Site: _____ ☐ INT ☐ None
☐ Central Line + port a cath *
Type/Location: ℝ upper chest
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: N/A

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale ☑ Natural for Pt
Condition: ☐ Warm ☑ Cool ☐ Dry
☐ Diaphoretic
Turgor: ☑ < 5 seconds ☐ > 5 seconds
Skin: ☑ Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: N/A
Mucous Membranes: Color: green
☐ Moist ☑ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: N/A
Type: N/A
Pain Score:
0800 ____ 1200 ____ 1600 ____

→ patient
had not
shown any
signs of
pain.

WOUND/INCISION

☐ None
Type: frag sx of kidney
Location: ℝ lower quadrant
Description: no redness swelling
Dressing: steri strips (x2)

TUBES/DRAINS

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

Student Name: _____   Unit: _Pedi Med Surg_   Pt. Initials: _GS_   Date: _____

Allergies: NKDA

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

Generic Name / Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	(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.)
lorazepam / benzodiazepines	relieve anxiety or temporary stress	0.05mg IVP Hq ~~daily~~ Q6	0.05-0.1mg/kg Yes — push over 2 min.	dilute w/ NS IVP → 2min–5min	drowsiness, dizziness, confusion, HA, N/V, hallucinations	1. labs will be drawn such as PTT, platelets, prothrombin (coagulation indices) 2. avoid any other CNS/med → can ↑ risk of other side effects 3. give med ē food - can cause GI irritation if present 4. monitor VS as well as labs such as they note.
heparin / anticoagulant	decrease the clotting ability in the blood	50 units ~~per~~ daily		ē 10ml of sodium (10units/ml)	blood in urine, hematemesis, vomiting, HA, SOB, tachycardia, hypertension, chills, anuria	1. be cautious — assess for s/s of bleeding 2. report any s/s of bruising/bleeding 3. let physician know if not receiving 3. let physician know if s/s become worse w/ blood diffusions continue w/ renal failures 4. v2 continue w/ daily/routines
acetaminophen / analgesic	control pain or reduce fever	15mg/kg ~~per oral~~ daily	10-15mg/kg/dose Yes ~~aspirin~~ acetaminophen		dizziness, loss of appetite, fatigue	1. do not give more than 5 hrs apart in 24 hrs. 2. if liquid avoid until spit measure is ok. it is okay to give amount 10X minor 3. monitor levels at 20min 3. toxicity seen as max (last ALT) 4. assess for any vomiting w/ more (also SxS
						1. 2. 3. 4.
						1. 2. 3. 4.

Adopted: August 2016

IM5 Clinical Worksheet – PICU

Student Name: Gabriela Marinelarena **Date:** 11/05/24	**Patient Age:** 12 yr. old **Patient Weight:** kg 67.2Kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) pneumothorax; air entering the pleural space - causing lung to collapse.	**2. Priority Focused Assessment R/T Diagnosis:** monitoring respiratory (A BC's) as well as respiratory distress, V/S
3. Identify the most likely and worst possible complications. - severe hypotension (obstructive shock) - death	**4. What interventions can prevent the listed complications from developing?** meds: vasopressors such as non-epi or vasopressin. IV fluids if not treated quick can lead to intubation
5. What clinical data/assessments are needed to identify these complications early? - can cause tachycardia, respiratory distress #1, hypotension, air hunger, chest pain + lastly dilated & enlarged neck veins.	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** giving any meds. depending severity a chest tube may be placed to have further damage to lungs → nurse responsible for chest tubes.
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. Pt. sedated however 1. music therapy 2. aroma therapy	**8. Patient/Caregiver Teaching:** 1. maintain bedrest as well as changing positions for pain 2. administer meds (full course) 3. do not travel by air or remove while pneumothorax is **Any Safety Issues Identified:** weaned

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

N/A

GENERAL APPEARANCE

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

NEUROLOGICAL

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

pupillometer x1 neuro check

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☑ Closed
Extremities:
☐ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right N/A Left N/A
Pushes: Right N/A Left N/A
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☐ Yes ☑ No
(pt sedated)

RESPIRATORY

Respirations: ☐ Regular ☑ Irregular
☐ Retractions (type) N/A
☑ 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: N/A L/min
☐ BiPap/CPAP: N/A
☑ Vent: ETT size 7.0 @ 20 cm
☐ Other: N/A
Trach: ☐ Yes ☐ No
Size N/A Type N/A
Obturator at Bedside ☐ Yes ☐ No
Cough: ☑ Yes ☐ No
☑ Productive ☐ Nonproductive
Secretions: Color N/A
Consistency N/A
Suction: ☑ Yes ☐ No Type _____
Pulse Ox Site ® finger
Oxygen Saturation: 94%

CARDIOVASCULAR

Pulse: ☐ Regular ☐ Irregular
☐ Strong ☑ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☑ Yes ☐ No Location pelvic sacrum
☐ 1+ ☑ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☐ < 2 sec ☐ > 2 sec
Pulses:
Upper R +2 L +2
Lower R +1 L +1
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
Stool Appearance: no BM just brown smear
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy Pt. on pads
foley placed on 10/31

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 NG/OG
Location mouth/nose Inserted to ____ cm
☑ Suction Type: NG suction

NUTRITIONAL

Diet/Formula: TPN - smct NPO
Amount/Schedule: 80 mL/hr >30 kg
Chewing/Swallowing difficulties: |
☑ Yes ☐ No   continuous

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement: (Pt Sedated)
☐ RA ☐ LA ☐ RL ☐ LL ☐ All
Brace/Appliances: ☐ None
Type: N/A

MOBILITY

☐ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist N/A
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☑ Bedridden

(Pt. sedated)

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet
☐ Friendly ☐ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless (Pt sedated)
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
☑ Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: _____

→ back on page

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale ☐ Natural for Pt
Condition: ☑ Warm ☐ Cool ☐ Dry
☐ Diaphoretic
Turgor: ☑ < 5 seconds ☐ > 5 seconds
Skin: ☐ Intact ☑ Bruises ☑ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
☐ Moist ☐ Dry ☐ Ulceration

- on ® side face bruising/lacerations
- ® posterior leg laceration
- posterior back road rash bruising

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: around the clock
Type: _____
Pain Score:
0800 ____ 1200 ____ 1600 ____

- RASS
- 4 deep sedation

WOUND/INCISION

☑ None
Type: external fixation
Location: pelvis
Description: _____
Dressing: gauze - drainage purulent bilat

TUBES/DRAINS

☐ None
☑ Drain/Tube
Site: ® + ©
Type: chest tubes
Dressing: no dressing
Suction: waterseal (©) - ® 28
Drainage amount: at end of shift
Drainage color: dark red

- naso/oral tube - A center mouth
11/01 - for distention: stomach
indication: gastric decompression

- traction & brace cervical
collar neck
11/01

- ICP monitoring
11/01

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													

TPN-80
Meds -63

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush					63	63	63	63	63	63			115

Calculate Maintenance Fluid Requirement (Show Work)

67.3 Kg

$10 \times 100 = 1000$

$10 \times 50 = 500$

$17.3 \times 20 = 9u6$

2,996 / day

Combined Total Intake for Pt (mL/hr)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper					120	125	275	150	300				970
Stool					0	0	0	0	0				
Emesis					0	0	0	0	0				
Other													

Foley =
12/10/10
NG -
Chest Tube -
L
End
of
Shift

Calculate Minimum Acceptable Urine Output

$0.5 \text{ mg/kg} \times 67.3 \text{ kg} = 33.65 \text{ mg/kg}$

Average Urine Output During Your Shift

970 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) ____ 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

WOUNDS

- incision midline abd. (11/01)
- incision head (11/01)
- incision Ⓛ & Ⓡ hip - external fixation
- incision Ⓛ arm Fx humerus

chest 1 - Ⓡ lateral
chest 2 - Ⓡ lateral
} Fr. 20 dressed w/ drain dressing
& tegaderm

LINES

- periph IV Ⓡ palmar 10/31
- " " Ⓡ anterior palmar upper arm / leg
- arterial line 11/1/24 Ⓡ
- central line 11/01 - triple lumen subclavian Ⓡ

all dressings
clean +
intact