

Pediatric Floor  
Patient#1

GENERAL PPEARANCE	C RDIOVASCULAR	PSYCH SOCIAL
Pulse Appearance: a ealthy/Well Nourished o Neat/Clean o Emaciated o Unkept Deve pmental age: ormal o Delayed	Pulsej eglar o Irregular utrong o Weak o Thready o Murmur o Other Edema: o Yes o No Location O 1+ O 2+ O3+ O4+ Capillary Refill: 0<2 sec 0>2 sec Pulses: <u>2 1 2</u> R <u>2 1 2</u> Upper R Lower 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: alm/Relaxed uiet o Friendly o Cooperative a Crying o Uncooperative o Restless o Withdrawn o Hostile/Anxious Socia emotional bonding with family: resent o Absent
<p style="text-align: center;"><b>NEUROLOGICAL</b></p> IOC: o lert o Confused o Oriented o Restless Sedated a Pupil Unresponsive to: Fontanel: d rson o Place o Time/Event Extremities: Appropriate for Age Able o Response: o Unequal Push acnve to Light o Size S=Strong EVD Drain: (Pt < 2 years) goft Q.P1at Seizure Bulging a Sunken a Closed to move all extremities  <div style="text-align: center;"> <u>5</u> Left <u>5</u>  <u>5</u> Left <u>5</u>                      W=Weak N=None                      i: <input checked="" type="checkbox"/> No Level                      ns: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      Symmetrically o                      Asymmetrically Right                      Right    <input type="checkbox"/> Yes                      Precautions: a Yes                 </div>	<p style="text-align: center;"><b>ELIMINATION</b></p> Urine Appearance: <input type="checkbox"/> Stool Appearance: <input type="checkbox"/> a Diarrhea o Constipation o Bloody o Colostomy	<p style="text-align: center;"><b>IV ACCESS</b></p> Site: o <input type="checkbox"/> o INT o None Central Line <u>Wca</u> o a Type/Location: Dressing Appearance: o No Redness/Swelling Fluids: Red o Swollen Patent o Blood return Intact: o Yes o No
<p style="text-align: center;"><b>RESPIRATORY</b></p> Respirations: &Kegular o Irregular o Retractions _____ (type) D Labored <input checked="" type="checkbox"/> Breath Sounds: <input checked="" type="checkbox"/> Left Clear syfiight Crackles o Right o Left Wheezes o Right o Left Diminished o Right o Left ent o Right o Left oom Air o Oxygen	<p style="text-align: center;"><b>GASTR INTESTINAL</b></p> Abdomen: oft o Firm o Flat o Distended o Guarded Bowel Sounds: resent X quads o Active ypo o Hyper o Absent Nausea: o Yes o No Vomiting: o Yes o NO Passing Flatus: o Yes o No Tube: o Yes _____ Inserted to _____ cm N...<o _____ Type: _____ Type Location o Suction Type:	<p style="text-align: center;"><b>SKIN</b></p> Color: ink ushed o Jaundiced o Cyanotic veale o Natural for Pt Condition: vWarm o Cool o Dry o Diaphoretic Turgor: 5 seconds o > 5 seconds Skin: a Intact o Bruises o Lacerations o Tears o Rash o Skin Breakdown  Location/Descriphon: Mucous Membranes: Color: oist a Dry o Ulceration
OxygenDelivery: o Nasal Cannula: _____ L/min o BiPap/CPAP: o Vent: ETT size _____ @ _____ cm ther: <u>room air</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ Type _____	<p style="text-align: center;"><b>NUTRITIONAL</b></p> Diet/Formula: ,au,d Amount/Schedule: Chewing/Swallowing difficulties: o Yes Odo	<p style="text-align: center;"><b>PAIN</b></p> Scale Used' Numeric _____ LACC o Faces Location: _____ Type: _____ Pain Score: 0800 1200 1600
Jother: Trach: o Yes Size	<p style="text-align: center;"><b>MUSCULOSKELETAL</b></p> o Pain o Joint Stiffness Swelling o Contracted o Weakness o Cramping oSpasms o Tremors Movement: o RA o LA ORL o LL II Brace/Appliances: one T pe:	<p style="text-align: center;"><b>WOUND/INCISION</b></p> on: _____ iption: _____ one Type: _____ Location: Description: Dressin :
	<p style="text-align: center;"><b>MOBILITY</b></p>	<p style="text-align: center;"><b>TUBES/DRAINS</b></p> one o Drain/Tube Site:

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Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive Color: <u>NA</u> Type: <u>Left foot</u> Nonproductive Secretions: Color Consistency Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Ox Site Oxygen Saturation: <input type="checkbox"/>	<input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> In Arms <input type="checkbox"/> Crawl <input type="checkbox"/> <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	Drainage Drainage color: Type: Dressing: Suction:

### IM5 Clinical Worksheet -

Student Name: <u>Mariah Garcia</u> <u>11/6/24</u> Student Date:	Patient Age: <u>2</u> yrs Patient Weight: <u>    </u> kg
Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Pyloric stenosis - the pylorus muscle thickens abnormally, or narrows, blocking the stomach from emptying into the stomach</u>	Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>listen to bowels, assess the stomach &amp; feedings GI.</u>
Identify the most likely and worst possible complications. <u>Projective vomiting, dehydration, weight loss, Failure to gain weight, weight loss, abdominal distention</u>	4. What interventions can prevent the listed complications from developing? <u>NPO. Pyloromyotomy Feeding tube</u>
1. What clinical data/assessments are needed to identify these complications early? <u>&amp; output</u> <u>1. Abdominal focused assessment for feedings tolerated</u> <u>2. ix</u>	1. What nursing interventions will the nurse implement if the anticipated complication develops? <u>Pyloromyotomy</u>

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<p>Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-pharmacologic Interventions Related to Pain Discomfort for This Patient.</p> <p>Non-nutritive <del>swallow</del> sucking Cangaroo hold</p>	<p>Patient/Caregiver Teaching:</p> <p>NPO Plumbotomy surgery Feeding tube</p> <p>any Safety Issues identified: Malnourishment</p>
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INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed							60						60
Intake - PO Meds													
<b>IV INTAKE</b>	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						
							Rationale for Discrepancy (if applicable)						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							80						80
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
1 ml/kg pt=4kg 4ml							2.7 ml						

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
	Circle the appropriate score for this category
Behavior/Neuro	0 1 2 3
	Maintenance fluid requirements: $4 \times 100 = 400 / 24 = 16.6$ ml/hr

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Cardiovascular	Circle the appropriate score for this category:
	0 1 2 3
Respiratory	Circle the appropriate score for this category:
	1 2 3
Staff Concern	1 pt— Concerned
Family Concern	1 pt — Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points)
	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: Mariah Garcia Patient Age: 27 days  
 Date: 11-7-24 Patient Weight: 4 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	8.25	
HCT	45.9	
PH.	7.03	
Metabolic Panel Labs		
Potassium	5.4	
Chloride	109	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	/	

Lab TRENDS concerning to Nurse?  
none

**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: Trust vs mistrust

1. INFANT relies on parents for feedings!  
Diaper changes
2. Parents provide love? nurturing by holding the infant

Piaget Stage: Sensorimotor

1. Primary Circular reaction - infant grasps my finger when I place it in his hand
2. Primary Circular reactions - when unswaddled the infant will move into flexed position

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