

Victoria Bororjo

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									111ml				111
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							48	48	48	48	48	48	288
IV Meds/Flush						85			23				48
													336
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$10 \times 100 = 1000 = 1000 = 1210$ $\downarrow 6.42 \times 50 = 210$ $= 50.42 \text{ ml/hr}$							48 ml/hr Rationale for Discrepancy (if applicable) pt receiving PO						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						146.5							
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \times 14.2 \times 1 = 7.1 \text{ ml/hr}$							$\frac{146.5}{6} = 24.4 \text{ ml/hr}$						

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) <u>0</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

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Victoria Bororo Date: 11/12/24</p>	<p>Patient Age: 2 yr 5 months Patient Weight: kg 14.2</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Leukemia Remission occurs by rapid production of ^{and platelets} abnormal white blood cells which impairs bone marrow to produce RBC's</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Skin assessment</p>
<p>3. Identify the most likely and worst possible complications. Severe infection Severe bleeding Skin assessment</p>	<p>4. What interventions can prevent the listed complications from developing? Chemotherapy hand hygiene Immune system support (good nutrition rest) environment cleaning use soft toothbrush Report any bleeding</p>
<p>5. What clinical data/assessments are needed to identify these complications early? lab of CBCs (Hgb htc wbc) Vital signs → HR R-R Temp B/P Skin assessment (bruises) look for signs of infection such as redness swelling fever chills</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Antibiotics to stop the infection Anticoagulants to stop the bleeding</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Cartoon on TV</p> <p>2. Toys → Cartoy</p> <p>Cartoy</p>	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. No fresh fruit or vegetables, no pets NO live vaccines 2. Restricted visitors / NO ibuprofen/ aspirin 3. Monitor for signs and symptoms of infection like fever and chills <p>Any Safety Issues identified: Avoid activities that may cause injury / bleeding No ibuprofen / aspirin</p>