

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Kaylee Herbert Date: 11/12/24		Patient Age: 3y Patient Weight: 12.9kg	
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) new diagnosis of ALL cancer of bone blood abnormal uncontrolled growth of immature lymphoblasts in marrow		2. Priority Focused Assessment You Will Perform Related to the Diagnosis: signs of infection (immunocompromised) change vital signs pale fever	
3. Identify the most likely and worst possible complications. immunocompromised due to treatment (chemo) low platelet due to treatment		4. What interventions can prevent the listed complications from developing? frequent labs (CBC) negative isolation to prevent secondary infection blood replacement platelet boosts soft toothbrush	
5. What clinical data/assessments are needed to identify these complications early? frequent CBC WBC ANC H ₁ H look for signs of bleeding		6. What nursing interventions will the nurse implement if the anticipated complication develops? isolation vaccinate family members soft toothbrush avoid spicy food	
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. play with ipad 2. transitional object		8. Patient/Caregiver Teaching: 1. hand hygiene 2. consistency in treatment? check ups 3. teach signs to look for in worsening condition Any Safety Issues identified: Her ANC was very low but she was not put on any isolation precautions in respiratory season	

Abnormal Relevant Lab Tests	Current	Clinical Significance
Flow Cytometry leukemia Bone Marrow biopsy	B lineage present	cell population consistent w/ B lymphoblastic leukemia consistent w/ ALL

Lab TRENDS concerning to Nurse?

low hemoglobin
very low ANC

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~~ Autonomy vs Shame/Doubt

1. independent, did not want to be taken out of bed by another person
"me do it"
2. ~~lean~~ picky eater

Piaget Stage: Preoperational

1. transitional object used during assessment
2. played pretend/dress up w/ dolls

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

primed IV tubing assisted suckering infant nose
weights, VS, full assessment flushed IV INT lines
changed diaper

Pediatric Floor Patient #1

GENERAL APPEARANCE

CARDIOVASCULAR

PSYCHOSOCIAL

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			200										200					
Intake - PO Meds	46																	
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total					
IV Fluid	46	46	46	46	46								230					
IV Meds/Flush	3	403	6.52	8									1252					
													242.52					
Calculate Maintenance Fluid Requirement (Show Work)														Actual Pt IV Rate				
$10 \times 100 \text{ mL} = 1000$ $23 \times 50 \text{ mL} = 1150$ $1000 + 1150 = 2150$ $2150 / 46 \text{ hr} = 47.7 \text{ mL/hr}$														46 mL/hr				
Rationale for Discrepancy (if applicable)														can also intake fluids PO				
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total					
Urine/Diaper																		
Stool																		
Emesis																		
Other																		
Calculate Minimum Acceptable Urine Output														Average Urine Output During Your Shift				
$0.5 \text{ mL} \times 12.9 \text{ kg} = 6.45 \text{ mL/hr}$														3 times in Shifts				

mother did not comply w/ top hat urine collection

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

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>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input 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		
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 checked="" type="checkbox"/> Size <u>3mm</u> Fontanel: (Pt < 2 years) <input checked="" 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>S</u> Left <u>S</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: <u>parent report</u> <u>yellow</u> Stool Appearance: <u>log dark yellow</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	
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: <u>left middle finger</u> Oxygen Saturation: <u>96</u>	GASTROINTESTINAL Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm Suction Type: _____	
NUTRITIONAL		
Diet/Formulation: <u>ped 3-4</u> Amount/Schedule: <u>routine</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
MUSCULOSKELETAL		
<input 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 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: _____		
MOBILITY		
<input checked="" 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 type="checkbox"/> Bedridden		
IV ACCESS		
Site: _____ <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>Right port</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____		
SKIN		
Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input 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 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		
PAIN		
Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: <u>0</u> 0800 _____ 1200 _____ 1600 _____		
WOUND/INCISION		
<input type="checkbox"/> None Type: <u>dressing incision</u> Location: <u>Chest</u> Description: _____ Dressing: <u>intact dry</u>		
TUBES/DRAINS		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____		

Student Name: Kaylee Herbert

Unit: Ped Floor

Date: 11/12

Allergies: NKDA

Pt. Initials: 59

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

Primary IV Fluid and Infusion Rate (ml/hr)		Circle IVF Type		Rationale for IVF		Lab Values to Assess Related to IVF		Contraindications/Complications	
<u>NS</u>		<u>isotonic</u> / Hypotonic / Hypertonic		<u>maintain fluid balance</u>		<u>Na+</u>		<u>ensure more fluids come PO if tolerated</u>	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)		
allopurinol	Xanthine oxidase inhibitors	prevent uric acid levels from CA tx	42mg PO Q8hr after meals	slightly under low weight?		Stevens-Johnson syndrome	1. drink a lot of fluid daily w/ med 2. look for the symptoms followed by rash 3. skin assessment 4. NIV are common		
amlodipine	Calcium Channel blockers	hypertension	0.5mg PO daily	lowers She is younger than recommended age		headache flushing swollen ankles	1. take at night for better effectiveness 2. take at same time daily 3. avoid grapefruit 4. check BP before giving		
dexamethasone	glucocorticoid	lowers inflammation; feel better	1.7mg PO BID after meals	yes		mood changes	1. long term affects blood glucose 2. mood changes may occur 3. take exactly as prescribed 4. may lower immune system more		
famotidine	H2 receptor antagonist	stomach upset from chemo	6.52mg IVP BID daily	yes	Sodium chloride 0.9% 6.5ml/hr over 30min	dry mouth	1. may slow digestion 2. lessens stomach acid 3. check IV site for infiltration 4. may cause heart rhythm changes		
Sulfamethoxazole-trimethoprim	Sulfonamides	prevents opportunistic infections	200-40mg / 5mL 7.7mL PO BID starting very immunocompromised	slightly higher		C.diff	1. watch for water stools 2. watch for skin rashes 3. avoid sun, more sensitive 4. may bleed easier, soft toothbrush		

Adapted: A. J. ...

Adapted: August 2015

IM5 Clinical Worksheet – PICU

Student Name: Kaylee Herbert Date:	Patient Age: 11 Patient Weight: 10 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Cerebral Palsy + Meningitis at birth poor development of brain + body, ^{early} residual ^{cardiac} residual function	2. Priority Focused Assessment R/T Diagnosis: Cardiac + respiratory assessment
3. Identify the most likely and worst possible complications. aspiration cardiac cardiac arrest	4. What interventions can prevent the listed complications from developing? follow recommended diet, suction mouth secretions maintain body heat give epinephrine
5. What clinical data/assessments are needed to identify these complications early? ABGs Chest rise B/P & HR	6. What nursing interventions will the nurse implement if the anticipated complication develops? titrating fentanyl + epinephrine to maintain cardiac fx
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. low lights 2. warm blankets	8. Patient/Caregiver Teaching: 1. appropriate feeding amounts 2. counsel / prep for possibility of nose/pipe 3. advise parents of risk for CPS call Any Safety Issues Identified: risk for aspiration or displacement of tubes vent, OG, TPT, esoph thermocath
Please list any medications you administered or procedures you performed during your shift: accudata glucose bedside check assisted rotating pt	

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	—	—	—	—	65								5
Intake - PO Meds	—	—	—	—	—								
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	67.1	67	67.8	102.8	67.8								372.3
IV Meds/Flush			2										374.3 2
Calculate Maintenance Fluid Requirement (Show Work) $10kg = 100 mL/kg$ $1000 mL/day$						Combined Total Intake for Pt (mL/hr) $41.6 mL/hr$ $75 mL/hr$ $208.3 mL/shift$ 374.3 $379.3 mL total$							
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	14	27	9	15	14								79
Stool	—	—	—	—	—								
Emesis	—	—	—	—	—								
Other													
Calculate Minimum Acceptable Urine Output $0.5 mL(10kg)/hr = 5 mL/hr$						Average Urine Output During Your Shift $15.8 mL/hr$							

Or order at least 10 mL/hr, trying to rehydrate

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: <input checked="" type="radio"/> 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 <input checked="" type="radio"/> 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 <input checked="" type="radio"/> 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>5</u> Score 0-2 (Green) - Continue routine assessments

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input checked="" type="checkbox"/> Emaciated <input 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 type="checkbox"/> Strong <input checked="" 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 type="checkbox"/> < 2 sec <input checked="" type="checkbox"/> > 2 sec Pulses: Upper R <u>2+</u> L <u>2+</u> Lower R <u>1+</u> L <u>1+</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 type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input type="checkbox"/> Present <input type="checkbox"/> Absent <u>sedated</u>
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input 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 Size <u>1.6 mm</u> 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 type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>N</u> Left <u>N</u> Pushes: Right <u>N</u> Left <u>N</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 clear</u> Stool Appearance: <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> <u>arm/vein</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>groin</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>LR, D₅ - 1/2 NS 20+K</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
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 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: _____ L/min <input type="checkbox"/> BiPap/CPAP: <input checked="" type="checkbox"/> Vent: ETT size <u>4.0</u> @ <u>14</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>R hand</u> Oxygen Saturation: <u>97</u>	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ <u>NG</u> Location <u>stomach</u> Inserted to <u>30</u> cm Suction Type: <u>continuous</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 type="checkbox"/> Rash <input checked="" type="checkbox"/> Skin Breakdown Location/Description: <u>facial erythema</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>nothing</u> <u>NPO</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Nutrition held until pt stabilized</u>	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>CPOT</u> Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input checked="" type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appiances: <input checked="" type="checkbox"/> None Type: <u>abnormal bone shape</u>	<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 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 <u>Sedated</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

NO MEDS GIVEN

Student Name: Kaylee Herbst

Allergies: NKA

Unit: PICU

Pr. Initials: NH

Date: 11/13

Primary IV Fluid and Infusion Rate (ml/hr)

Lasix 1mg/kg
DS 1/2 NS

Circle IVF Type
Isotonic/Hypotonic/Hypertonic

Rationale for IVF
Rehydrate and
normalize blood glucose

Lab Values to Assess Related to IVF
Na⁺
K⁺

Contraindications/Complications
hyper hydration
cardiac problem

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)
							1.
							2.
							3.
							4.
							1.
							2.
							3.
							4.