Daniella

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED? GI bleed, abdominal pain ear & upper resp. infection, carbon monoxide inhalation
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? toddler-schoolage
3. Was your overall experience different than what you expected? Please give examples. overall, it was what I expected, just thought it would be super busy.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? In triage when taking VS we had to let 2yr old listen to his own ♡ to calm him down. we had to use distracters to help with placing the BP & O2
5. What types of procedures did you observe or assist with? None
6. What community acquired diseases are trending currently? RSV, strep, COVID
7. What community mental health trends are being seen in the pediatric population? ODD & ADD
8. How does the staff debrief after a traumatic event? Why is debriefing important?
9. What is the process for triaging patients in the PED? The patient has to fill a form out first usually, then the nurse takes them back to waiting room to check VS, & get history, & get assessments. After they obtain everything, then they take the patient to a different room to see the Dr.
10. What role does the Child Life Specialist play in the PED?

- help w/ procedures
  IV, MRI, Ultrasounds
  - holding, direct parents how to hold
  - distractions
  - let pt know that its okay to cry & allow them to feel in control

- don't debrief but have meetings 1 or 2 days after. NICU does it best.
- need to know trauma is trauma, can happen even if no positive outcomes

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Daniella Solis **Date:** 11/13/24	**Patient Age:** 3 **Patient Weight:** 12.9 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Acute lymphoblastic leukemia; bone marrow isnt making the blood cells it needs to	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Diet Monitoring blood counts for ↓ platelet count
3. Identify the most likely and worst possible complications. malnurished sepsis accidental fall causing brain bleed	**4. What interventions can prevent the listed complications from developing?** . supplementing with pediasure • good hand hygiene . keep bed low, noskid socks, help pt TO bathroom
5.What clinical data/assessments are needed to identify these complications early? Monitoring weight & check CMP & albumin CBC, procal	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** •Dietician, NG tube feedings •antibiotics, blood coltures • platelet transfusion per physician order
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Child life 2. keeping mom at bedside	**8. Patient/Caregiver Teaching:** 1. use good hand hygiene 2. keep sick visitors away 3. offer pt. foods she likes **Any Safety Issues identified:** N/A

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									240				240ml
Intake – PO Meds							2.1ml			2.1ml			4.2ml
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							144	46	46	46			184ml
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

10 x 100 = 1000
2.9 x 50 = 145
1145ml/24hr = 48ml/hr

Actual Pt IV Rate 46ml/hr

Rationale for Discrepancy (if applicable)

N/A

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							375	275	0	250			800
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5ml/2.9/hr = 6.45ml/hr

Average Urine Output During Your Shift

267ml/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) 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

Pediatric Floor Patient #1

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 _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed
Extremities:
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pushes: Right S Left 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: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size_____@_____cm
☐ Other: _____
Trach: ☐ Yes ☑ No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes ☑ No ☐ Productive ☐ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ☐ Yes ☐ No Type _____
Pulse Ox Site _____
Oxygen Saturation: _____

CARDIOVASCULAR

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

ELIMINATION

Urine Appearance: clear yellow
Stool Appearance: brown soft
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

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 _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: regular
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: _____

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
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: R PIV ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: Sodium chloride .9%

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

PAIN

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

WOUND/INCISION

☑ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

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

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
Sodium chloride 0.9%	Isotonic ☒ Hypotonic ☐ Hypertonic ☐	Hyrdation & electrolyte intake	Electrolytes	Fluid volume overload

Student Name: DANIELLA SOLIS	**Unit:** Pedi	**Patient Initials:** T.M.G	**Date:** 11/13/2024	**Allergies:** NKA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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	Inhibits the production of uric acid	20mg/ml PO q8hrs	Choose an item. yes	Click here to enter text.	Rash, diarrhea, n/v, drowsiness	1. educate mom to either call or help take patient to use bathroom due to possible drowsiness 2. assess skin for rash, so any puffiness, redness, warmth to skin and also educate mom over symptoms 3. tell mom if patient stool becomes more loose/watery to alert nurse 4. if notice or if mom says patient starts feeling nauseated or throws up to alert us so we can get medication orders to help
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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
Click here to enter text.	Isotonic ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	~~Fluid volume~~

Student Name: DANIELLA SOLIS	**Unit:** Pedi	**Patient Initials:** D.H.R	**Date:** 11/13/2024	**Allergies:** MORPHINE

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
NO MEDS				Choose an item.	Click here to enter text.		1. 2. 3. 4.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adopted: August 2016

Student Name: Daniella	Patient Age: 3
Date: 11/13	Patient Weight: 12.9 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	1.48 ↓	expected due to pt diagnosis, will
RBC	2.92 ↓	follow blood products & give
Plt	43 ↓	transfusions as ordered
Metabolic Panel Labs		
Chloride	110 ↑	possibly due to IV fluids
Ca	8.5 ↓	due to not eating much
uric acid	1.4 ↓	due to chemo
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
	2850	
Lab TRENDS concerning to Nurse?		
uric acid, CBC, tumor lysis, hgb, plt blood culture		

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

1. Patient had negativism, during assessment she kept telling me "NO"
2. Patient had ritualism, everytime it was time for a med. she wanted her mom to give it & had her juice ready

Piaget Stage: Preoperational

1. When having to draw blood patient got scared because she thought she was bleeding out from seeing us get sample
2. Before doing an assessment she wanted me to show her on her friend which was a stuffed animal

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

Alloporinol 20mg/ml