IM5 Clinical Worksheet – Pediatric Floor

Student Name: victoria Bovono **Date:** 11/13/24	**Patient Age:** 12 yrs **Patient Weight:** kg 67.5
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Car accident ⇒ Trauma caused to body leady to ~~fracture~~ life-threatening injuries on various parts of the body	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respitory assesment
3. Identify the most likely and worst possible complications. Traumabrain injury Cardiac arrest ~~Bone fracture~~ hemmorage Pressure ulcers	**4. What interventions can prevent the listed complications from developing?** monitoring vital signs (Respiration) Assessing skin for bleeding
5. What clinical data/assessments are needed to identify these complications early? Neuro assesment Xray CT scans MRI CBC	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Start CPR if Cardiac arrest If Hemmorage stop the bleed and call doctor for anticoagulants Turn Patient every 2hrs (Pressure ulcer)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Electronic videogames 2. Parent support holding patient	**8. Patient/Caregiver Teaching:** 1. ~~Monitor for ab~~ Pain assesment if Patient seen in pain to let me know 2. NPO, nothing by mouth 3. Teaching about each medication and to watch out for any of the side effects **Any Safety Issues identified:** None

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						15ml	15ml	15ml	15ml	15ml	15ml	15ml	72
Intake – PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						~~7.6~~	7.6	~~7.6~~	~~7.6~~	~~7.6~~	~~7.6~~	~~7.6~~	
IV Meds/Flush						~~2.5~~	~~3.6~~						
IV fluid						~~16.9~~	7.6	6	16.9	7.6	6		183

Calculate Maintenance Fluid Requirement (Show Work)

First 10kg x 100
Second 10 x 50
Remaining x 20
/ 24 hrs
67.5
methadone → pain

10 x 100 = 1000
10 x 50 = 500
47.5 x 20 = 950

1000 + 500 + 950 = 2450
2450 / 24 = 102 ml/hr

0.5 ml/kg/hr
Children 2yrs older
Infants Birth – 2yrs
1 ml/kg/hr

Actual Pt IV Rate 30.5 x 6 = 183

TPN → 5ml/hr ivmeds → 7.6ml/hr 6, 16.9

Rationale for Discrepancy (if applicable)

~~dopa~~ ~~rate~~
11-12:30
1 hr
7.6ml/hr

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						350	125	115	100				690
Stool						~~350~~	125	~~115~~					
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5 x 67.5 x 1 = 33.75 ml/hr

Average Urine Output During Your Shift

1g = 1ml
690 / 6 = 115 ml/hr

Fluids dexmedetomidine 16.9 ml/hr ~~dopamine~~ 7.6 ml/hr TPN → 5 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) 4
	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: voice/touch ☑Person ☐ Place ☐ Time/Event ☐ Appropriate for Age
Pupil Response: ☑Equal ☐ Unequal ☑Reactive to Light ☐ Size 2mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities: Not able ☐ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right W Left W
Pushes: Right W Left W
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: intubated
Trach: ☑Yes ☐ No
Size 21cm Type endotracheal
Obturator at Bedside ☑Yes ☐ No
Cough: ☐ Yes ☑No ☐ Productive ☐ Nonproductive
Secretions: Color N/A
Consistency N/A
Suction: ☑Yes ☐ No Type low intermittent
Pulse Ox Site Right hand
Oxygen Saturation: 100

CARDIOVASCULAR

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

ELIMINATION

Urine Appearance: yellow
Stool Appearance: none ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy
No stool

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 NOSE Inserted to 65 cm ☐ Suction Type: Salem Sump
low suction to center mouth

NUTRITIONAL

Diet/Formula: neptamin junior/TPN
Amount/Schedule: 1.5ml/hr
Chewing/Swallowing difficulties: NPO ☐ Yes ☐ No

MUSCULOSKELETAL

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

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

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: abdomen, hip
Mucous Membranes: Color: _____ ☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑FLACC ☐ Faces
Location: everywhere
Type: _____
Pain Score: 8
0800____ 1200✓ 1600____

WOUND/INCISION

☐ None
Type: Traumatic
Location: both hands, hip groin
Description: wounds everywhere
Dressing: intact clean

TUBES/DRAINS

☐ None
☐ ~~Drain/Tube~~
Site: ~~groin~~
Type: ~~urethral catheter~~
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____