IM5 Clinical Worksheet – Pediatric Floor

Student Name: JL Date: 12/3/24	Patient Age: 4 Patient Weight: kg 15.8 34lb 13.03oz
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Acute appendicitis w/ generalized peritonitis and gangrene w/o perforation or abscess	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: abdominal Assessment
3. Identify the most likely and worst possible complications. Most likely is peritonitis, abscess Worst: -Septic shock, death.	4. What interventions can prevent the listed complications from developing? a appendectomy, with antibotic therapy
5. What clinical data/assessments are needed to identify these complications early? abdomal assessment with vital sign, N/V, or absent bowel sounds.	6. What nursing interventions will the nurse implement if the anticipated complication develops? Monitor for septic shock- hypotension worsting infection to treat with antibotic, fluids to maintain hydrated may need to be NPO for surgery
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. imagery and relaxing - Visualizing a clam place 2. Positioning for comfort * laying on their side	8. Patient/Caregiver Teaching: 1. inflammation of appendix can lead to complication if not treated 2. Severe abdominal pain around navel, right lower 3. gangrenen, is tissue death in appendix due to lack of blood flow. Any Safety Issues identified: risk of spread of infectetion fluid and electrolyte imbalance

Student Name: JC		Patient Age: 4	
Date:		Patient Weight:	kg 15.8
		34.13	

Abnormal Relevant Lab Tests	Current	Clinical Significance	
Complete Blood Count (CBC) Labs			
RBC	3.46↓	12/3	04:23
Total Hemoglobin	9.7 ↓	12/3	04.23
Hematocrit	28.9 ↓	12/3	04.23
Metabolic Panel Labs			
Misc. Labs			
Absolute Neutrophil Count (ANC) (if applicable)			
Lab TRENDS concerning to Nurse?			

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:

1. initiative vs guilt = pt want to come out the room in play in the play room, but didnt want mom to leave his side

2. Support for growth and development = encouraged the pt to play while he waited to be discharge

Piaget Stage:

1. Preoperational (2-7)
he like to play pretend with a car he had with is stuffed animal.

2. Giving the child the choice to play with a stuff animal or a car

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

N/A

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 _____ Left _____
Pushes: Right _____ Left _____
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 _Right finger_
Oxygen Saturation: _97%_

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 _3+_ L _3+_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _Yellow_
Stool Appearance: _N/A_
☐ 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: _Reg_
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: _12/3_ ☒ INT ☐ None
☐ Central Line
Type/Location: _____
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: _____
Mucous Membranes: Color: _____
☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☐ Faces
Location: _Ab_
Type: _appendectomy_
Pain Score:
0800 _____ 1200 _____ 1600 _N/A_

WOUND/INCISION

☐ None
Type: _____
Location: _Abd_
Description: _____
Dressing: _____

TUBES/DRAINS

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

Pt potty trained

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													
Intake – PO Meds													

IV INTAKE	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 N/A

Rationale for Discrepancy (if applicable)

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

Calculate Minimum Acceptable Urine Output

N/A

Average Urine Output During Your Shift

N/A

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