PT 57, NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic ☐ Hypotonic ☐ Hypertonic ☐			

Student Name: Morgan Brooks		Unit: Pedi floor	Patient Initials: SR		Date: 1/29/25	Allergies: NKDA	
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.)
Albumin 25%	volume expander	help with fluid volume	42.75 g IVF ONCE 1315	yes	IV infusion, 4 hours	flushing, urticaria, fever, chills, N/V, hypotension, tachycardia	1. do not increase fluid intake and sodium intake while on albumin. may affect the effectiveness of the medication 2. monitor for faintness, or dizziness when standing. Fluid shifts may cause hypotension 3. if itching, hives, or a rash occur contact a HCP immediately 4. monitor for any signs of abnormal bleeding. large volumes of albumin may affect coagulation (clotting) and hematocrit levels.
Ceftriaxone (Rocephen)	cephalosporin	abx	2000 mg IVP ONCE 1300	yes	20 mL NS IVP 5 minutes	pain at injection site, rash, increased BUN, leukopenia, diarrhea	1. monitor for decreased urine output or painful urination. precipitates in the urinary tract may form 2. monitor for frequent watery diarrhea, belly cramping, fever, nausea. C Diff may be a result 3. monitor for disturbances in consciousness, lethargy, confusion, seizures. neuro adverse reactions

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							more common in people with kidney disease 4. monitor for signes of easy bleeding. Nose bleeds, cuts or scrapes that dont stop bleeding. Medication may increase INR or clotting time
Pantoprazole (protonix)	PPI	short term relief of GERD	40mg ONCE 1500	yes	10 ml NS IVP 3 minutes	HA, abdominal pain, facial swelling, chest pain, diarrhea, constipation, rash, N/V, photosensitivity	1. monitor for frequent watery diarrhea, belly cramping, fever, nausea. C Diff may be a result 2. monitor for dark urine, jaundice, swelling in the lower extremities. Liver impairment may occur 3. avoid high contact activities that can result in bodily harm. This med can increase risk of hip, wrist, or spinal fractures 4. notify a HCP of dizziness, fast/ irregular HR, tremors, muscle cramps/ spasms. hypomagnesiemia may occur
Furosemide (lasix)	loop diuretic	help flush out excess fluids	20mg IVP 1500 and 1700	yes	4 mL NS IVP 10-15 minutes used a special pump	anaphylaxis, anorexia, anemia, diarrhea, dizziness, HA, hearing impairment, hypokalemia, hypotension,	1. monitor for heart palpitations, muscle cramps, confusion, constipation, fatigue. Potassium levels may be altered. 2. limit exposure to sunlight. wear sunscreen, long clothing and hats outdoors to avoid sun sensitivity

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						muscle cramps, nausea, rash	3. avoid intake of grapefruit juice while on medication. grapefruit juice affects metabolism of the medication 4. monitor for fatigue, bone/ joint pain, SOB, changes in urine, night peeing, or swelling. Kindey functioning may be affected.
patient 56 had no medications							

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Pediatric ED Reflection Questions

Morgan Brooks 1/28/25

1. What types of patients (diagnoses) did you see in the PED?

   a. With the season there were multiple diagnoses of strep, flu, RSV. There was also a mental health patient, UTI and constipation, one with a broken elbow.

2. The majority of the patients who came into the PED were from which age group? Was this what you expected?

   a. The youngest we had was 4 months and the eldest was 16 years old. The majority ranged from about 6-10. This seems expected as they are in school and around crowds and can get sick easily.

3. Was your overall experience different from what you expected? Please give examples.

   a. I had a good time overall, but it was not what I expected. I have had no experience with ED's so all I know is what I have seen on TV, and that is typically very chaotic. I was surprised to see that it was actually pretty calm in the ED. Triage moved quickly today and patients were able to get discharged quickly as well. When an ambulance came it was not the same chaos as portrayed on tv, there was two nurses at the ready to help with the transfer, the paramedic was able to brief the nurse taking the patient on the situration, we were able to get background info, and it was all done calmly and in a smooth manner.

4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?

   a. Growth and development came into play because you could see with the younger ages, infants and toddlers, that distraction was a big part. During triage one of the nurses used her badge to distract the child while listening to lung sounds. You also were able to see how parents could help be there for their child and hold an arm or a leg when BP or the pulse ox was being taken. The language was another big thing seen when it

came to younger children. I think my favorite was the "BP cuff is going to give your arm a hug". They all did really well at modifying the words to not seem scary.

5. What types of procedures did you observe or assist with?

   a. The majority of procedures I observed were throat swabs and nose swabs. I was able to start an IV and do a blood draw on a patient as well.

6. What community acquired diseases are trending currently?

   a. RSV, strep, Flu, covid

7. What community mental health trends are being seen in the pediatric population?

   a. suicides are being seen high right now, along with anxiety and some eating disorders.

8. How does the staff debrief after a traumatic event? Why is debriefing important?

   a. After a traumatic event the staff said there is usually a follow up meeting. They check on one another, talk about what went well, what they can improve on, how their documentation went. The debriefs are important because they can learn from the experience and use knowledge later on, becoming a stronger unit. They also can use it to make sure everyone is okay afterwards.

9. What is the process for triaging patients in the PED?

   a. The proccess for triage is to get a basic understanding of the problem. A patient and a parent will come in and fill out a sheet, and tell the admissions person their chief complaint. A nurse will then call the family back and get their height and weight. They will get vital signs and just figure out more to the story. Figure out symptoms, when did they start, what meds have already been taken. For the mental health patients they go into further details with questions surrounding suicide and homicide to get a bigger picture as well.

10. What role does the Child Life Specialist play in the PED?

a. We never got to see child life today, but after talking to the nurses they said that child life does a great job of making things go smoother. In some situations they are there to help with distraction during procedures or they can help educate the patient. They provide a sense of comfort for the patients.