IM5 Clinical Worksheet – Pediatric Floor

Student Name: Morgan Brooks **Date:** 1/29/25	**Patient Age:** 12 y/o **Patient Weight:** 40.9 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) AKI, nephrotic syndrome	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Intake & output especially looking at urine
3. Identify the most likely and worst possible complications. Most likely complication: - electrolyte imbalances - fluid buildup worst possible complication: Chronic kidney disease & ESRD	**4. What interventions can prevent the listed complications from developing?** - Monitoring I&O - fluid restrictions - low Na & K diet - diuretics
5. What clinical data/assessments are needed to identify these complications early? • Monitoring urine output to make sure there is some • blood work to see levels in the body	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** - administering meds to help flush out fluids (diuretics & albumin)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Tactile stimulation – rubbing a site to provide distraction of IV meds 2. Story telling – talking about your day during medication administration	**8. Patient/Caregiver Teaching:** 1. limit fluids to help prevent fluid build up 2. Modify the diet to decrease chances of electrolyte imbalances 3. take meds as directed, and avoid NSAID's because they can be toxic to the kidneys **Any Safety Issues identified:** N/A

Student Name: Morgan Brooks Date: 1/29/25	Patient Age: 12yo Patient Weight: 40.9 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	14.81 ↑	could signify a possible infection
MCHC	36.7 ↑	its elevated
RBC	4.46 –	N/A
Metabolic Panel Labs		
BUN	48 ↑	elevated in the blood meaning kidneys arent working right
Chloride	114 ↑	could mean kidneys arent working right
Albumin	2.3 ↓	low levels mean she cant get fluid out of the tissues to excrete
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	11.00↑	fighting infection
absolute monocules	1.55 ↑	fighting infection
absolute lymphocytes	2.02 –	N/A
Lab TRENDS concerning to Nurse?		

WBC are high which means they are working to fight off something while BUN & albumin are off which is indicative of her kidney problems

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: ~~Identity vs Role confusion~~ ~~industry vs inferiority~~
Identity vs Role confusion

1. Stuck alone in a hospital & has no interaction with peers which is important as an adolescent

2. Figuring out how to balance health & school

Piaget Stage: ~~Concrete~~ Formal Operational

1. worrying about missing school & homework

2. understanding that if she sticks to her medications & follows her diet, she can get better & get out of the hospital

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

Albumin - 25%
Rocephin - 2000mg
Pantoprazole
Lasix

Morgan Brooks

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 2mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities:
☒ Able to move all extremities
☒ Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
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 NA
Consistency _____

Suction: ☐ Yes ☒ No Type _____

Pulse Ox Site (L) finger

Oxygen Saturation: 95%

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

ELIMINATION

Urine Appearance: yellow, frothy

Stool Appearance: brown, snake like
☐ 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: low Na, K, fluid restriction

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) forearm ☒ INT ☐ None
☐ Central Line
Type/Location: 22g

Appearance: ☐ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return

Dressing Intact: ☒ Yes ☐ No

Fluids: NA

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: scrape (R) AC

Mucous Membranes: Color: pink
☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☒ Numeric ☐ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:
0800 _____ 1200 _____ 1600 0

WOUND/INCISION

☒ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

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

Morgan Brooks

On Shift

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							22ml		21	222	171		436

Calculate Maintenance Fluid Requirement (Show Work)

Pt 40.9 kg
10×100 - 1000
10×50 - 500 = 1918 ML/24hrs
20.9×20 - 418 $\boxed{80 \text{ ML/hr}}$

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										300ml	500ml		800
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

40.9 × 0.5 = ~~81.8 ml/hr~~
20.45 ml/hr

Average Urine Output During Your Shift

133.3 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) 1
	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