

## IM5 Clinical Worksheet – PICU

<b>Student Name:</b> <u>MARISSA TORRES</u> <b>Date:</b> <u>1-29-25</u>	<b>Patient Age:</b> <u>4 months</u> <b>Patient Weight:</b> <u>4.4 kg</u>
<b>1. Admitting Diagnosis and Pathophysiology</b> (State the pathophysiology in own words) <u>Influenza - A, pneumonia.</u> <u>Premature, fluid/pus in lungs.</u>	<b>2. Priority Focused Assessment R/T Diagnosis:</b> <u>Respiratory, pneumonia,</u> <u>atelectasis of both lungs,</u> <u>acute respiratory failure w/ hypoxia.</u>
<b>3. Identify the most likely and worst possible complications.</b> <ul style="list-style-type: none"> <li>• <u>most likely = complete sedation and 100% mechanical ventilation. failure to thrive.</u></li> <li>• <u>worst = sepsis, tracheostomy, neuro damage, delayed development and sepsis.</u></li> </ul>	<b>4. What interventions can prevent the listed complications from developing?</b> <ul style="list-style-type: none"> <li>• <u>suctioning</u></li> <li>• <u>change position Q 2 H.</u></li> <li>• <u>stimulation, babies can hear us.</u></li> <li>• <u>kangaroo care if possible.</u></li> <li>• <u>close communication with pt.</u></li> </ul>
<b>5. What clinical data/assessments are needed to identify these complications early?</b> <ul style="list-style-type: none"> <li>• <u>CXR</u></li> <li>• <u>CBC</u></li> <li>• <u>monitor for FVO.</u></li> <li>• <u>O<sub>2</sub> saturation and assessment of baby as a whole.</u></li> </ul>	<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> <u>everything currently doing times 2.</u> <ul style="list-style-type: none"> <li>• <u>abx admin if applicable.</u></li> <li>• <u>comfort measures.</u></li> <li>• <u>family support</u></li> </ul>
<b>7. Pain &amp; Discomfort Management:</b> <b>List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  <ol style="list-style-type: none"> <li><u>1. patting, hand holding.</u></li> <li><u>2. encourage for a family member stay with baby as it is the most powerful method. [baby was alone]</u></li> </ol>	<b>8. Patient/Caregiver Teaching:</b> <ol style="list-style-type: none"> <li><u>1. importance of handwashing.</u></li> <li><u>2. limit visitors @ home.</u></li> <li><u>3. avoid taking baby to large crowds, daycares, schools.</u></li> </ol> <b>Any Safety Issues Identified:</b> <p style="text-align: center;"><u>NO</u></p>
<b>Please list any medications you administered or procedures you performed during your shift:</b> <ul style="list-style-type: none"> <li>• <u>Lasix IVP 4 mg Q8H over 10 min.</u></li> <li>• <u>pantoprazole 1 mg IV syringe IVP over 2 min. daily.</u></li> <li>• <u>hydrocortisone 1 mg in NaCl 0.9% 0.5 mg/mL Q12 H.</u></li> <li>• <u>poly-VI-sol liquid 1 mL per NG tube daily.</u></li> </ul>	

+ hypercapnia.

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> Upper R <u>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Social Status:</b> <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL		
<b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>N/A</u> <b>Fontanel:</b> (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input checked="" type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>W</u> Pushes: Right <u>N</u> Left <u>N</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELIMINATION</b> <b>Urine Appearance:</b> <u>yellow</u> <b>Stool Appearance:</b> <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>IV ACCESS</b> <b>Site:</b> <u>Saphenous</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>DL, R. Saph. vein</u> <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>24 mL/hr</u>
<b>RESPIRATORY</b> <b>Respirations:</b> <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular <input checked="" type="checkbox"/> Retractions (type) <u>Sub-Costal</u> <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input checked="" type="checkbox"/> Vent: ETT size <u>3.5 @ 40</u> cm <input type="checkbox"/> Other: <u>40%</u> <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>vent?</u> <b>Pulse Ox Site:</b> <u>Left Foot</u> <b>Oxygen Saturation:</b> <u>90%</u>	<b>GASTROINTESTINAL</b> <b>Abdomen:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>2</u> quads <input type="checkbox"/> Active <input checked="" type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Nasogastric</u> Location <u>LN</u> Inserted to <u>40</u> cm <input type="checkbox"/> Suction Type: <u>Fr (w)</u> <u>destination: duodenum</u>	<b>SKIN</b> <b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt <b>Condition:</b> <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: _____ <b>Mucous Membranes:</b> Color: <u>pink</u> <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration
<b>MUSCULOSKELETAL</b> <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors <b>Movement:</b> <input checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<b>PAIN</b> <b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> <u>None</u> <b>Type:</b> <u>None</u> <b>Pain Score:</b> 0800 <u>0</u> 1200 _____ 1600 _____	
<b>MOBILITY</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>N/A</u> <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<b>WOUND/INCISION</b> <input type="checkbox"/> None <b>Type:</b> <u>Incision</u> <b>Location:</b> <u>(R) temporal</u> <b>Description:</b> <u>scabbed, closed</u> <b>Dressing:</b> <u>DTA</u>	
<b>TUBES/DRAINS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____		

PICU

INTAKE/OUTPUT														Total
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18		
PO Intake/Tube Feed				105										
Intake – PO Meds														
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18		
IV Fluid														
IV Meds/Flush			4ML	2ML										
			2ML											
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)							
$10 \times 100 = 1000$ $4.4 \times 100 = 440$ $\frac{1000 - 440}{24 \text{ hours}} = 18 \text{ mL/hr}$							I did not get exact mL of flushes combined w/meds q/t titration @ bedside per RN. (Chesie)							
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18		
Urine/Diaper														
Stool														
Emesis														
Other														
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift							
$1 \text{ mL/kg/hr}$ $1 \text{ mL} / 44 \text{ kg} = 0.0227$ $0.0227 \times 1000 = 22.7$							N/D							

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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>4</u>
	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

Student Name: MARSSA TORRES

Unit: PICU

Pt. Initials:     

Date: 1-29

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NILDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NaCl 0.9%, 24ml/hr	<u>Isotonic</u> / Hypotonic / Hypertonic	NPO	electrolytes	FVO

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why?			
furosemide	loop diuretic	pulmonary edema, anasarca	4 mg IVP Q8H	1-2 mg/kg/dose yes	IVP over 10 min. [on pump.] per RN instructions dilute in NS.	• ototoxicity • electrolyte depletion • renal fxn depletion	1. monitor BP changes 2. monitor electrolyte status 3. hourly respiratory assessment 4. strict I + O.
Pantoprazole	Proton pump inhibitor	stress ulcer prophylaxis	1 mg IVP Q24H	0.8 mg/kg/dose yes	IVP over 2 min. dilute in NS. 10 ml syringe	• ahaphylaxis • renal impairment • c.diff. diarrhea	1. monitor AST + ALT 2. may cause fever 3. may cause flatulence 4. may cause thrombophlebitis
hydrocortisone	anti-inflammatory glucocorticoid	pneumonia, can treat lung disorders	1 mg IVP Q12H	0.28-4 mg/kg/dose. yes	IVP over 3-5 min dilute w/equal amount of NS or NaCl 0.9%.	• severe necrosis if admin in peripheral vein.	1. may cause insomnia, manipulate environment for rest periods. 2. dry skin 3. agitation, irritability. 4. monitor I + O for FVD or FVO
Poly-vi-sol	multi-vitamin w/iron.	prevent vitamin deficiency due to illness.	1 mL per NG daily	0.5-1 mL daily yes	NG tube administration.	• Tarry stool. • cramps • stomach pain	1. may cause constipation 2. bloody/tarry stool 3. mx for signs of allergic rxn. 4. may cause fever
reference	= epocrates	app.					1. 2. 3. 4.