

Pediatric Floor Patient #1

54

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <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+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>3+</u> <u>1+</u> Lower R <u>3+</u> <u>1+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right _____ Left _____ Pushes: Right _____ Left _____ S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>Clear, yellow</u> Stool Appearance: <u>No stool during shift</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <u>Shift</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input 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 Oxygen Delivery: <u>NC</u> <input checked="" type="checkbox"/> Nasal Cannula: <u>0.5</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>R Pt</u> Oxygen Saturation: <u>96%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <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: _____ Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>Regular</u> Amount/Schedule: <u>ad lib</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 _____
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

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				402									120mL
Intake - PO Meds	/	/	/	/	/	/	/	/	/	/	/	/	

+ baby food

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)

11.4 kg

$$10 \times 100 = 1000$$

$$1.4 \times 90 = 126$$

$$1074 / 24 = 45 \text{ mL/hr}$$

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	/	160	/	/	/	/	/	/	/	/	/	/	160
Stool	/	/	/	/	/	/	/	/	/	/	/	/	
Emesis	/	/	/	/	/	/	/	/	/	/	/	/	
Other	/	/	/	/	/	/	/	/	/	/	/	/	

Calculate Minimum Acceptable Urine Output

~~11.4 kg~~ 1 mL/kg/hr

$$11.4 \text{ mL/hr}$$

Average Urine Output During Your Shift

$$160 / 6 = 26.7 \text{ mL/hr}$$

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) <u>1</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

IM5 Clinical Worksheet - Pediatric Floor

<p>Student Name: TAOR IAU TURVEK Date: 1/29/25</p>	<p>Patient Age: 7 mo. Patient Weight: 11.4 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <p>Hypoxia/RSV⁺, Oxygen is ↓ due to RSV.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <p>Respiratory</p>
<p>3. Identify the most likely and worst possible complications.</p> <p>Most likely: Pneumonia/Resp. distress Worst possible: Death</p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p>- Hydration - Bronchodilators - O₂ therapy - Suctioning</p>
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <p>- Respiratory assessment - Watching V/S (O₂, HR, RR)</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <p>= Provide O₂ therapy</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Mom holding baby for during any stressful med admin/bedside procedure 2. Non-nutritive sucking (pacifier)</p>	<p>8. Patient/Caregiver Teaching:</p> <p>1. Watch for retractions when breathing. (explain retractions) 2. Watch for bluish tint to skin around mouth 3. A humidifier may make it easier for your child to breathe.</p> <p>Any Safety Issues identified:</p> <p style="text-align: center;">N/A</p>

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
dressing suture removal, along with a post-op hysterectomy.
2. The majority of the patients who came into the Outpatient Surgery were from which age group?
2 y/o
 Was this what you expected? *Hyst., dental px. 1 ^{pt.} ~~state~~ had a 2 y/o M + a 4 y/o woman*
3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)? *Child-life SP. used an iPad + music w/ toys*
4. What types of procedures did you observe or assist with?
2 y/o dressing (nu), hyst. post op
5. What are some common post-op instructions given to the patient/caregivers?
Getting up to walk is beneficial, sleeping is okay
6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?
Mother soothing toddler/holding him
Family being w/ hyst. pt.
7. What complications (red flags) from anesthesia did you watch for and how did you monitor?
Make sure they're waking up okay, not too sedated, watch for malignant hypothermia ^{no rxn to anesthetic}
8. What is the process for obtaining a procedural consent for a pediatric patient?
Parent/legal guard has to sign off
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
Br Fed 4 hrs b4 surgery Formula is 6 hrs
10. What role does the Child Life Specialist play in the Outpatient Surgery? If not observed, how could they be part of your interdisciplinary team?
Helping pt get cmfrt., distractions (iPad + Such)
Explaining procedure + what's going to happen