

Student Name: Alexis Guss

Unit: PE-1

Pt. Initials: 0.

Date: 1/28/25

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?				
amoxicillin	antibiotic	Acute Otitis Media	424 45mg/kg/day PO	15-30mg/kg 105-350mg not above reccom. range			N/V/D rash	<ol style="list-style-type: none"> <li>1. nothing HCP if diarrhea develops</li> <li>2. complete ordered dose, even if feeling better</li> <li>3. make sure to measure the correct amount</li> <li>4. can be taken w/ or w/out food</li> </ol>
no meds given in room 50								
								<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
								<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>

52

5m

NC 0.25

Pediatric Floor Patient #1

NKDA

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input 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>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Social Status:</b> <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
<b>NEUROLOGICAL</b> <b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Restless <input 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 checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</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 type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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>brown</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>IV ACCESS</b> <b>Site:</b> <u>peripheral</u> <input type="checkbox"/> HT <input type="checkbox"/> None <input type="checkbox"/> Central Line <b>Type/Location:</b> <u>R forearm</u> <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input 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>DS NS 20K D/C</u>
<b>RESPIRATORY</b> <b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>na</u> <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input checked="" 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 <b>Oxygen Delivery:</b> <input checked="" type="checkbox"/> Nasal Cannula: <u>2.5L/min</u> <input type="checkbox"/> BiPap/CPAP: <u>na</u> <input type="checkbox"/> Vent: ETT size <u>na</u> @ <u>na</u> cm <input type="checkbox"/> Other: <u>na</u> <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>na</u> Type <u>na</u> Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Cough:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive <b>Secretions:</b> Color <u>na</u> Consistency <u>na</u> <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>R toe</u> <b>Oxygen Saturation:</b> <u>91%</u>	<b>GASTROINTESTINAL</b> <b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>SKIN</b> <b>Color:</b> <input 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 <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input 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: <u>bullae</u> <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	<b>NUTRITIONAL</b> <b>Diet/Formula:</b> <u>regular</u> <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>PAIN</b> <b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> <u>irritable</u> <b>Pain Score:</b> 0800 <u>0</u> 1200 _____ 1600 _____
	<b>MUSCULOSKELETAL</b> <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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<b>WOUND/INCISION</b> <input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____
	<b>MOBILITY</b> <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <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>TUBES/DRAINS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> _____ <b>Type:</b> _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

**Pediatric Floor Patient #1**

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed		240	230	230									712
Intake – PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$10 \times 100 = 1000$ $1 \times 50 = 50$ $= 1050 \text{ ml/day}$ $\frac{1050}{24} = 43.75 \text{ ml/hr}$							<b>Rationale for Discrepancy (if applicable)</b>						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	104ml	288	288										680
Stool			5 diapers										
Emesis		1 incident											
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$1 \text{ ml/kg/hr} = 11 \text{ ml/hr}$							$680 \div 6 = 113.3 \text{ /hr}$						

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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>2</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: Alexis Glass

Date: 1/28/25

Patient Age: 15 m

Patient Weight: 11 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hemoglobin	<u>13.6 ↑</u>	<u>respirations + perfusion improving</u>
Platelet	<u>407 ↑</u>	<u>blood clotting</u>
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: autonomy vs shame + doubt

1. pt had a few transitional objects in bed w/ him - blanket, Bluey + dinosaur
2. pt wanted to take the medication syringe + put in his own mouth

Piaget Stage: sensorimotor

1. pt was interested in touching + playing with everything in sight - badge reel, saline flushes etc
2. pt found the medicine syringe to be very interesting as he kept trying to push more medicine out, very curious

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

administered PO amoxicillin

## IM5 Clinical Worksheet – Pediatric Floor

<p><b>Student Name:</b> Alexis Glass  <b>Date:</b> 1/28/25</p>	<p><b>Patient Age:</b> 15 m.o.  <b>Patient Weight:</b> 11 kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b></p> <p>Acute resp. failure w/ hypoxemia</p> <p>Lungs can't get enough oxygen into the blood</p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b></p> <p>Respiratory</p>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <p>Most likely - decreased perfusion</p> <p>worst possible - respiratory depression</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <p>Supplemental oxygen</p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <p>VS - respirations, oxygen saturation</p> <p>lung/breath sounds</p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <p>raise HOB + call RRT</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. Comfort from parents</p> <p>2. Stuffed animals - bluey</p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. monitor for bluish tinge to mucous membranes + tips of fingers + toes</li> <li>2. monitor breathing + s/s of difficulty ex. mouth breathing rise of accessory muscles</li> <li>3. adequate hydration to help thin secretions</li> </ol> <p><b>Any Safety Issues identified:</b></p> <p>no smoking while oxygen in use</p>

## GI Lab Reflection Questions

1. What types of patients (diagnoses/ procedures) did you see in the GI lab?
2. What prep is required for patients based on scheduled procedure?
3. How did growth and development come into play when caring for patients?
4. What is the process for obtaining consents for the procedure?
5. What are some common post-procedure instructions given to the patient/caregivers?
6. Give examples of non-pharmacological comfort nursing interventions you saw.
7. What complications (red flags) from sedation did you watch for and how did you monitor?
8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
10. What role does the Child Life Specialist play in the GI lab? If not observed, how could they be part of your interdisciplinary team?

① EGD  
Colonoscopy  
• EOE - eosinophilic esophagitis

② VS  
• go over consent  
• begin sedation dependant on pts age

③ depending on the child's age determines your technique and how you approach them

④ explain what pt is here for  
• ask them to explain procedure in their own terms  
• discuss consent for blood products as needed  
• get signatures

⑤ depending on procedure pt may resume eating as tolerated

⑥ Buzzy Bee  
• topical anesthetics  
• cartoon themed pillows  
• popsicles, juice  
• TV

⑩ helping to ease child's anxiety

⑦ low HR

⑧ pre-op procedure  
post-op monitoring

⑨ NPO by midnight  
no solids 8 hrs before  
breast milk 3hrs  
water 2hrs  
surgery 4hrs  
*if it's a Emer child in intubated for procedure*