

Hanna Garrison 1-28-24

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input checked="" type="checkbox"/> Yes <input 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>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	Social Status: <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 Withdrawn 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 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 checked="" 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 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>2mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>N</u> Left <u>N</u> Pushes: Right <u>N</u> Left <u>N</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Urine Appearance: <u>Yellow, clear</u> Stool Appearance: <u>Brown, firm</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: _____ <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>Port-a-cath Left</u> Appearance: <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 Dressing Intact: <input checked="" 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 checked="" type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input 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 Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input checked="" type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size <u>6</u> Type <u>Cuffed</u> Obturator at Bedside <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>Clear</u> Consistency _____ Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>Left large toe</u> Oxygen Saturation: <u>93%</u>	Abdomen: <input type="checkbox"/> Soft <input checked="" 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 type="checkbox"/> Active <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>G-Tube</u> Location <u>Left</u> 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 type="checkbox"/> Intact <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>Left thigh lateral</u> Mucous Membranes: Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	PAIN	
Diet/Formula: <u>Glucose complete pdi</u> Amount/Schedule: <u>180mL q 4hrs</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 _____	
MUSCULOSKELETAL	WOUND/INCISION	
<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 checked="" type="checkbox"/> Tremors Movement: <input checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____	<input type="checkbox"/> None Type: <u>Tracheostomy, Port-a-cath</u> Location: <u>Anterior base of neck, left upper chest</u> Description: _____ Dressing: <u>Clear, clean, intact, dry</u>	
MOBILITY	TUBES/DRAINS	
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input 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 checked="" type="checkbox"/> Bedridden	<input type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____	

IM5 Clinical Worksheet – PICU

Student Name: Hanna Garrison Date: 1-28-25	Patient Age: 8 years Patient Weight: 30 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Respiratory Failure Secondary to Enterobacteriaceae	2. Priority Focused Assessment R/T Diagnosis: Respiratory assessment
3. Identify the most likely and worst possible complications. - Acute respiratory failure - Decubitus sores - Skin breakdown at trach site	4. What interventions can prevent the listed complications from developing? - Frequent respiratory assessments, trach suctioning - Frequent turning, skin care - Clean when necessary, perform frequent checks
5. What clinical data/assessments are needed to identify these complications early? - Respiratory assessments - Skin assessments	6. What nursing interventions will the nurse implement if the anticipated complication develops? - Document new decubitus sore, implement skin protocol
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Patient distraction 2. "No No" restraint to help pt not pull out trach tube	8. Patient/Caregiver Teaching: 1. Frequent shifting, being careful of hip & sciosis 2. Monitor O2 sats, suction when necessary 3. Monitor pt for pulling on trach or tubing, intervene when necessary, distract Any Safety Issues Identified: none
Please list any medications you administered or procedures you performed during your shift: Cannabidiol 100mg via G-tube Methadone 0.25mg via G-tube Port-a-cath dressing change assist	

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						180ml				180ml			360ml
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid					30ml	30ml	3ml	3ml	3ml	3ml	3ml	3ml	78ml
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper									17ml				17ml
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output $0.5(30kg) = 15ml/hour$							Average Urine Output During Your Shift $17 \div 6 = 2.8ml/hr$ average						

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>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

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Click here to enter text.	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Hanna Garrison		Unit: PICU	Patient Initials: HR	Date: 1/28/2025	Allergies:		
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.)
Cannabidol	Miscellaneous anticonvulsants	Reduce seizure activity due to epilepsy	100mg (1mL) via peg tube BID	Yes Therapeutic Range: 5mg/kg/day to 25mg/kg/day (150mg/day to 750mg/day)	N/A	Fatigue, liver problems, irritability, increased infections	1. Allow pt to rest frequently to compensate for fatigue 2. Monitor liver panels, notify doctor of any changes in trends 3. Monitor pt for irritability, implement calming activities. 4. Instruct guardian/caregiver about infection control and helping pt avoid future infections.
methadone	Opioid	Severe pain	0.75mg (1ml) via peg tube	Yes Therapeutic range: 0.025mg/kg/dose to 0.05mg/kg/dose (0.75mg/dose to	N/A	Severe constipation, black, tarry stools, dry mouth, seizures	1. Closely monitor bowel movements, as bowel obstruction can occur 2. Monitor for blood in stools, notify doctor immediately if noted 3. Perform frequent oral care to prevent dry mucous membranes and breakdown 4. Monitor for increased seizure activity, as pt has epilepsy, notify doctor of changes

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

Student Name: Hanna Garrison		Unit: PICU	Patient Initials: HR		Date: 1/28/2025	Allergies:	
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.)
				1.5mg/dose)			
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" 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 checked="" 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> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input checked="" 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input 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 type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input checked="" 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 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>Yellow, clear</u> Stool Appearance: <u>NPO</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Lac</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input type="checkbox"/> No Redness/Swelling <input checked="" type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" 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 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 checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ 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 checked="" type="checkbox"/> Yes <input 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>None</u> Oxygen Saturation: _____	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input type="checkbox"/> Present X _____ quads <input 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 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	PAIN
	Diet/Formula: <u>General Diet</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>abdomen</u> Type: <u>Sharp</u> Pain Score: <u>8/10</u> 0800 _____ 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<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 type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input 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 <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Hanna Garrison Date: 1-29-25	Patient Age: 15 years 16 years Patient Weight: 71.5 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) unspecified abdominal pain	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: abdominal assessment
3. Identify the most likely and worst possible complications. Dehydration malnutrition Electrolyte imbalance	4. What interventions can prevent the listed complications from developing? Monitor I&Os, encourage nutrient rich foods, pedialyte if necessary
5. What clinical data/assessments are needed to identify these complications early? CBC, Blood pressure	6. What nursing interventions will the nurse implement if the anticipated complication develops? Consult with physician about increasing fluids, possibly pushing pedialyte
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction with games and TV 2. Guided immagery imagery	8. Patient/Caregiver Teaching: 1. Possible food diary 2. monitoring for blood in stools & urine, or anything abnormal 3. ambulate to help GI health when possible Any Safety Issues identified:

Student Name: Hanna Garrison
Date: 1-29-25

Patient Age: 16 years
Patient Weight: 71.5kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
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Complete Blood Count (CBC) Labs		

Metabolic Panel Labs		
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BUN	30↑	Possible dehydration

Misc. Labs		
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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: Identity vs. Role confusion

1. Discussed favorite games

2. Talked about favorite movies and TV shows

Piaget Stage: Formal Operational

1. Able to understand and express abstract concepts

2. Able to perceive and understand the viewpoints of others

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

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5W with 20 KCL at 150mL/hr	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	NPO, keep glucose and K+ up	K+ levels, and blood glucose levels	Hyperglycemia, hyperkalemia

Student Name: Hanna Garrison	Unit:	Patient Initials: NT	Date: 1/29/2025	Allergies: Cefedinitr, adhesive, lactose intolerant
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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.)
Erythromycin base	Macrolide	Bacteriostatic antibiotic	150mg PO TID	Yes Click here to enter text.	N/A	Stomach pain, abnormal liver enzyme levels, dizziness, sore throat	<ol style="list-style-type: none"> 1. Frequent abdominal assessments with pain assessments 2. Monitor liver panels, notify doctor if abnormal 3. Educate pt about antibiotics and emphasize need to finish full course 4. Instruct pt to ask for help when getting up
Hyoscyamine SL	Anticholinergic/antispasmodic	Treats disorders associated with GI tract, including peptic ulcers and IBS	25mg PO at bedtime	Yes Click here to enter text.	N/A	Dizziness, drowsiness, weakness, dry mouth, decreased urination, headache	<ol style="list-style-type: none"> 1. Instruct pt to ask for help when getting up 2. Teach pt about methods to keep mouth moist such as biotene mouth wash, sucking on ice chips, and maintaining hydration 3. Teach pt about scheduling activities/chores to allow for frequent rest periods 4. Instruct pt that headaches are normal, and educate pt about both

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

Student Name: Hanna Garrison		Unit:	Patient Initials: NT	Date: 1/29/2025	Allergies: Cefedinitr, adhesive, lactose intolerant		
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.)
							pharmacological and non-pharmacological interventions such as PRN acetaminophen and using a cold compress
sucralfate	Miscellaneous GI Agents	Coats stomach, specifically ulcers to help protect ulcer from worsening	1,000 mg PO QID & nightly	Yes Click here to enter text.	N/A	Itching, rash, constipation, indigestion	<ol style="list-style-type: none"> 1. Teach pt about managing itching and rash by using benadryl PO and anti-itch creams and non-pharmacologic methods 2. Instruct pt about increasing fluid intake to help reduce constipation 3. Teach pt about reducing acidic and spicy foods to reduce indigestion 4. Teach pt about taking med on an empty stomach, or med may not work as effectively
ketorolac	NSAID	Treats moderate to severe pain	10mg PO q 6 hrs PRN for moderate to severe pain	Yes Click here to enter text.	N/A	Bradycardia, hypertension, generalized bruising,	<ol style="list-style-type: none"> 1. Frequent cardiac assessments, monitor vital trends 2. Perform skin assessments, monitoring for increased bruising. 3. Monitor kidney functions, as this med can affect the kidneys 4. Teach pt about reducing possibility of bleeding by using a soft bristled

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

Student Name: Hanna Garrison		Unit:	Patient Initials: NT	Date: 1/29/2025	Allergies: Cefedinitir, adhesive, lactose intolerant		
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.)
							toothbrush, electric razor, and avoid activities with any risk of injury or bleeding.
ondansetron	5HT3 receptor agonist	Reduce nausea	8mg PO q 6 hours PRN for nausea, vomiting	Yes Click here to enter text.	N/A	Confusion, dizziness, tachycardia, decreased urination	<ol style="list-style-type: none"> 1. Instruct pt to ask for help getting up 2. Monitor for changes in neuro status 3. Perform cardiac assessments 4. Monitor I&Os for decreased urinary output
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
ibuprofen	NSAID	Mild to moderate pain relief/fever	92mg PO q 6 hrs PRN (100mg/5 mL)	Yes Click here to enter text.	N/A	Increased bleeding, nausea, vomiting, dizziness, diarrhea	<ol style="list-style-type: none"> 1. Teach parents about increased chance of bleeding in pt when taking med 2. Teach parents about giving pt mild foods/liquids to help reduce nausea/vomiting 3. Advise parents to watch for dizziness in pt, assist with moving to avoid injury

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

Student Name: Hanna Garrison		Unit:	Patient Initials: NT	Date: 1/29/2025	Allergies: Cefedindir, adhesive, lactase intolerant		
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.)
							4. Notify parents that diarrhea is possible with med, nurse will monitor fluid levels to ensure dehydration does not occur
Cannabidol	Miscellaneous anticonvulsants	Reduce seizure activity due to epilepsy	100mg (1mL) via peg tube BID	Yes Therapeutic Range: 5mg/kg/day to 25mg/kg/day (150mg/day to 750mg/day)	N/A	Fatigue, liver problems, irritability, increased infections	<ol style="list-style-type: none"> 1. Allow pt to rest frequently to compensate for fatigue 2. Monitor liver panels, notify doctor of any changes in trends 3. Monitor pt for irritability, implement calming activities. 4. Instruct guardian/caregiver about infection control and helping pt avoid future infections.
methadone	Opioid	Severe pain	0.75mg (1ml) via peg tube	Yes Therapeutic range: 0.025mg/kg/dose to 0.05mg/kg/dose (0.75mg/dose to	N/A	Severe constipation, black, tarry stools, dry mouth, seizures	<ol style="list-style-type: none"> 1. Closely monitor bowel movements, as bowel obstruction can occur 2. Monitor for blood in stools, notify doctor immediately if noted 3. Perform frequent oral care to prevent dry mucous membranes and breakdown 4. Monitor for increased seizure activity, as pt has epilepsy, notify doctor of changes

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

Student Name: Hanna Garrison		Unit:	Patient Initials: NT		Date: 1/29/2025		Allergies: Cefedinir, adhesive, lactose intolerant	
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.)	
				1.5mg/dose)				
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 	
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