

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: JULIE BOREN Date:</p>	<p>Patient Age: 4MO Patient Weight: kg 3.6 ILB</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) 24 WEEK PREMATURE BIRTH, NICU GATO. PRESENTED WITH RESP DISTRESS. RSV, FLU POSITIVE, BIATERAL PNEUMONIA, BIATERAL ATELECTASIS.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: RESPIRATORY ASSESSMENT</p>
<p>3. Identify the most likely and worst possible complications. RESPIRATORY FAILURE, MULTI- SYSTEM ORGAN FAILURE AS A RESULT OF INFECTION, ELECTROLYTE IMBALANCE.</p>	<p>4. What interventions can prevent the listed complications from developing? ANTIBIOTICS, CHEST X-RAY, CBC, ROTATE POSITION IN BED TO PREVENT FLUID FROM SETTLING. O2 SAT MONITORING. LIGHT SUCTIONING WHEN NEEDED.</p>
<p>5. What clinical data/assessments are needed to identify these complications early? CBC (INFECTION, ELECTROLYTES) CHEST X-RAY (PNEUMONIA) RESPIRATORY ASSESSMENTS & O2 MONITORING.</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? MONITOR RESPIRATORY STATUS, REPORT CHANGES, ELEVATE HEAD & SHOULDERS OF THE PT, PROVIDE O2 & MONITOR FOR FLUID CHANGES IN THE LUNGS.</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. ORAL CARE = PREVENT SWIN BREAKDOWN & IRRITATION 2. LIGHT SWADDLING TO COMFORT.</p>	<p>8. Patient/Caregiver Teaching: 1. HAND HYGIENE & MASUS 2. STOOL WILL BE DARK DUE TO IRON SUPPLEMENTS. 3. ET TUBES ARE VERY EASILY DISLOADED. SECURE TUBE ANYTIME BABY IS MOVED.</p> <p>Any Safety Issues identified: N/A</p>

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" 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 checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input 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 type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input checked="" 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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>N/A</u> Left <u>N/A</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>clear, yellow</u> Stool Appearance: <u>soft, dark</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Femoral</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>NS IVO</u>
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 checked="" 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: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input checked="" type="checkbox"/> Vent: ETT size <u>3.5</u> @ <u>10</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>clear</u> Consistency <u>thin</u> Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site: <u>LEFT FOOT</u> Oxygen Saturation: <u>91%</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 type="checkbox"/> Present X <u>4</u> 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 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 type="checkbox"/> < 5 seconds <input checked="" 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: <u>PINK</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>ENFANTAL</u> Amount/Schedule: <u>29 ML HR</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 <u>N/A</u> 1200 <u>2</u> 1600 <u>0</u>
	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 checked="" type="checkbox"/> None Type: <u>N/A</u>	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	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 type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____
	APPROPRIATE FOR AGE	

Pediatric Floor Patient #1

INTAKE/OUTPUT <u>29 ML/HR CONTINUOUS FEED</u>													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						29	29	29	29	29	29	29	208 ML
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush							1.9	2.1					4.0 ML
Calculate Maintenance Fluid Requirement (Show Work) $3.6 \text{ KG} \times 100 \text{ ML} = 360 \text{ ML} / 24 \text{ HRS}$ $15 \text{ ML} / \text{HR}$							Actual Pt IV Rate <u>1KVO</u> Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							132g			38g			170 ML
Stool							11			11			
Emesis													
Other													
Calculate Minimum Acceptable Urine Output $1 \text{ ML} \times 3.6 \text{ KG} \times 24 = 86.4 \text{ ML} / 24 \text{ HR}$ $3.6 \text{ ML} / \text{HR}$							Average Urine Output During Your Shift $28.3 \text{ ML} / \text{HR}$						

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: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0</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: JULIE BOLEN Unit: PCU Pt. Initials: ER Date: 01/28/25

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	
0.9% NS 1L/0		Isotonic/ Hypotonic/ Hypertonic					
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?			
PROTONIX PANTOPRAZOLE	PPI	ACID REFLUX	1 MG - 25ML IN P DAILY	0.8 MG/KG ONCE DAILY IN THERAPEUTIC RANGE.	DILUENT = 0.9% NS INP OVER 30 MINS. 0.25 ML WITH 1.5 ML FLUSA	NVD, HA, JOINT PAIN ABDOMINAL UPSET/PAIN. DIZZINESS	1. CAN CAUSE DIARRHEA, MONITOR 2. CAN AFFECT IRON ABSORPTION. 3. MONITOR LYNEZ FN. 4. MONITOR ELECTROLYTES FOR DEATH PRECAUTION
METHADONE	OPIOD ANALGESIC	PREVENT WITHDRAWAL FROM FENTANYL	0.4 MG IN P DAILY	0.1 MG/KG IS IN THERAPEUTIC RANGE	0.4 ML GIVEN OVER 5 MINS WITH 1.5 FLUSA	TREMORS, POOR SLEEP, CLIMBING, SWEATING, DIARRHEA	1. ASSESS RESP FUNCTION. 2. PUSH MED SLOWLY. 3. EDUCATE ON WITHDRAWAL PREVENTION 4. PROTECT AIRWAY (NOMITING)
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.