IM5 Clinical Worksheet – PICU

Student Name: Jessica Cervera **Date: 01/04/2025**	**Patient Age:** 4 months **Patient Weight: 4.2 kg**
1. **Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)** **Influenza A, Pneumonia** **Pt. got infected with Influenza A, with this infection it caused damage to the lungs which caused the pneumonia.**	**2. Priority Focused Assessment R/T Diagnosis:** **Respiratory**
3. **Identify the most likely and worst possible complications.** **Most likely this child will need to stay intubated and need continuous oxygen until he is able to breath on his own. The worst possible complication is that he'll need a trach tube.**	**4. What interventions can prevent the listed complications from developing?** **What could be done with this pt is him being intubated until his lungs are able to get stronger. He should also be suctioned as much as he can tolerate so that the rheum is removed from lungs.**
5. What clinical data/assessments are needed to identify these complications early? **The pt will need to have a respiratory assessment to see how his lungs sound. They will also need to monitor his oxygen saturations to see if they can decrease the FiO2.**	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** **The nurse will need to do trach care and make sure that the child doesn't develop a infection. She will also need to make sure that she maintains airway and patency.**
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** **1. Positioning, it can help reduce discomfort** **2. Swaddling, it can provide tactile comfort.**	**8. Patient/Caregiver Teaching:** **1. If needing to position child, please wait for respiratory therapist as we don't want to move extubate the patient.** **2. Try touching the infant and talking to him so that he doesn't feel alone and scared.** **3. When touching the child please have good hygiene as him being in the hospital increases his chance of getting another sickness.** **Any Safety Issues Identified: N/A**
Please list any medications you administered or procedures you performed during your shift:	

PICU

GENERAL APPEARANCE

Appearance: □Healthy/Well Nourished
☑ Neat/Clean □Emaciated □ Unkept
Developmental age:
☑ Normal □ Delayed

NEUROLOGICAL

LOC: □ Alert □ Confused □ Restless
☑ Sedated □ Unresponsive
Oriented to:
□ Person □ Place □ Time/Event
□ Appropriate for Age
Pupil Response: ☑ Equal □ Unequal
□ Reactive to Light □ Size _____
Fontanel: (Pt < 2 years) ☑ Soft ☑ Flat
□ Bulging □ Sunken □ Closed
Extremities:
☑ Able to move all extremities
□ Symmetrically □ Asymmetrically
Grips: Right ___**S**__ Left __**S**___
Pushes: Right **___N__** Left ___**N__**
S=Strong W=Weak N=None
EVD Drain: □ Yes ☑ No Level _____
Seizure Precautions: □ Yes ☑ No

RESPIRATORY

Respirations: □ Regular ☑ Irregular
□ Retractions (type) _____
□ Labored
Breath Sounds:
Clear □ Right □ Left
Crackles ☑ Right ☑ Left
Wheezes □ Right □ Left
Diminished □ Right □ Left
Absent □ Right □ Left
□ **Room Air** □ **Oxygen**
Oxygen Delivery:
□ Nasal Cannula: ____L/min
☑ BiPap/CPAP: **_40%**
□ Vent: ETT size_____@_____cm
□ Other: _____
Trach: □ Yes ☑ No
Size _____ Type _____
Obturator at Bedside □ Yes ☑ No
Cough: □ Yes ☑ No
□ Productive □ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ☑ Yes □ No Type _____
Pulse Ox Site ____Left foot
_____
Oxygen Saturation: _95%_____

CARDIOVASCULAR

Pulse: ☑ Regular □ Irregular
☑ Strong □ Weak □ Thready
□ Murmur □ Other _____
Edema: □ Yes □ No Location _____
□ 1+ □ 2+ □ 3+ □ 4+
Capillary Refill: □ < 2 sec □ > 2 sec
Pulses:
Upper R __**3+**___ L __**3+**___
Lower R ___**3+**__ L _**3+**____
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _YELLOW_
Stool Appearance: _MUSTARD_
□ Diarrhea □ Constipation
□ Bloody □ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☑ Firm □ Flat
□ Distended □ Guarded
Bowel Sounds: ☑ Present X _**4**___
quads
☑ Active □ Hypo □ Hyper □ Absent
Nausea: □ Yes ☑ No
Vomiting: □ Yes ☑ No
Passing Flatus: ☑ Yes □ No
Tube: □ Yes ☑ No Type _____
Location _____ Inserted to _____cm
□ Suction Type: _____

NUTRITIONAL

Diet/Formula: FORMULA_
Amount/Schedule: _____
Chewing/Swallowing difficulties:
□ Yes ☑ No

MUSCULOSKELETAL

□ Pain □ Joint Stiffness □ Swelling
□ Contracted □ Weakness □ Cramping
□Spasms □ Tremors
Movement:
□ RA □ LA □ RL □ LL ☑ All
Brace/Appliances: □ None
Type: _____

MOBILITY

□ Ambulatory □ Crawl ☑ In Arms
□ Ambulatory with assist _____
Assistive Device: □ Crutch □ Walker
□ Brace □ Wheelchair □Bedridden

PSYCHOSOCIAL

Social Status: □ Calm/Relaxed □ Quiet
□ Friendly □ Cooperative □ Crying
□ Uncooperative ☑ Restless
□ Withdrawn □ Hostile/Anxious
Social/emotional bonding with family:
☑ Present □ Absent

IV ACCESS

Site: _____ □ INT □ None
□ Central Line
Type/Location: **_PICC/RT LEG**
Appearance: ☑ No Redness/Swelling
□ Red □ Swollen
☑ Patent ☑ Blood return
Dressing Intact: ☑ Yes □ No
Fluids: _N/A_____

SKIN

Color: □ Pink □ Flushed □ Jaundiced
□ Cyanotic □ Pale ☑ Natural for Pt
Condition: ☑ Warm □ Cool □ Dry
☑ Diaphoretic
Turgor: ☑ < 5 seconds □ > 5 seconds
Skin: ☑ Intact □ Bruises □ Lacerations
□ Tears □ Rash □ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
☑ Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric □FLACC □ Faces
Location: _____
Type: _____
Pain Score:
0800_____ 1200_____ 1600 _____

WOUND/INCISION

☑ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☑ **None**
□ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount:_____
Drainage color: _____

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	-	-	-	-	-	-	23	23	23	23	-	-	92
Intake – PO Meds	-	-	-	-	-	-	-	-	-	-	-	-	-
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) **4.2kgX100=420** **420mL/24hrs=17.5mL/hr**							**Combined Total Intake for Pt (mL/hr)** **23mL/hr**						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	-	-	-	--	-	-	-	-	-	132	-	-	132
Stool	-	-	-	-	-	-	-	-	-	-	-	-	-
Emesis	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Calculate Minimum Acceptable Urine Output **1mL/kg/hr=1x4.2=4.2mL/hr**							**Average Urine Output During Your Shift** **121mL/6hrs=20.2mL/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) 4
	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 ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Click here to enter text.	**Unit:** Click here to enter text.	**Patient Initials:** Click here to enter text.	**Date:** Click here to enter a date.	**Allergies:** Click here to enter text.

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.)
Room 6: NO MED	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.
Room 11: NO MED	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.

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Jessica Cervera **Date: 02/05/2025**	**Patient Age:** 21 mo **Patient Weight: 12.6 kg**
4. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) **Mastoiditis: infection of the mastoid bone, located behind the ear** **Bilateral otitis Media: inflammation of the middle ear**	**5. Priority Focused Assessment You Will Perform Related to the Diagnosis:** **Assess both ears and see if there is any drainage.**
6. Identify the most likely and worst possible complications. **Infection or hearing loss**	**4. What interventions can prevent the listed complications from developing?** **Perform a WBC and assess for any hearing loss**
5.What clinical data/assessments are needed to identify these complications early? **Performing WBC within the normal time and giving antibiotics to help with the ear inflammation can help decrease the chances of hearing loss.**	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** **She will have a patent IV if needed to infuse antibiotics and have the supplies ready to administer tympanic drops.**
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** **3. Toys** **4. Tablet**	**8. Patient/Caregiver Teaching:** **1. Finish the antibiotics even If the child feels better.** **2. Make sure to clean both ears with sterile water and clean around the sites but avoid submerging in water.** **3. Make sure you are administer the ear drops correctly pulling down and back, and place a cotton ball to avoid leaking out.** **Any Safety Issues identified:**

Student Name: Jessica Cervera **Date: 02/05/2025**	**Patient Age:** 21 mo **Patient Weight: 12.6 kg**

Abnormal Relevant Lab Tests	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
WBC	15.71	Infection of the ears
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:

1. **Negativism: The child did not want her ear drops to be administered and kept saying no. She also wanted to keep eating her chicken nuggets and kept demanding for some more.**

2. **Ritualism: once the child saw was laying on her mother, she let us administer the ear drops. She was getting into the ritual of laying her head to the side and letting the medication be administered.**

Piaget Stage:

1. **Imitation: once the ear drops were administered, we all cheered and clapped and she started to cheer and clap back with us.**

2. **Some sense of timing: when the patient was getting discharged her mother told her that they were leaving and she started to put her shoes on, as if she understood they were going home.**

Please list any medications you administered or procedures you performed during your shift:
Ciporofloxacin/dexamethasone 5 drops in both ears.

GENERAL APPEARANCE

Appearance: ☑Healthy/Well Nourished
☑ Neat/Clean ☐Emaciated ☐ Unkept
Developmental age:
☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☑ Appropriate for Age
Pupil Response: ☑ Equal ☐ Unequal
☑ Reactive to Light ☐ Size _____
Fontanel: (Pt < 2 years) ☑ Soft ☑ Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right **_S**____ Left **__S**___
Pushes: Right **__S**___ Left **__S**___
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☐ Yes ☑ No

RESPIRATORY

Respirations: ☑ Regular ☐ Irregular
☐ Retractions (type) _____
☐ Labored
Breath Sounds:
Clear ☑ Right ☑ Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☑ **Room Air** ☐ **Oxygen**
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size_____@_____cm
☐ Other: _____
Trach: ☐ Yes ☑ No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☑ No
Cough: ☐ Yes ☐ No
☐ Productive ☐ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ☐ Yes ☐ No Type _____
Pulse Ox Site _____
Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular
☑ Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☐ Yes ☑ No Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☐ < 2 sec ☐ > 2 sec
Pulses:
Upper R ___**3+**__ L __**3+**___
Lower R **_3+**____ L **_3+**____
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: __YELLOW____
Stool Appearance: SOFT_____
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat
☐ Distended ☐ Guarded
Bowel Sounds: ☑ Present X **__4__** quads
☐ Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☑ No
Vomiting: ☐ Yes ☑ No
Passing Flatus: ☑ Yes ☐ No
Tube: ☐ Yes ☑ No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: __REGULAR DIET__
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☑ Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☐ None
Type: _____

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐Bedridden

PSYCHOSOCIAL

Social Status: ☑ Calm/Relaxed ☐ Quiet
☑ Friendly ☑ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
☐ Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☑ None
☐ Central Line
Type/Location: _____
Appearance: ☐ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☑ No
Fluids: _____

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☑ Pale ☑ Natural for Pt
Condition: ☑ Warm ☐ Cool ☐ Dry
☐ Diaphoretic
Turgor: ☑ < 5 seconds ☐ > 5 seconds
Skin: ☑ Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑FLACC ☐ Faces
Location: __NO PAIN____
Type: _____
Pain Score:
0800_____ 1200_____ 1600 _____

WOUND/INCISION

☐ **None**
Type: BILATERAL PE TUBES
_____
Location: _BILATERAL EARS
_____
Description: _____
Dressing: _COTTON BALL AND GAUZE
_____

TUBES/DRAINS

☑ **None**
☐ **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	-	-	-	-	-	-	-	29					29
Intake – PO Meds	-	-	-	-	-	-	-	-	-	-	-	-	-
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)	**Actual Pt IV Rate** **Rationale for Discrepancy (if applicable)**

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	-	-	-	-	-	80	30	100	190	-	-	-	400
Stool	-	-	-	-	-	-	1	-	-	-	-	-	1
Emesis													
Other													

Calculate Minimum Acceptable Urine Output **1mL/kg/hr=1x12.6=12.6mL/hr**	**Average Urine Output During Your Shift** **400mL/6hrs=66.6mL/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) ___**0**_____
	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 ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Click here to enter text.	**Unit:** Click here to enter text.	**Patient Initials:** Click here to enter text.	**Date:** Click here to enter a date.	**Allergies:** Click here to enter text.

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.)
Ciprofloxacin/dexmethasone	Antibiotic	Bilateral ear infection	5 drops both ear 2x daily	Yes Click here to enter text.	N/A	Rash Hives Swelling	1. Finish the entire antibiotic even if your child feels better. 2. If your child starts to get hives or swelling of the face contact 911 immediately. 3. Please pull the ear lobe down and back when administering the medication. 4. Don't subermerge child in water to decrease infection in both ears.
	Pain	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.

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	– Playing/sleeping appropriately **OR** – Alert, at patient's baseline	– Sleepy, somnolent when not disturbed	– Irritable, difficult to console **OR** – Increase in patient's baseline seizure activity	– Lethargic, confused, floppy **OR** – Reduced response to pain **OR** – Prolonged or frequent seizures **OR** – Pupils asymmetrical or sluggish
Cardiovascular	– Skin tone appropriate for patient – Capillary refill ≤ 2 seconds	– Pale **OR** – Capillary refill 3-4 seconds **OR** – Mild tachycardia **OR** – Intermittent ectopy or irregular HR (not new)	– Grey **OR** – Capillary refill 4-5 seconds **OR** – Moderate tachycardia	– Grey and mottled **OR** – Capillary refill > 5 seconds **OR** – Severe tachycardia **OR** – New onset bradycardia **OR** – New onset/increase in ectopy, irregular HR or heart block
Respiratory	– Within normal parameters – No retractions	– Mild tachypnea/ increased WOB (flaring, retracting) **OR** – Up to 40% supplemental oxygen **OR** – Up to 1L NC > patient's baseline need **OR** – Mild desaturations < patient's baseline **OR** – Intermittent apnea self-resolving	– Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) **OR** – 40-60% oxygen via mask **OR** – 1-2 L NC > patient's baseline need **OR** – Nebs Q 1-2 hour **OR** – Moderate desaturations < patient's baseline **OR** – Apnea requiring repositioning or stimulation	– Severe tachypnea **OR** – RR < normal for age **OR** – Severe increased WOB (i.e. head bobbing, paradoxical breathing) **OR** – > 60% oxygen via mask **OR** – > 2 L NC more than patient's baseline need **OR** – Nebs Q 30 minutes – 1 hour **OR** – Severe desaturations < patient's baseline **OR** – Apnea requiring interventions other than repositioning or stimulation
Staff Concern		– Concerned		
Family Concern		– Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
– Continue Routine Assessments	– 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	– 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), http://dx.doi.org/10.1016/j.pedn.2016.10.005