

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													
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	30	30	30										90
IV Meds/Flush		3											3
		6.6											6.6
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate 30						
$10(100) = 1000$ $3.1(50) = 150$ $1000 + 150 = 1150$ $1150 \div 24 = 47.9 \text{ mL/hr}$							Rationale for Discrepancy (if applicable) N/A						
$1150 \div 24 = 47.9 \text{ mL/hr}$							99.6						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	75	50	50										125
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.3(13.1) = 6.55 \text{ mL/hour}$							25 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 <u>2</u> 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: <u>0</u> 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>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

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Hanna Garrison Date: 2-5-25</p>	<p>Patient Age: 4 years old Patient Weight: 13.1 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Vesicoureteral reflux due to hypospadias. Urine in bladder flowed back up ureters and into kidneys due to urethra opening formed below normal place.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Gastrointestinal assessment, also check bladder to ensure drainage</p>
<p>3. Identify the most likely and worst possible complications. most likely: Urinary retention due to not wanting to urinate worst: Infection or dislodge of stent, or torn suture</p>	<p>4. What interventions can prevent the listed complications from developing? Strict I&O's, frequent monitor for infection/tearing. Educate Parents on signs & symptoms</p>
<p>5. What clinical data/assessments are needed to identify these complications early? Sepsis screening vitals, GI assessment</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Urinary retention: Voiding schedule, Infection/tearing contact surgeon. If voiding schedule ineffective, contact surgeon</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Child life bringing toys 2. Have pt watch TV on tablet</p>	<p>8. Patient/Caregiver Teaching: 1. monitor for infections 2. monitor for stitches tearing 3. monitor urine output, blood should decrease Any Safety Issues identified: none</p>

Patient had correction surgery due to

Student Name: Hanna Garrison
Date: 2-5-25

Patient Age: 4 years old
Patient Weight: 13.1 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
None		
Metabolic Panel Labs		
None		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
None		
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: Initiative vs. Guilt

1. Patient really tried to follow directions and let staff do what they needed to.
2. When staff came in and explained what they needed to do, Pt asked if they would leave after done.

Piaget Stage: Preoperational

1. Magical thinking - "This is a magic medicine that will help take away the pain."
2. Animism - Lamb toy could talk

Please list any medications you administered or procedures you performed during your shift:
None, nurse passed due to pt and parents stressed from pt pain and fussiness