

IM5 Clinical Worksheet - PICU

<p>Student Name: <u>Fiset Carreras</u> Date: <u>2/5/20</u></p>	<p>Patient Age: <u>2 months</u> Patient Weight: <u>4.7 kg</u></p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Subdural hematoma (brain)</u> <u>rib fracture</u></p>	<p>2. Priority Focused Assessment R/T Diagnosis: <u>Neuro (tortating feedings, any vomiting)</u></p>
<p>3. Identify the most likely and worst possible complications. <u>brain damage</u> <u>death</u></p>	<p>4. What interventions can prevent the listed complications from developing? <u>Middle meningeal artery embolization</u> <u>to stop the ongoing bleeding</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early? <u>Chest X-Ray</u> <u>CT</u></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>Monitor for signs of a hemorrhage</u> <u>Strict I/O's</u> <u>Provide O2 if needed</u></p>
<p>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient. <u>Cluster care to avoid crying because of the fractured ribs</u> <u>Administer prescribed pain med</u></p>	<p>8. Patient/Caregiver Teaching: 1. Be cautious when holding the baby 2. Provide minimal stimulation 3. to encourage rest 3. Report seizures: vomiting immediately Any Safety Issues Identified: <u>NA</u></p>
<p>Please list any medications you administered or procedures you performed during your shift:</p>	

<b>PSYCHOSOCIAL</b> Social Status: <input checked="" 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 type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	<b>IV ACCESS</b> Site: <u>Ocular artery</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>2.0g</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <input type="checkbox"/> Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids:	<b>SKIN</b> Color: <input 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 type="checkbox"/> > 5 seconds <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>Ribs from fracture, Head Shown</u> Mucous Membranes: Color: <u>pink</u> <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration	<b>PAIN</b> Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: Type: Description: <u>Medial Head</u> Dressing: <u>Off</u>	<b>WOUND/INCISION</b> Pain Score: 0800 <u>N/A</u> 1200 <u>N/A</u> 1600 <u>N/A</u> Type: Location: Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces	<b>MOBILITY</b> <input type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: <u>Nose</u> Type: <u>TT @ 35</u> Dressing: <u>Leads</u> Suction: <u>N/A</u> Drainage amount: <u>N/A</u> Drainage color:	<b>TUBES/DRAINS</b> <input type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: <u>Nose</u> Type: <u>TT @ 35</u> Dressing: <u>Leads</u> Suction: <u>N/A</u> Drainage amount: <u>N/A</u> Drainage color:	<b>CARDIOVASCULAR</b> Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input 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 <u>N/A</u> <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>3+</u> Lower R <u>3+</u> L <u>3+</u> 1+ Intermittent 0 None 4+ Bounding 3+ Strong 2+ Weak	<b>ELIMINATION</b> Urine Appearance: <u>Yellow, Hazy</u> Stool Appearance: <u>Mustard, Hazy</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>GASTROINTESTINAL</b> Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Guarded <input type="checkbox"/> 4 <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>N/A</u> Location <u>N/A</u> inserted to <u>N/A</u> cm <input type="checkbox"/> Suction Type:	<b>NUTRITIONAL</b> Diet/Formula: <u>Intake: normal</u> Amount/Schedule: <u>as usual</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MUSCULOSKELETAL</b> <input checked="" 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 type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type:	<b>MOBILITY</b> <input type="checkbox"/> Amputatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <input type="checkbox"/> Walker <input type="checkbox"/> Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<b>GENERAL APPEARANCE</b> Appearance: <input type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>NEUROLOGICAL</b> 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 type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>4mm</u>	<b>RESPIRATORY</b> Seizure Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level S=Strong W=Weak N=None Pushes: Right <u>5</u> Left <u>5</u> Grips: Right <u>5</u> Left <u>5</u> <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically <input checked="" type="checkbox"/> Able to move all extremities Extremities: <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed	<b>RESPIRATORY</b> Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Labored Breath Sounds: <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <u>8</u> L/min <input checked="" type="checkbox"/> Nasal Cannula: <u>8</u> L/min <input type="checkbox"/> BiPap/CPAP: <input type="checkbox"/> Vent: ETT size @ <u>High Flow</u> cm <input type="checkbox"/> Other: Trach: <input type="checkbox"/> Yes <input type="checkbox"/> No Size Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>Clear: thick</u> Consistency:	<b>RESPIRATORY</b> Oxygen Saturation: <u>95.1</u> Pulse Ox Site: <u>Foot</u> Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Indotracheal</u> Consistency:
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PICU

INAKE/OUTPUT		INAKE/OUTPUT															
		07	08	09	10	11	12	13	14	15	16	17	18	Total			
PO/Enteral Intake																	
PO Intake/Tube Feed																	
Intake - PO Meds																	
Total																	

IV INTAKE		IV INTAKE															
		07	08	09	10	11	12	13	14	15	16	17	18	Total			
IV Fluid																	
IV Meds/Flush																	
HEP + PAPAVIRINE																	
Calculate Maintenance Fluid Requirement (Show Work)																	
Combined Total Intake for Pt (mL/hr)																	
Total																	

OUTPUT		OUTPUT															
		07	08	09	10	11	12	13	14	15	16	17	18	Total			
Urine/Diaper																	
Stool																	
Emesis																	
Other																	
Calculate Minimum Acceptable Urine Output																	
Average Urine Output During Your Shift																	
Total																	

<b>Children's Hospital Early Warning Score (CHEWS)</b> (See CHEWS Scoring and Escalation Algorithm to score each category)	Behavior/Neuro
Circle the appropriate score for this category:	0 1 2 3

CHEWS Total Score		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
CHEWS Total Score		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
CHEWS Total Score		Score 0-2 (Green) – Continue routine assessments
CHEWS Total Score		Total Score (points) <u>4</u>
Family Concern	1 pt – Concerned or absent	
Staff Concern	1 pt – Concerned	
Respiratory	0 1 2 3	
	Circle the appropriate score for this category:	

Cardiovascular	0 1 2 3	
	Circle the appropriate score for this category:	

Reference: McElliam, 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*

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

Green = Score 0-2	<ul style="list-style-type: none"> <li>-Continue Routine Assessments</li> <li>-Notify charge nurse or LIP</li> <li>-Discuss treatment plan with team</li> <li>-Consider higher level of care</li> <li>-Increase frequency of vital signs / CHEWS / assessments</li> <li>-Document interventions and notifications</li> </ul>
Yellow = Score 3-4	<ul style="list-style-type: none"> <li>-Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>-Notify attending physician</li> <li>-Discuss treatment plan with team</li> <li>-Increase frequency of vital signs / CHEWS / assessments</li> <li>-Document interventions and notifications</li> </ul>
Red = Score 5-11	