

## IM5 Clinical Worksheet – Pediatric Floor

<b>Student Name:</b> JULIE BOLEND <b>Date:</b> 02/04/25	<b>Patient Age:</b> 2Y0 <b>Patient Weight:</b> kg 11.4 kg
<b>1. Admitting Diagnosis and Pathophysiology</b> (State the pathophysiology in own words) LEFT CERVICAL LYMPHADENITIS CORONAVIRUS, ABDOMINAL (MASS TO LEFT SIDE OF NECK) (CAUSING) COUGH, CONGESTION, GUAIDING	<b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b> RESPIRATORY
<b>3. Identify the most likely and worst possible complications.</b> BURKITT'S LYMPHOMA COMPROMISED AIRWAY AS A RESULT OF MASS. RESP. DISTRESS (COVID)	<b>4. What interventions can prevent the listed complications from developing?</b> SPO2 MONITORING SUPPLEMENTAL O2
<b>5. What clinical data/assessments are needed to identify these complications early?</b> CT OF NECK & ABDOMEN SCHEDULED. BIOPSY OF NECK MASS SCHEDULED.	<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> SUPPLEMENTAL O2 SPO2 MONITORING
<b>7. Pain &amp; Discomfort Management:</b> List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.  1. TRANSITIONAL OBJECTS  2. PATIENT AT BEDSIDE WITH TV & COLORING BOOKS	<b>8. Patient/Caregiver Teaching:</b> 1. DO NOT PALPATE ABDOMEN DUE TO POSSIBLE MASS. 2. PT IS NPO DUE TO SCHEDULED BIOPSY. 3. ALERT RN IF O2 IS UNDER 90%.  <b>Any Safety Issues identified:</b> N/A

**Pediatric Floor Patient #1**

<p><b>GENERAL APPEARANCE</b></p> <p>Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished  <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept</p> <p>Developmental age:  <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed</p>	<p><b>CARDIOVASCULAR</b></p> <p>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 _____</p> <p>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+</p> <p>Capillary Refill: <input checked="" type="checkbox"/> &lt; 2 sec <input type="checkbox"/> &gt; 2 sec</p> <p>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</p>	<p><b>PSYCHOSOCIAL</b></p> <p>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</p> <p>Social/emotional bonding with family:  <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent</p>
<p><b>NEUROLOGICAL</b></p> <p>LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless  <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive</p> <p>Oriented to:  <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event  <input checked="" type="checkbox"/> Appropriate for Age</p> <p>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></p> <p>Fontanel: (Pt &lt; 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat  <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed</p> <p>Extremities:  <input checked="" type="checkbox"/> Able to move all extremities  <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically  Grips: Right _____ Left _____  Pushes: Right _____ Left _____  S=Strong W=Weak N=None</p> <p>EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____</p> <p>Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>ELIMINATION</b></p> <p>Urine Appearance: <u>clear yellow</u></p> <p>Stool Appearance: <u>soft, brown</u></p> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<p><b>IV ACCESS</b></p> <p>Site: <u>R AC</u> <input type="checkbox"/> INT <input type="checkbox"/> None  <input type="checkbox"/> Central Line  Type/Location: _____</p> <p>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</p> <p>Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fluids: <u>DS 1/2 NS</u></p>
<p><b>RESPIRATORY</b></p> <p>Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular  <input type="checkbox"/> Retractions (type) _____  <input type="checkbox"/> Labored</p> <p>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</p> <p><input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen</p> <p>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: _____</p> <p>Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Size _____ Type _____  Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cough: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive</p> <p>Secretions: Color <u>clear</u>  Consistency _____</p> <p>Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____</p> <p>Pulse Ox Site <u>LEFT BIG TOE</u></p> <p>Oxygen Saturation: <u>96%</u></p>	<p><b>GASTROINTESTINAL</b></p> <p>Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat  <input checked="" type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded</p> <p>Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads  <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent</p> <p>Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____  Location _____ Inserted to _____ cm  <input type="checkbox"/> Suction Type: _____</p>	<p><b>SKIN</b></p> <p>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</p> <p>Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry  <input type="checkbox"/> Diaphoretic</p> <p>Turgor: <input checked="" type="checkbox"/> &lt; 5 seconds <input type="checkbox"/> &gt; 5 seconds</p> <p>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: <u>N/A</u></p> <p>Mucous Membranes: Color: <u>pink</u>  <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
	<p><b>NUTRITIONAL</b></p> <p>Diet/Formula: <u>Normal Diet</u></p> <p>Amount/Schedule: _____</p> <p>Chewing/Swallowing difficulties:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>PAIN</b></p> <p>Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces</p> <p>Location: _____</p> <p>Type: _____</p> <p>Pain Score:  0800 <u>1</u> 1200 <u>1</u> 1600 _____</p>
	<p><b>MUSCULOSKELETAL</b></p> <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 <p>Movement:  <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All</p> <p>Brace/Appliances: <input checked="" type="checkbox"/> None  Type: <u>N/A</u></p>	<p><b>WOUND/INCISION</b></p> <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	<p><b>MOBILITY</b></p> <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>N/A</u> <p>Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker  <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden</p>	<p><b>TUBES/DRAINS</b></p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

**Pediatric Floor Patient #1**

NPO  
N/A

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed													
Intake – PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	45	45	45	45	45								225
IV Meds/Flush				17									17
													242
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$10 \text{ KG} \times 100 = 1000$ $1.4 \text{ KG} \times 50 = 70$ <hr/> $1070 \text{ mL} / 24 \text{ HRS}$							$45 \text{ mL} / \text{HR}$ Rationale for Discrepancy (if applicable) N/A						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper		270			200								470ML
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$1 \text{ ML} \times 11.4 \text{ KG} = 11.4 \text{ ML} / \text{HR}$							$94 \text{ ML} / \text{HR}$						

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: 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
<b>CHEWS Total Score</b>	
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 BOREN Date: 02/04	Patient Age: 240 Patient Weight: 11.4 kg
--	---

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	25.62	ELEVATED / STRESS / INFECTION
RBC	3.77	WNL
HEMATOCRIT	29.3	LOW
Metabolic Panel Labs		
CREATININE	0.20	WNL
ALBUMIN	2.6	LOW
BILIRUBIN	<0.1	NORMAL
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	18.52	ELEVATED / STRESS / INFECTION
Lab TRENDS concerning to Nurse?		
WBC / ANC		

**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: AUTONOMY VS. SHAME & DOUBT

1. CHILD WAS INDEPENDENT & DID NOT WANT HELP FEEDING OR DRESSING.
2. CHILD DID NOT LIKE INTERACT WITH HEALTH CARE PERSONNEL.

Piaget Stage: SENSORIMOTOR

1. PT PLAYED WITH PULSE OX & TOYS IN THE ROOM.
2. PT IMMEDIATELY NOTICED WHEN TOYS WERE MOVED.

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

NO MEDS GIVEN.

Student Name: JULIE BOLEN

Unit: PEDI FLOOR

Pt. Initials: YR

Date: 02-10-12

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

Allergies: NILDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why ?			
								1. 2. 3. 4.
								1. 2. 3. 4.
								1. 2. 3. 4.
								1. 2. 3. 4.
								1. 2. 3. 4.

NO DRUGS GIVEN