IM5 Clinical Worksheet – Pediatric Floor

Student Name: Austin Plummer **Date:** 2/12/25	**Patient Age:** 19 month **Patient Weight:** kg 9.1Kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Measles / dehydration, Mia	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory
3. Identify the most likely and worst possible complications. Most likely: dehydration, ear infections Worst case: Encephalitis, pneumonia	**4. What interventions can prevent the listed complications from developing?** Treating the symptoms and keeping the child eating & drinking
5. What clinical data/assessments are needed to identify these complications early? Respiratory / xRay / pneumonia Encephalitis, Neuro / CT	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** antibiotics
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. distraction, music 2. phone, watch a show	**8. Patient/Caregiver Teaching:** 1. Good handwashing 2. treat the fever 3. Make sure he is drinking **Any Safety Issues identified:** N/A

Student Name: Austin	**Patient Age:** 19 months
Date: Today	**Patient Weight:** 9.1Kg

Abnormal Relevant Lab Tests	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
MPV	8.5↓	size of platelets
Metabolic Panel Labs		
Total protein	7.2↑	How much protein is in the blood
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
C Reactive Protein	14.5↑	indicates inflammation in the body
Bilirubin total	0.2↓	how much bilirubin is in the body
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: Autonomous shame & doubt

1. Patient wanted to hold the yogurt
2. Patient drank drink water but drank apple juice

Piaget Stage: Sensorimotor

1. Patient keep his stuffed animal close.
2. Patient asked if he was laying on mom.

Please list any medications you administered or procedures you performed during your shift:
Administered PO acetaminophen and discontinued a PIV
did a physical exam, doned and dotted

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									8oz				
Intake – PO Meds										128ml			

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)

10×100=1000
9.1×50=455
1455÷24=60.6 mL/hr

Actual Pt IV Rate

N/A

Rationale for Discrepancy (if applicable)

N/A

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5mL×19.1=9.55 mL/hr

Average Urine Output During Your Shift

none / did not see any wet diapers during shift

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) 1
	✓ 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 Floor Patient #1

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 _____ Left _____

Pushes: Right _____ Left _____

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 N/A

Consistency N/A

Suction: ☐ Yes ☑ No Type _____

Pulse Ox Site L foot

Oxygen Saturation: 97

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: Not seen

Stool Appearance: Not seen

☐ 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

Amount/Schedule: Unknown

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: L 22 ☑ INT ☐ None

☐ Central Line

Type/Location: 22g

Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☑ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: None

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: all over

Mucous Membranes: Color: Pink

☑ 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: _____

Student Name: Austin Plummer Unit: Ped floor Pt. Initials: _____ Date: 2/11/25

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NA	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)
vitamin A	vitamin	treat vitamin A achieve	cap	60,000 mcg 60,000 mcg 100 000 yes	NA	fatigue abd pain vomiting	1. Make sure diet is balanced 2. Make sure Pt eats even if he does not 3. feel well 4. let nurse know if Pt starts having vomiting let nurse know if Pt starts having abd pain?
Acetaminophen (tylenol)	analgesic	fever	suspension	128 mg 91 – 136.5 15x9.1 yes	NA	nausea vomiting ABd pain	1. dont give more than 5 doses 2. follow the label 3. watch for yellowing of skin or eyes 4. dont take with other medicine with tylenol
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Dustin

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
   flu like, SVT, seizures
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
   Kids less than 10 were the majority of pts
   Yes it was what I expected
3. Was your overall experience different than what you expected? Please give examples.
   No, the experience was what I expected. Except some staff was not welcoming
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
   Knowing how to talk to the pt and what to say and what not to say.
5. What types of procedures did you observe or assist with?
   IV, EKG, pushing meds
6. What community acquired diseases are trending currently?
   Measels and flu a are currently trending.
7. What community mental health trends are being seen in the pediatric population?
   S.I. and depression are being seen more & more.
8. How does the staff debrief after a traumatic event? Why is debriefing important?
   Right after the event happens. Everyone that was part of it meet to talk about it.
9. What is the process for triaging patients in the PED?
   a pt checks in, then is taken back to a triage room. Depending on acuity they are either taken to a room or put in the lobby.
10. What role does the Child Life Specialist play in the PED?
    I did not get a chance to ask anyone this question