

IM5 Clinical Worksheet – Pediatric Floor

Patient 83

<p>Student Name: Amber Morrow Date: 2/11/25</p>	<p>Patient Age: 3 months Patient Weight: 4.4 kg 9lb 12.6oz</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) FLU caused hypoxia because it triggered inflammation in the lungs, which prevented the lungs from exchanging gas as well and leads poor oxygenation</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Respiratory Assessment</p>
<p>3. Identify the most likely and worst possible complications. Respiratory distress from the lack of oxygen.</p>	<p>4. What interventions can prevent the listed complications from developing? Oxygen therapy</p>
<p>5. What clinical data/assessments are needed to identify these complications early? Monitor Respiratory rate, O₂, Heart Rate and blood pressure. Assess for cyanosis</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Increase oxygen and call the Dr and charge nurse</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Mom holding him 2. Pacifier</p>	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Stay away from people who are sick 2. look for his mouth turning blue 3. ensure proper feeding. <p>Any Safety Issues identified: I did not see any safety issues</p>

Student Name: Amber Morrow	Patient Age: 3 month old
Date: 2/11/25	Patient Weight: 4.4kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
NA		
Metabolic Panel Labs		
NA		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
There were no concerning Labs		

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:

- The Infant cried and the mother fed him. This is an example of Trust vs. Mistrust because the Infant trusts that his mom will come to him when he needs her.
- The Infant also cried when he wanted his diaper changed by his mother which is another example of trust vs. Mistrust.

Piaget Stage:

- The Infant Grasped my hand and this is an example of voluntary action in the sensorimotor period.
- The baby was also kicking his legs and sucking his thumb which shows Primary circular reaction in Piaget's theory.

Please list any medications you administered or procedures you performed during your shift:
 I did not administer any medications during my shift

~~Amber Morrow~~ ~~2/11/25~~ ~~NA~~ ~~NA~~ ~~NA~~ ~~NA~~ ~~NA~~

Pediatric Floor Patient #1

Breast fed q 3 hours

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							clk						
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						
$4.4 \text{ kg} \times 100 = 440$ $440 \div 24 = 18.3$							NONE Rationale for Discrepancy (if applicable)						
18.3 ml/hr													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							72ml			64			136
Stool							20						
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$1 \text{ ml/kg} \times 4.4 \text{ kg} = 4.4 \text{ ml/hr}$							$136 \div 6 = 22.7$						

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: ① 2 3
Cardiovascular	Circle the appropriate score for this category: ① 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) <u>1</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

Amber Morrow
Patient #3

Pediatric Floor Patient #1

<p>GENERAL APPEARANCE</p> <p>Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed</p>	<p>CARDIOVASCULAR</p> <p>Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" 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 _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input type="checkbox"/> < 2 sec <input checked="" type="checkbox"/> > 2 sec Pulses: Upper R <u>92</u> <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None</p>	<p>PSYCHOSOCIAL</p> <p>Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input 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 type="checkbox"/> Absent</p>
<p>NEUROLOGICAL</p> <p>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 checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>N</u> Left <u>N</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>ELIMINATION</p> <p>Urine Appearance: <u>clear yellow</u> Stool Appearance: <u>soft brown</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p>IV ACCESS</p> <p>Site: _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____</p>
<p>RESPIRATORY</p> <p>Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: <u>0.1</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cough: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>Right foot</u> Oxygen Saturation: <u>91 02</u></p>	<p>GASTROINTESTINAL</p> <p>Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input 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 Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____</p>	<p>SKIN</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 Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds 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: _____ Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
<p>NUTRITIONAL</p> <p>Diet/Formula: <u>Breast feeding</u> Amount/Schedule: <u>4 3 hours</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>PAIN</p> <p>Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 <u>0</u></p>	
<p>MUSCULOSKELETAL</p> <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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____</p>	<p>WOUND/INCISION</p> <p><input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____</p>	
<p>MOBILITY</p> <p><input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden</p>	<p>TUBES/DRAINS</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>	

Student Name: Amber Morrow

Unit: Pedi floor

Pt. Initials: A

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	NA	NA	NA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?	If not, why?			
				83 Acetaminophen (Tylenol)	Analgesic/Antipyretic			
80 Dexamethazone	Corticosteroid	Treats stridor and decrease Inflammation	8mg PRN	15mg/kg x 4, 34kg Yes	NA	<ul style="list-style-type: none"> - Bradycardia - Hypertension - increase sweating - rash 	<ol style="list-style-type: none"> 1. monitor heart rate 2. Listen to lung sounds 3. Avoid large crowds to prevent infection 4. Assess O₂ 	
Epinephrine Racemic	Alpha/beta Agonist	Treats Croup	2.25% 0.5ml Nebulizer once	11.25mg/0.5ml Yes	NA	<ul style="list-style-type: none"> - Tachycardia - Arrhythmia - headache - Nausea 	<ol style="list-style-type: none"> 1. This drug is used to open up your airway so you can breath better 2. Monitor heart rate 3. Monitor O₂ sat 4. Listen to lung sound 	
Ibuprofen	NSAID	treats Pain and fever	134mg PO q 6 hours	Yes	NA	<ul style="list-style-type: none"> - Dizziness - epigastric pain - Nausea - headache 	<ol style="list-style-type: none"> 1. NSAIDS increase the risk of GI bleeding 2. Reassess the child's pain in 15 minutes 3. Monitor for Nausea + vomiting 4. Do not give this drug for a child less than 6 months old 	

Student Name: Amber Morrow

Unit: _____

Pt. Initials: _____

Date: 2/11/25

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

Allergies: NEKA

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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?			
Acetaminophen (Tylenol)	Analgesics	Decrease Pain	6ml PO PRN	Yes		NA	<ul style="list-style-type: none"> Allergic reaction Hypersensitivity Stevens Johnson Syndrome Laryngeal Edema 	<ol style="list-style-type: none"> 1. Reassess Pain 15 minutes after administration 2. Do not exceed 75mg/kg/day 3. Monitor for a rash 4. Monitor for nausea and vomiting
Polyethylene glycol (Golytely)	Laxatives	Relieve Constipation	10-40ml PO	Yes		NA	<ul style="list-style-type: none"> Abdominal Distention Abdominal cramping Diarrhea Nausea 	<ol style="list-style-type: none"> 1. Keep the pt well hydrated 2. do a GI Assessment 3. monitor stool output 4. monitor for Nausea and vomiting
Zofran	Antiemetic	Relieve Nausea	2mg PRN PO	Yes		NA	<ul style="list-style-type: none"> Headache Malaise/fatigue Constipation Dizziness 	<ol style="list-style-type: none"> 1. monitor for diarrhea 2. sit down slowly if you are feeling dizzy 3. Avoid grape fruit because it will potentiate the drug side effects 4. monitor for a rash
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.