IM5 Clinical Worksheet – Pediatric Floor

Student Name: Magy Hernandez **Date: 02-12-2025**	**Patient Age:** 10 Month Old **Patient Weight: 6.01 kg**
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Respiratory Syncytial Virus (RSV): a lower respiratory tract infection transmitted through direct contact. It begins in the nasopharynx then spreads to the bronchioles.	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory Assessment
3. Identify the most likely and worst possible complications. Pneumonia and bronchiolitis can occur from the inflammation.	**4. What interventions can prevent the listed complications from developing?** Nasal suctioning, bronchodilators, antibiotics
5.What clinical data/assessments are needed to identify these complications early? Respiratory assessment: identify fluid and inflammation in the lungs. Dry or productive cough, increased respiratory rate, fever.	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Increasing fluids, cool environment to prevent fever, watching airflow in the lungs more closely
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Swaddling, Rocking 2. Distract with toys or videos	**8. Patient/Caregiver Teaching:** **1.** Monitor for dehydration (increased heart rate, sunken fontanel, decreased skin turgor) **2.** Look for increased respiratory effort (nasal flaring, labored breathing, retractions) **3.** Avoid large crowds and practice good handwashing **Any Safety Issues identified:** • Bottle Propping: could increase the risk for choking and aspiration

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Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
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: Trust vs. Mistrust

1. **The patient relied on the mother to feed her and change her diaper.**

2. **The patient wanted to be held by her mother for comfort.**

Piaget Stage: Sensorimotor

1. **When we walked into the room, the patient was lifting her head to explore her surroundings outside of the crib.**

2. **When we went in to suction the patient's nose, the patient saw we had it in our hands and we tried hiding it but she knew it was still there.**

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

Administered Decatron

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) subcostal
☐ 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: 0.1 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 _____
Consistency _____
Suction: ☐ Yes ☒ No Type _____
Pulse Ox Site right big toe
Oxygen Saturation: 94%

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: diaper
Stool Appearance: N/A
☐ 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: _____
Amount/Schedule: _____
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: left foot ☒ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☒ No Redness/Swelling
☐ Red ☐ Swollen
☒ Patent ☐ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: N/A

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: Diaperrash
Mucous Membranes: Color: _____
☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☒ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800 0 1200 _____ 1600 _____

WOUND/INCISION

☒ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☒ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

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	~~300~~ 240		60		180								480
Intake – PO Meds			1ml										1
													481
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**
100 x 6.01 = 601/24 25ml/hr	N/A **Rationale for Discrepancy (if applicable)**

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper		151			92 ~~[illegible]~~								243
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output	**Average Urine Output During Your Shift**
1 x 6.01 = 6.01ml/hr	243/5 = 48.6ml/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
CHEWS Total Score	
CHEWS Total Score	Total Score (points) _____ 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 Medication Worksheet – Current Medications & PRN for Last 24 Hours

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

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	Allergies: NKDA ~~Click here to enter text.~~	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**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.)**
Dexamethasone (Decadron)	Corticosteriod	Decrease inflammation	1.5mg, PO, daily	Yes		Nausea, adrenal suppression, decreased wound healing, hypertension, muscle wasting, weight gain	1. Causes immunosuppression, so avoid large crowds and live vaccines 2. Monitor daily weight 3. Assess LOC and headaceh as it could cause cerebral edema 4. Administer with meals to prevent GI irritation
							1. 2. 3. 4.
							1. 2. 3. 4.