IMS Clinical Worksheet - PICU

Student Name: [illegible]
Date: 02/12/2025

Patient Age: 4 mo
Patient Weight: 6.5 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

Acute hypoxic respiratory failure, could [illegible] movement of O2, lungs unable to [illegible]

2. Priority Focused Assessment R/T Diagnosis:

Respiratory assessment

3. Identify the most likely and worst possible complications.

Respiratory Arrest

Sepsis

4. What interventions can prevent the listed complications from developing?

O2 supplementation

Antibiotics

5. What clinical data/assessments are needed to identify these complications early?

HR monitoring, O2 monitoring

RR monitoring

- Blood gases

6. What nursing interventions will the nurse implement if the anticipated complication develops?

mechanical ventilation

Maintain O2 support

Pt is already intubated

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. holding/pacifier

2. Swaddling

8. Patient/Caregiver Teaching: no parents @ bedside

1. watch HR & RR for signs of [illegible] breathing
2. watch trache for occlusions
3. suction secretions

Any Safety Issues Identified:

Turn pt, move pulse ox to prevent pressure injury

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

Ativan (Lorazepam) 5mg IV 2x/day (.5ml)

Oxacillin 350 mg in Sterile water IV 7ml/hr

50mg/kg x7kg

PICU

GENERAL APPEARANCE

Appearance: ☒ Healthy/Well Nourished ☒ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:

CARDIOVASCULAR

Pulse: ☒ Regular ☐ Irregular ☒ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other ____________

PSYCHOSOCIAL

Social Status: ☒ Calm/Relaxed ☒ Quiet ☐ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless

☐ Normal ☒ Delayed

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

☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
☐ Present ☒ Absent No family present

NEUROLOGICAL

LOC: ☒ Alert ☐ Confused ☐ Restless
☒ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☐ Appropriate for Age
Pupil Response: ☒ Equal ☐ Unequal
☒ Reactive to Light ☐ Size 3
Fontanel: (Pt < 2 years) ☒ Soft ☐ Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities: sedated
☐ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right N Left N
Pushes: Right N Left N
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☐ No Level ______
Seizure Precautions: ☐ Yes ☒ No

IV ACCESS

Site: ______ ☐ INT ☐ None
☒ Central Line
Type/Location: (L) + (R) subclavian CVL, ~~[illegible]~~
Appearance: ☒ No Redness/Swelling
☐ Red ☐ Swollen
☒ Patent ☐ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: D5 1/2 NS [illegible]

ELIMINATION

Urine Appearance: yellow/clear
Stool Appearance: ______
☐ 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 gastrostomy & NG → (L) nare & LOA, & Tracheostomy
Location: [illegible] Inserted to 35 cm
☒ Suction Type: ~~[illegible]~~ NG suction

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: ______
Mucous Membranes: Color: pink
☒ Moist ☐ Dry ☐ Ulceration

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: C 38%, PEEP 6, pressure support 14
☐ Vent: ETT size ____ @ ____ cm
☐ Other: ______
Trach: ☒ Yes ☐ No
Size 3.5 Type CPAP @ [illegible] 38%, Peep [illegible]
Obturator at Bedside ☒ Yes ☐ No

Cough: ☐ Yes ☒ No
☐ Productive ☐ Nonproductive
Secretions: Color clear
Consistency ______
Suction: ☐ Yes ☐ No Type ______
Pulse Ox Site ® foot
Oxygen Saturation: 90%

PAIN

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

NUTRITIONAL

Diet/Formula: Neosure
Amount/Schedule: 21 ml/hr NG
Chewing/Swallowing difficulties:
☐ Yes ☐ No

WOUND/INCISION

☒ None
Type: ______
Location: ______
Description: ______

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☒ All
Brace/Appliances: ☒ None
Type: ______

Dressing: ______

TUBES/DRAINS

☐ None
☒ Drain/Tube
Site: ® femoral
Type: arterial line
Dressing: ______
Suction: ______
Drainage amount: ______
Drainage color: ______

MOBILITY

☐ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist ______ Skin/Wiring
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PICU

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						~~+15ml~~ +3ml/hr Feed Neosure → 94 out urine 3 void							
Intake – PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid					+3ml/hr +25ml .26ml/hr .7ml/hr .2ml/hr		36.96@13	36.96@14	+5ml@1500 41.96@15	36.96@16	36.96@17		=23026
IV Meds/Flush													

40.46 @ noon

@ noon 40.46ml intake IV + feed
out 94ml
40.46 − 3.5 med or dis
= 36.96 intake now on

Calculate Maintenance Fluid Requirement (Show | **Combined Total Intake for Pt (mL/hr)**

6.5 kg
~~0.5 × 6.5 = 3.25 ml/hr~~ ~~[illegible]~~/hr
100 × 6.5 = 650 ml/24 = 27 ml/hr

Work)

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

147ml
147/5hrs = 29.4ml/hr

-94ml urine 12
-53ml urine 14

Calculate Minimum Acceptable Urine Output

6.5 x 0.5 = 3.25ml/hr

Average Urine Output During Your Shift

29.4ml/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 1
CHEWS Total Score	
CHEWS Total Score	Total Score (points) 7
	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

Red