

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5W + 20 KCl		Electrolytes and hydration	Na, K, Cl	Not for hypovolemic patients

Student Name: Hannah Holland		Unit: PEDI floor	Patient Initials: JH	Date: 2/19/2025	Allergies: NKDA	
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	Adverse Effects
Famotidine	H2 receptor agonist	Used to treat GERD	IV 10 mg BID	Choose an item. Yes	Diluted with 9 ml NS, administered over 2 mins	Headache Dizziness Constipation or diarrhea
Metronidazole	Antibiotic	Used to treat bacterial infections	195 mg q 6 hours	Choose an item. Yes	In NS; 5mg/mL 39 mL/hr	Diarrhea Abdominal pain Anorexia Nausea
						<ol style="list-style-type: none"> 1. This med may cause dry mouth, to relieve this, you may have ice chips, sugar less candy or gum, or saliva substitute. 2. Finish the whole round of antibiotics to prevent the infection from returning. 3. Notify HCP if you feel dizzy, have visual changes, or headaches as this med can cause seizures. 4. Monitor WBC levels.

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Student Name: Hannah Holland	Unit: PEDI floor	Patient Initials: JH	Date: 2/19/2025	Allergies: NKDA	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)		
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	
Piperacillin-tazobactam	Penicillin	Can treat infections	2.25g q 8 hrs	Choose an item. Yes	N/A	Nausea Constipation/diarrhea Headache	<ol style="list-style-type: none"> 1. Report any black, tarry stools, unusual bleeding or bruising, or pinpoint red spots on your skin, as this med may cause bleeding problems. 2. Do not take anti-diarrheal, as this may worsen the diarrhea. 3. Report skin reactions, as this med can cause Steven's Johnson syndrome and toxic epidermal necrolysis. 4. Monitor sodium levels.
Acetaminophen	Analgesic	Can treat minor aches and pain, and reduces fever	290 mg q 6 hrs	Choose an item. Yes	10mg/ml with NS 116 mL/hr	Rash Itching Swelling of face, throat, tongue, hands, feet	<ol style="list-style-type: none"> 1. Do not give more than 4 doses in 24 hours. 2. Do not take any other medications containing acetaminophen. 3. Notify HCP if child develops a rash after taking this med. 4. Monitor LFTs.
Ketolorac	NSAID	Treats pain	9.75 mg q 6 hrs Injection PRN	Choose an item. Yes	N/A	Diarrhea Abdominal pain Cramping Nausea	<ol style="list-style-type: none"> 1. This med should not be used longer than 5 days to treat pain. 2. Notify HCP if you experience swelling in the hands, feet, ankles, or lower legs. 3. Do not take this med with other NSAIDs.

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Hannah Holland	PEDI floor	JH	2/19/2025	NKDA			
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.)
Morphine	Opioid	Treats severe pain	1mg injection q 4 hrs PRN	Choose an item. Yes	N/A	Vomiting Hypotension Dizziness Drowsiness	<ol style="list-style-type: none"> 1. Notify HCP if signs of respiratory distress. 2. This medicine may make you drowsy/dizzy. Avoid activity until you know how this med affects your child 3. May cause dizziness, lightheadedness, or fainting, so get up from a laying down position slowly. 4. This med may cause constipation. Monitor bowel movements, increase fluids and fiber intake.
Ondansetro n	Antiemetic	Prevents nausea and vomiting	PO 3 mg q 8 hrs PRN	Choose an item. Yes	N/A	Diarrhea Constipation Chills Fever	<ol style="list-style-type: none"> 1. Notify HCP if anyone in your family has had long QT syndrome, as this med increases heart issues. 2. You should not take this med if you are taking apomorphine. 3. This med may impair thinking and reactions. Use caution when doing anything that causes you to be alert.

Student Name: Hannah Holland Patient Age: 5 y0
 Date: Patient Weight: 19.4kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	28.59	leukocytosis
PLT	912	thrombocytosis
Metabolic Panel Labs		
Na	135	hyponatremia
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	23.85	elevated risk for infection
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: initiative vs guilt

1. took initiative saying she wanted to go to the gift shop, then planned to go after breakfast
2. wanted to play w playdoh, decided to make french fries, cotton candy, & caviar

Piaget Stage: preoperational

1. pretend play w playdoh
2. expressed thoughts & feelings verbally

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

Famotidine (pepcid), metronidazole (flagyl),
 piperacillin-tazobactam (zosyn),
 acetaminophen (ofirmev)

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: <u>Hannah Holland</u> Date: <u>2/19/25</u></p>	<p>Patient Age: <u>5 y o</u> Patient Weight: <u>19.4 kg</u></p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>infection in the abdominal cavity due to perforated appendicitis</u> <u>↓</u> <u>(ruptured)</u></p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>abdominal assessment</u></p>
<p>3. Identify the most likely and worst possible complications. <u>the abscess may come back / spread</u> <u>worst possible: sepsis & multiorgan failure</u></p>	<p>4. What interventions can prevent the listed complications from developing? <u>early recognition of s/s</u> <u>antibiotic therapy</u> <u>drainage management</u> <u>wound care, hydration,</u> <u>healthy diet</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early? <u>s/s: fever, abd pain, nausea</u> <u>WBC count, imaging</u> <u>(CT or ultrasound)</u></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>monitor electrolytes,</u> <u>blood cultures, antibiotics</u> <u>monitor vitals</u></p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <u>1. distractions. we used playdoh & coloring books today! (also TV)</u> <u>2. we also took let her go down to gift shop w/ foster mom</u></p>	<p>8. Patient/Caregiver Teaching: <u>1. finish course of antibiotics</u> <u>2. JP drain care</u> <u>3. hydration - flush out pathogens!</u> Any Safety Issues identified: <u>none!</u></p>

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													
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	58	58	58	58	58	58							348
IV Meds/Flush			10		25	39							74
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$10 \times 100 = 1455 \div 24$ $9.1 \times 50 = 60.6 \text{ mL/hr}$							58 mL/hr Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	40	40	40	40	40	40							240
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
9.55 mL/hr							40 mL/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) <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

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" 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	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 checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" 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 checked="" type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" 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 <u>3mm</u> Fontanel: (Pt < 2 years) <input 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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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	Urine Appearance: <u>clear yellow</u> Stool Appearance: <u>large; snake (4)</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Hand</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>peripheral</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input 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 <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen 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: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size ___ Type _____ <input type="checkbox"/> Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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>left pointer finger</u> Oxygen Saturation: <u>98%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Guarded 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 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 type="checkbox"/> No Type _____ Location _____ Inserted to ___ cm <input type="checkbox"/> Suction Type: _____	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 checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>arm</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>normal</u> Amount/Schedule: <u>normal</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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: _____	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 ___ 1600 ___
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input 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	<input type="checkbox"/> None Type: <u>appy incision</u> Location: <u>umbilicus & lateral</u> Description: <u>pink</u> Dressing: <u>none</u>	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>right hip anterior</u> Type: <u>JP drain</u> Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____