

IM5 Clinical Worksheet - Pediatric Floor

Student Name: Trinity C.
Date: 2/18

Patient Age: 10
Patient Weight: 27 kg

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

Apendicitis w/perforation
& Hypokalemia

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

00 abdominal sites - incisions from Api
+ vital signs/pain

3. Identify the most likely and worst possible complications.

Infection

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

antibiotics + rest & fluids!

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

00 vital signs

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

possible PICU stay...
or prolonged pedi floor
with more Abx

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

- 1. iPad usage - distraction
- 2. Teen-town → toget out of the room/ video games

8. Patient/Caregiver Teaching:

- 1. Rest - encourage promote rest ←
- 2. Calm environment for body to heal &
- 3. Antibiotics & why they're being given

Any Safety Issues identified:

NO!

Abnormal Relevant Lab Tests

Complete Blood Count (CBC) Labs
WBC 17.98 ↑ higher which can indicate inf.

Metabolic Panel Labs

Creatine protein 51.1 (Norm. 0.0-10.0)

Misc. Labs

Absolute Neutrophil Count (ANC) (if applicable) 14.03 ↑ High

Lab TRENDS concerning to Nurse?

wbc trending up post OP which 00

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: Industry vs. Inferiority

1. he wanted to walk himself to teen town
2. Strong attitude about self & interested in his care

Piaget Stage: Concrete

1. reversibility: that the BP cuff can inflate/deflate
2. classification: grouping/keeping all his stuffed animals together

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

Antibiotic,

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: Healthy/Well Nourished
 Neat/Clean Emaciated Unkept
 Developmental age:
 Normal Delayed

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 2 L 2
 Lower R 2 L 2
 4+ Bounding 3+ Strong 2+ Weak
 1+ Intermittent 0 None

PSYCHOSOCIAL

Social Status: Calm/Relaxed Quiet
 Friendly Cooperative Crying
 Uncooperative Restless
 Withdrawn Hostile/Anxious
 Social/emotional bonding with family:
 Present Absent

NEUROLOGICAL

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

IV ACCESS

peripheral @ AC 24g
 placed 2/10

Site: @ AC 24g INT None
 Central Line
 Type/Location: _____
 Appearance: No Redness/Swelling
 Red Swollen
 Patent Blood return _____
 Dressing Intact: Yes No
 Fluids: _____

ELIMINATION

Urine Appearance: clear yellow
 Stool Appearance: brown & fluffy
 Diarrhea Constipation
 Bloody Colostomy

DS NS 1/2 w/ 20K @ 5ml/HR

GASTROINTESTINAL

SKIN

Color: Pink Flushed Jaundiced
 Cyanotic Pale Natural for Pt
 Condition: Warm Cool Dry
 Diaphoretic

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: _____

Turgor: < 5 seconds > 5 seconds
 Skin: Intact Bruises Lacerations
 Tears Rash Skin Breakdown
 Location/Description: _____
 Mucous Membranes: Color: pink
 Moist Dry Ulceration

other than x3
abd. incision

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 _____
 Consistency _____
 Suction: Yes No Type _____
 Pulse Ox Site _____
 Oxygen Saturation: _____

PAIN

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

NUTRITIONAL

Diet/Formula: Norm.
 Amount/Schedule: _____
 Chewing/Swallowing difficulties:
 Yes No

WOUND/INCISION

None
 Type: Laparoscopic puncture @ lateral lower
 Location: _____
 Description: _____

x3 quad

MUSCULOSKELETAL

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

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Dressing: _____

TUBES/DRAINS

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

MOBILITY

Ambulatory Crawl In Arms
 Ambulatory with assist _____
 Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

Independent

Student Name: Trinity C

Unit: Pedi

Pt. Initials: AH

Date: 2/10

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
D5 1/2 NS 20K @ 5ml/hr	Isotonic/ Hypotonic/ Hypertonic	+0 KEEP IV PATENT	LOW K+ @ ...	NO, fluids just for keeping IV line patent

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?			
Piperacillin-tazobactam (Zosyn)	Antibiotic	Appendicitis peritonitis	every 6HRS	112.5mg/kg q27	3.0375, 5mg/ml	IVPB 100mils 3.375g/200ml/hr	another infection	1. Watch for ↑WBC 2. Look at vital signs (↑tachycardia) 3. Stomach probs, GI upset 4. Orthostatic hypotension - vital signs
						NOT IN range, pharmacy was contacted & clarified, it was OK!		1. 2. 3. 4.
								1. 2. 3. 4.
								1. 2. 3. 4.