IM5 Clinical Worksheet – Pediatric Floor

Student Name: VicPadilla
Date: 2/19/25

Patient Age: 6m, 365
Patient Weight: 6.44kg

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

AUA
RSV
Rhinovirus

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

respiratory

3. Identify the most likely and worst possible complications.

Pneumonia or bronchiolitis

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

practicing good hygiene, avoiding close contact with sick people, getting vaccinated against flu and pneumococcal.

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

chest x-ray, signs of inflammation in the lungs.
Blood test to check WBC.
Nose swab to test for the virus causing bronchiolitis.

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

provide oxygen, fluids, and medications and monitoring for signs of distress.

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

1. Drink fluids
2. continue breastfeeding or bottle feeding as normally.

8. Patient/Caregiver Teaching:

1. Acetaminophen or ibuprofen for fever.
2. cool mist humidifier
3. gentle suctioning to clear nasal passages for easier breathing and feeding.

Any Safety Issues identified: N/A

Student Name: Vic Padilla	Patient Age: 6M. 3d5
Date: 2/18/25	Patient Weight: 6.44 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
N/A		
Metabolic Panel Labs		
N/A		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
N/A		
Lab TRENDS concerning to Nurse?		
Positive for RSV, Flu A, and Rhinovirus Had NO 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: Trust vs. mistrust

1. Quality of the parents / child relationship

2. consistency of care

Piaget Stage: Sensorimotor Period stage 3, 4-8 m

1. Greater awarness of environment - would follow me and nurse around to her oxygen and stay starring at it.

2. object Permanence - knew mom and dad were still there even when they would sit back down.

Please list any medications you administered or procedures you performed during your shift:
neomycin bacitracin Polymyxin ointment

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 S Left S

Pushes: Right S Left S

S=Strong W=Weak N=None

EVD Drain: ☐ Yes ☒ No Level _____

Seizure Precautions: ☐ Yes ☒ No

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: 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 N/A

Consistency _____

Suction: ☐ Yes ☒ No Type _____

Pulse Ox Site Lt FOOT

Oxygen Saturation: _____

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: Yellow

Stool Appearance: has not gone in 2 days

☐ 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: Similac Sensitive

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

→ in crib

PSYCHOSOCIAL

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

Social/emotional bonding with family: ☒ Present ☐ Absent

IV ACCESS

Site: N/A ☐ INT ☒ None

☐ Central Line

Type/Location: _____

Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☐ Yes ☐ No N/A

Fluids: _____

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

PAIN N/A

Scale Used: ☐ Numeric ☐ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:

0800_____ 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													
Intake – PO Meds													
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)

6.44 x 100 = 644 mL/24

644 ÷ 24 = 26.83 = 27 mL/hr

Actual Pt IV Rate N/A

Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper										200			200
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

1 mL/6.44 Kg/hr = 6.44 x 12 = 77.28

Average Urine Output During Your Shift

200

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) 1 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

Student Name: Vic Padilla Unit: 3b8 Pt. Initials: _____ Date: 2/18/25

Allergies: NKDA

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
D5 1/2NS + KCL 20 80mL/hr	(Isotonic)/ Hypotonic/ Hypertonic	maintenance fluids		

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)
acetamin-ophen (ofirmev)	Analgesic	fever / pain reliever	500mg IVPB 200mL/hr 4 hrs			N/V, cough, agitation, Constipation	1. Do not use if have liver disease 2. call Dr. if you have yellowing of skin/eyes. 3. loss of appetite 4. clay colored stool
cefazolin (ANCEF, KEFZOL)	cephalo-sporin	Antibiotic	50mg/kg/day x 46.1 kg Admin: 700mg 15.4mL/hr	100 mg/mL IV syringe 700mg		bluish color, tenderness, swelling of the foot or leg.	1. Use until finish the prescription 2. Do not stop taking even if you start feeling better. 3. breathing problems 4.
neomycin-bacitracin-polymyxin (neosporin) ointment	aminoglu-coside	Antibiotic	Topical 4 X Daily			N/V, diarrhea rectal pain or irritation, mouth irritation	1. monitor signs of tightness in the throat. 2. rash or pruritis 3. wash hands thoroughly 4. help prevent the spread of infection
							1. 2. 3. 4.
							1. 2. 3. 4.