

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Jasmine Luna
Date: 2/26/25

Patient Age: 6 months
Patient Weight: 5.9 kg

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

ASD, (R) Clubfoot w/ brace
Trisomy 21, Cxtubed 19
RSV

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

Respiratory Focused assessment.
Skin assessment

3. Identify the most likely and worst possible complications.

- Dyspnea - FTT - Skin breakdown
- Cyanosis - Decreased gas exchange
- Insufficient airway clearance
- Dehydration - HF

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

- Suctioning - Assess lung sounds
- Hydration
- O₂ supplementation
- Nebulizer

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

- O₂ assessment
- Pulse oximetry
- Vital signs (HR, RR, O₂ %, breath sounds)

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

Administer nebulizer tx
- Suction
- Give humidified O₂ NC
Give diuretics

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

1. Give pacifier to help calm patient (oral stage) as a mode of distraction
2. Give soft stuffed animals or play peek-a-boo
↳ Tactile stimulation
Object permanence

8. Patient/Caregiver Teaching:

1. When feeding, raise patient up to prevent aspiration
2. Look for skin breakdown
3. In the brace device Iron will make stool green

Any Safety Issues identified:

Handwashing
PPE (No gown)

→ RSV is an acute inflammation & obstruction of the bronchioles. Wheezing, retractions, dyspnea, crackles, & rhonchi may be present. Dehydration may occur. Since the pt has down syndrome ASD may have occurred. D/T ASD, there is a D to (R) shunt & increase in pulmonary resistance.

Student Name: Jasmine Luna
Date: 2/26/25

Patient Age: 10 m.o.
Patient Weight: 5.9 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hematocrit (2/20)	28.0% (37.52%)	↓ Hematocrit
Na (2/20)	134.6 mmol/L	Hyponatremia
Metabolic Panel Labs		
Glucose (2/20)	105 mg/dL	Hyperglycemia
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	10.53 (2/19/25)	(1.00-8.5) ↑ Absolute neutrophils
Lab TRENDS concerning to Nurse?		
Hemoglobin 9.6 g/dL (2/20) (12-18) ↓ Hgb		

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:

1. Mother was attentive to child's needs (baby was fed regularly)
2. Parent comforted patient in distress/crying state

Piaget Stage:

1. Grasping on nearby objects
2. constantly putting objects in mouth, rooting

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

- No scheduled meds.
- Measured I/O
- Took pt to MRI
- Took vital signs on three patients
- Head to toe assessment
- Provided pt teaching

Pediatric Floor Patient #1

<p>GENERAL APPEARANCE</p> <p>Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept</p> <p>Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed</p>	<p>CARDIOVASCULAR</p> <p>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 _____</p> <p>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+</p> <p>Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec</p>	<p>PSYCHOSOCIAL</p> <p>Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious</p> <p>Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent</p>
<p>NEUROLOGICAL</p> <p>LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive</p> <p>Oriented to: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age</p> <p>Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>Imm</u></p> <p>Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed</p> <p>Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically</p> <p>Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None</p> <p>EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____</p> <p>Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>ELIMINATION</p> <p>Urine Appearance: <u>Yellow Clear</u></p> <p>Stool Appearance: <u>Brown Green</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p>IV ACCESS</p> <p>Site: _____ INT <input checked="" type="checkbox"/> None</p> <p>Central Line Type/Location: _____</p> <p>Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return</p> <p>Dressing Intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Fluids: _____</p>
<p>RESPIRATORY</p> <p>Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored</p> <p>Breath Sounds: Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input checked="" type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input checked="" type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p><input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen</p> <p>Oxygen Delivery: <input checked="" type="checkbox"/> Nasal Cannula: <u>0.1</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____</p> <p>Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cough: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive</p> <p>Secretions: Color _____ Consistency _____</p> <p>Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____</p> <p>Pulse Ox Site <u>L hand</u></p> <p>Oxygen Saturation: <u>80% 92%</u></p>	<p>GASTROINTESTINAL</p> <p>Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded</p> <p>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</p> <p>Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____</p>	<p>SKIN</p> <p>Color: <input 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</p> <p>Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic</p> <p>Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds</p> <p>Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown</p> <p>Location/Description: _____</p> <p>Mucous Membranes: Color <u>PINK</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
<p>NUTRITIONAL</p> <p>Diet/Formula: <u>Sim Sensitive Formula</u></p> <p>Amount/Schedule: <u>3oz/3hr 24hr</u></p> <p>Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>MUSCULOSKELETAL</p> <p><input type="checkbox"/> Pain <input checked="" 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</p> <p>Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All</p> <p>Brace/Appliances: <input type="checkbox"/> None Type: <u>Clufoor brace</u></p>	<p>PAIN</p> <p>Scale Used: Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces</p> <p>Location: _____</p> <p>Type: _____</p> <p>Pain Score: <u>3/40</u> : <u>FLACC: 3</u> 0800 _____ 1200 _____ 1500 _____</p>
<p>MOBILITY</p> <p><input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____</p> <p>Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input checked="" type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden</p>	<p>WOUND/INCISION</p> <p><input checked="" type="checkbox"/> None</p> <p>Type: _____</p> <p>Location: _____</p> <p>Description: _____</p> <p>Dressing: _____</p>	<p>TUBES/DRAINS</p> <p><input checked="" type="checkbox"/> None</p> <p>Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</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						150ml		502					300ml
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													0
IV Meds/Flush													0
Calculate Maintenance Fluid Requirement (Show Work)								Actual Pt IV Rate					
5.9 kg x 10 = 590 mL/hr								0 mL / hr					
								Rationale for Discrepancy (if applicable)					
								IVF was d/c					
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							110						
Stool							110						110 mL
Emesis													
Other													
Calculate Minimum Acceptable Urine Output								Average Urine Output During Your Shift					
1 mL/kg/hr 5.9 mL/hr								110 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: <input checked="" type="radio"/> 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 <input checked="" type="radio"/> 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

Student Name: Jasmine Luna

Unit: FLOOR 3

Pt. Initials: IL

Date: 2/26/25

Allergies: NKDA

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

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?			
N/A								
N/A								
N/A								
N/A								
N/A								
N/A								

None Scheduled

Jasmine Luna

Pediatric ED Reflection Questions

- Resp distress/Rash/CROUP/
Rhinitis/ACL injury
1. What types of patients (diagnoses) did you see in the PED?
Majority of the patients came into the PED for rashes. Due to the measles outbreak, parents are bringing in their children as a precaution.
 2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
Majority of patients were school aged, it is what I expected bc of the ease of transmission/close proximity.
 3. Was your overall experience different than what you expected? Please give examples.
It is different than what I was expecting. I expected the ED to be more busy, but other than that, my experience was good & educational.
 4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
Growth & Development influences patient care. The way to talk to patients, describe equipment (IV → straw), interventions (deep breathing → blow out candles), and vital signs/Anatomical development (ABD breathing) all depends on growth/development.
 5. What types of procedures did you observe or assist with?
- Observe: IV catheter insertion, lab draw, discharge pt., transfer admit from out of town (air transfer), give Dexamethasone.
 6. What community acquired diseases are trending currently?
Measles / RSV / FLU A
_{resp distress}
 7. What community mental health trends are being seen in the pediatric population?
Suicide attempts, overdose w/ OTC meds
Suicidal ideations
 8. How does the staff debrief after a traumatic event? Why is debriefing important?
Staff will huddle after an event. Afterwards, staff may have access to a counselor. Debriefing is important for the staff's well-being.
 9. What is the process for triaging patients in the PED? Name, Allergies, VS, Weight, Height, Immunizations
Pt enter ER. Triage decides how acute (level) the patient's C/C is. From there, pt. is admitted & waited to be assigned. Once assigned, interventions may begin.
 10. What role does the Child Life Specialist play in the PED?
Child Life assists by distracting/easing children & their families in healthcare. Education, that is appropriate based on child's developmental level, is also given.