IM5 Clinical Worksheet – Pediatric Floor

Student Name: Cynthia A. Cerda **Date:** 2-26-2025	**Patient Age:** 4 months **Patient Weight:** 5.6 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Short gut syndrome secondary to Gastrostomy & 2nd Broviac placement due to sepsis of first Broviac. Gastroschisis. Baby was born with intestines outside of tummy & then needed a gut extension but then the 1st Broviac got infected & sepsis occurred so she needed 2nd ".	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** GI assessment
3. Identify the most likely and worst possible complications. ~~Sepsis to +~~ Infection → Sepsis especially because she's already had this before.	**4. What interventions can prevent the listed complications from developing?** Teach parent S/S of infection to Broviac site: erythema (redness), heat, discharge, smelly - Pt becoming lethargic & c fever & irritable & fussy
5.What clinical data/assessments are needed to identify these complications early? CBC - would ~~indin~~ show ↑ WBC Assess site VS - Fever, ↑ HR, ↑ BP	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Call physician to notify of change & request labs to assess presence of infection
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Distraction with holding & talking to pt. 2. Offering the pacifier to soothe her.	**8. Patient/Caregiver Teaching:** 1. Teach pt S/S of infection at Broviac & G button. 2. Teach pt about the differences she could notice in baby's disposition /behavior 3. Teach pt. how to care for Broviac cath & G button & what normal ~~output~~ would look like. **Any Safety Issues identified:** Do not let baby pull Broviac out. Caution with G button.

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								15					
Intake – PO Meds													25
Tube						2	2	2	2	2			
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid TPN						30	30	30	30	30			150
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

5 x 100 = 500
.6 x 50 = 30.0
530 ÷ 24 = 22 mL/hr

Actual Pt IV Rate

Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							x1 (115)			x88			
Stool							x1						
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

1 mL/5.6 kg/hr
5.6 mL/hr

Average Urine Output During Your Shift

118
88
206 ÷ 4 = 51.5

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) ~~Grc~~ 0 2
	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: Cynthia A. Cerda Date: 2-26-2025	Patient Age: 4 months Patient Weight: 5.6 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
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: Trust vs Mistrust

1. Baby began to get fussy and ~~cry~~ mom checked & changed her diaper.

2. Baby began to suck on hand and mom checked her watch for feeding time & began her feeding.

Piaget Stage: Sensorimotor Stage

1. Baby sucked on gloved hand when ~~trying to soothe / be~~ hungry.

2. Baby moved legs up & down. Baby pulled out prior IV (exploring her environment.

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

No medications administered.
On a different pt, I ~~removed~~ d/c'd INT. I showed another pt's parent how to empty the ~~ge~~ catheter.

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: ☐Healthy/Well Nourished ☑Neat/Clean ☐Emaciated ☐ Unkept
Developmental age:
☑Normal ☐ Delayed
Somewhat delay.

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 Unable to assess IV site
Pushes: Right _____ Left _____
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: ____ 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 N/A
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 Unable to assess IV Cw
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear
Stool Appearance: Yellow ☐ 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 G-button
Location LLQ Inserted to _____cm ☐ Suction Type: _____
Broviac

NUTRITIONAL

G-button 2cc q 4hrs
Diet/Formula: Elecare Amino Acid Fm
Amount/Schedule: 15cc q 4hrs Elecare
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

PSYCHOSOCIAL

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

IV ACCESS

Site: (L) hand ☑INT ☐ None ☐ Central Line
Type/Location: Broviac
Appearance: ☑No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑Yes ☐ No
Fluids: D5W 1000mL + KCl D/C TPN pediatrics 10/kg

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 (L)
Location/Description: G-button ; Broviac
Mucous Membranes: Color: Clear ☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑FLACC ☐ Faces
Location: _____
Type: _____
Pain Score: 0 @1530
0800____ 1200____ 1600____

WOUND/INCISION

☐ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☐ None
☐ Drain/Tube
Site: (L) Broviac ; (L) Low-Prof G-button
Type: _____
Dressing: Clear dressing Gauze over G-button
Suction: _____
Drainage amount: _____
Drainage color: _____ Yellow

15cc PO 10, 2, 4, 10