

IM5 Clinical Worksheet – PICU

<p>Student Name: <u>Patry Barcas</u></p>	<p>Patient Age: <u>12m</u> Patient Weight: <u>9.16 kg</u></p>
<p>Date: <u>2/26/25</u></p>	<p>2. Priority Focused Assessment R/T Diagnosis: <u>respiratory assessment</u></p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p>	
<p><u>Adenovirus, HSV,</u></p>	
<p>3. Identify the most likely and worst possible complications.</p>	<p>4. What interventions can prevent the listed complications from developing?</p>
<p><u>most likely - Dehydration</u> <u>worst likely - Acute Respiratory Distress Syndrome</u></p>	<p><u>giving adequate hydration, monitoring their urine output, &amp; using a humidifier to ↓ congestion</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early?</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p>
<p><u>checking for dry lips, crying, no tears, a sunken fontanel, nasal flaring, grunting</u></p>	<p><u>IVF, I&amp;O (strict), O<sub>2</sub> (the ventilator), nasal suctioning,</u></p>
<p>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</p>	<p>8. Patient/Caregiver Teaching:</p>
<p><u>1. Keeping HOB over 30°</u> <u>2. Giving Warm/Cool milk</u></p>	<p><u>1. prevent dehydration by giving small amounts of fluids</u> <u>2. Cool mist humidifier to keep air moist</u> <u>3. wash hands frequently (before &amp; after) caring for baby</u></p> <p>Any Safety Issues Identified: <u>trash on the floor (plastic wraps)</u></p>
<p>Please list any medications you administered or procedures you performed during your shift:</p>	
<p><del><u>Acetazolamide (Diamox) 70mg in sterile water IV syringe (50mg/mL) 5.6mL/hr every 6 hrs</u></del>     <del><u>Lorazepam (Ativan) 1mg IV q3hrs</u></del>     <del><u>Artificial Tears Ophthalmic Ointment - both eyes interval</u></del></p> <p><del><u>Enoxaparin (Lovenox) 9.2mg in Sodium Chloride 0.9% SQ syringe (20mg/mL) every 12hrs interval</u></del>     <del><u>q4hrs</u></del></p>	

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ <b>Edema:</b> <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+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	<b>Social Status:</b> <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent
<b>NEUROLOGICAL</b>	<b>Pulses:</b> Upper R <u>+ 3</u> L <u>+ 3</u> Lower R <u>+ 3</u> L <u>+ 3</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>IV ACCESS</b>
<b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed <b>Extremities:</b> <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right _____ Left _____ Pushes: Right _____ Left _____ S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELIMINATION</b> <b>Urine Appearance:</b> <u>yellow</u> <b>Stool Appearance:</b> <u>nlr</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>15</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: _____ <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>lent, precedes, nimbex, lasix</u>
<b>RESPIRATORY</b>	<b>GASTROINTESTINAL</b> <b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Tube:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>TPT</u> Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>SKIN</b> <b>Color:</b> <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 <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <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 Location/Description: _____ <b>Mucous Membranes:</b> Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <u>after resp tx</u> Crackles <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: <input checked="" type="checkbox"/> Vent: ETT size <u>4.0</u> @ <u>13</u> cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency <u>thin</u> <b>Suction:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>leg</u> <b>Oxygen Saturation:</b> _____	<b>NUTRITIONAL</b> <b>Diet/Formula:</b> <u>to feed tube</u> <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>PAIN</b> <b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> <u>constant relation</u> <b>Type:</b> _____ <b>Pain Score:</b> 0800 _____ 1200 _____ 1600 _____
	<b>MUSCULOSKELETAL</b> <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 <b>Movement:</b> <u>sedated / paralyzed but can move all</u> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All <b>Brace/Appliances:</b> <input type="checkbox"/> None Type: _____	<b>WOUND/INCISION</b> <input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____
	<b>MOBILITY</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<b>TUBES/DRAINS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> _____ <b>Type:</b> _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

paralyzed

sedated

constant relation / pentamyl

## CHEWS Scoring and Escalation Algorithm

	0	1	2	3
<b>Behavior/Neuro</b>	- Playing/sleeping appropriately <b>OR</b> - Alert, at patient's baseline	- Sleepy, somnolent when not disturbed	- Irritable, difficult to console <b>OR</b> - Increase in patient's baseline seizure activity	- Lethargic, confused, floppy <b>OR</b> - Reduced response to pain <b>OR</b> - Prolonged or frequent seizures <b>OR</b> - Pupils asymmetrical or sluggish
<b>Cardiovascular</b>	- Skin tone appropriate for patient - Capillary refill $\leq 2$ seconds	- Pale <b>OR</b> - Capillary refill 3-4 seconds <b>OR</b> - Mild tachycardia <b>OR</b> - Intermittent ectopy or irregular HR (not new)	- Grey <b>OR</b> - Capillary refill 4-5 seconds <b>OR</b> - Moderate tachycardia	- Grey and mottled <b>OR</b> - Capillary refill $> 5$ seconds <b>OR</b> - Severe tachycardia <b>OR</b> - New onset bradycardia <b>OR</b> - New onset/increase in ectopy, irregular HR or heart block
<b>Respiratory</b>	- Within normal parameters - No retractions	- Mild tachypnea/increased WOB (flaring, retracting) <b>OR</b> - Up to 40% supplemental oxygen <b>OR</b> - Up to 1L NC $>$ patient's baseline need <b>OR</b> - Mild desaturations $<$ patient's baseline <b>OR</b> - Intermittent apnea self-resolving	- Moderate tachypnea/increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) <b>OR</b> - 40-60% oxygen via mask <b>OR</b> - 1-2 L NC $>$ patient's baseline need <b>OR</b> - Nebs Q 1-2 hour <b>OR</b> - Moderate desaturations $<$ patient's baseline <b>OR</b> - Apnea requiring repositioning or stimulation	- Severe tachypnea <b>OR</b> - RR $<$ normal for age <b>OR</b> - Severe increased WOB (i.e. head bobbing, paradoxical breathing) <b>OR</b> - $> 60\%$ oxygen via mask <b>OR</b> - $> 2$ L NC more than patient's baseline need <b>OR</b> - Nebs Q 30 minutes - 1 hour <b>OR</b> - Severe desaturations $<$ patient's baseline <b>OR</b> - Apnea requiring interventions other than repositioning or stimulation
<b>Staff Concern</b>		- Concerned		
<b>Family Concern</b>		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
- Continue Routine Assessments	- 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	- 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

**A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE**  
Use SBAR communication

**Reference:** McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), <http://dx.doi.org/10.1016/j.pedn.2016.10.005>

	Circle the appropriate score for this category:
Cardiovascular	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

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PICU

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					2ml	2	2	2	2	2			
IV Meds/Flush					<del>4.92</del>	4.92	4.92	4.92	4.92	4.92			
					4.92	4							
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)						
$9.16 \text{ kg} = \frac{916}{24} = 38 \text{ mL/hr}$							$4.92 \times 6 = 29.52 + 12.00 = 41.52 \text{ mL/6hr}$						
							6.92 mL/hr (in 6hrs)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper					35	95	65	60	55	45			
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$9.16 \text{ kg} \times 1 \text{ mL/hr} = 9.16 \text{ mL/hr} \times 24 = 219.84 \text{ mL/24hr}$							$\frac{355}{6} = 59.2 \text{ mL}$						

**Children's Hospital Early Warning Score (CHEWS)**

(See CHEWS Scoring and Escalation Algorithm to score each category)

	Circle the appropriate score for this category:			
Behavior/Neuro	0	1	2	3

	Circle the appropriate score for this category:
Respiratory	<del>0</del> 1 <u>2</u> 3
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent
<b>CHEWS Total Score</b>	
	Total Score (points) <del>0</del> <u>3</u>
CHEWS Total Score	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