

Rafaelia Colmenero

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	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 _____ 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+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: 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	Social Status: <input checked="" 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 Withdrawn 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 Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>2mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: _____ Stool Appearance: <u>family reports</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <u>diarrhea</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>not observed</u>	Site: <input checked="" type="checkbox"/> <u>20g AC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ 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 Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS NS + 20KCl 100mL/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input 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 checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>2 pointer</u> Oxygen Saturation: <u>98%</u>	Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>2</u> quads <input type="checkbox"/> Active <input checked="" type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Nasol/oral</u> Location <u>D</u> Inserted to <u>45</u> cm <input type="checkbox"/> Suction Type: _____	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 Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds 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 Location/Description: _____ Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>Clear liquid</u> Amount/Schedule: <u>as tolerated</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> 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	400	400	400	400	400								2,000
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	100	100	100	100	100								500
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)						Actual Pt IV Rate							
$100 \times 10 = 1000$ $50 \times 10 = 500$ $20 \times 14 = 280$ $1780 \text{ mL} / 24 \text{ hr}, 74.2 \text{ mL/hr}$						100 mL/hr Rationale for Discrepancy (if applicable) to help facilitate fecal passage, dehydration could make the impaction worse.							
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	/	/	/	/	/								
Stool	/	/	/	/	/								
Emesis	/	/	/	/	/								
Other													
Calculate Minimum Acceptable Urine Output						Average Urine Output During Your Shift							
$0.5 \text{ mL} / 44 \text{ kg} = 22 \text{ mL/hr}$						Ø							

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) <u>0</u>
	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: <u>Rafaela Colmenero</u>	Patient Age: <u>15</u>
Date: <u>4/9/25</u>	Patient Weight: <u>44 kg</u>

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
None		
Metabolic Panel Labs		
None		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
None		
Lab TRENDS concerning to Nurse?		
None		

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: Identity v.s. Role Confusion

1. Pt stated she did not like school and showed disinterest in school — could lead to role confusion.
2. Did not observe a second behavior

Piaget Stage: Formal operational Thought

1. Pt was talking about being bullied but how she is the only one ever being bullied at her school.
2. Pt talking about not liking school ~~or~~ and not wanting to go because she feels self-conscious

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

- ~~Ibu~~ ~~Ibuprofen~~ RC
1. Acetaminophen
 2. Aripiprazole
 3. Polyethylene Glycol

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 NS +20meq KCl	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Fluid & electrolyte replacment/maintenance	Electrolytes, especially sodium and potassium to ensure that there isn't fluctuation in the electrolyte levels. Also important to monitor I&O and daily weights for fluid balance	- Severe renal insufficiency, used cautiously in patients with diabetes impaired heart function, need to monitor closey for fluid overload (I& and daily weights)

Student Name: Rafaella Colmenero		Unit: Pedi Medsurge	Patient Initials: V.C.		Date: 4/9/2025	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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,
Lorazepam	Benzodiazepine	Antianxiety	1mg IM ONCE	Yes Click here to enter text.	Click here to enter text.	CNS Depression that can lead to respiratory distress	<ol style="list-style-type: none"> 1. Do not get up without assistance because it can cause fatigue, dizziness, weakness due to hypotensive effect 2. Ask about chance of pregnancy before administering (pt has hit puberty) 3. Can cause drowsiness, and sedation; for nurse before getting up. Will be a hi fall risk in combinationwith hypotensive effect. 4. Ask patient to report any suicidal ideation or increased depression, can increase risk for changes in mood.

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

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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,
Aripiprazole	Dopamine Agonist	Major depressive disorder	4mg PO Daily	Yes Click here to enter text.	Click here to enter text.	Headache, agitation, insomnia	<ol style="list-style-type: none"> 1. BLACK BOX: Can worsen suicidal thoughts and behaviors, monitor for worsening or emerging thoughts. 2. CNS depression can lead to respiratory distress, monitor respirations and O2 sat 3. Be sure patient knows not to get up without assistance. It can cause confusion, dizziness, and drowsiness which can lead to falls 4. Educate patient that falls are even higher risk due to CNS depression create a hypotensive effect that can make them feel fatigue and weakness.
Polyethylene Glycol	Laxative	Constipation	10-40mL/kg/hr not to exceed 800mL/hr	Choose an item. Click here to enter text.	Click here to enter text.	Abdominal cramps, bloating	<ol style="list-style-type: none"> 1. Monitor electrolyte balance especially sodium and potassium due to increased risk for imbalance from dehydration 2. Monitor I&O and take daily weight 3. Ask patient to report all bowel movements, including how many, change in color and consistency 4. Stop administration immediately if blood is found in stool

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
DS 1/2NS + 20KCl 10ml/hr	Isotonic <input type="checkbox"/> Hypotonic <input checked="" type="checkbox"/> Hypertonic <input type="checkbox"/>	Fluid & electrolyte replacment/maintenance	Electrolytes, especially sodium and potassium to ensure that there isn't fluctuation in the electrolyte levels. Also important to monitor I&O and daily weights for fluid balance	- Severe renal insufficiency, used cautiously in patients with diabetes impaired heart function, need to monitor closey for fluid overload (I& and daily weights)

Student Name: Rafaela Colmenero		Unit: Pedi Medsurg	Patient Initials: L.B		Date: 4/9/2025	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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,
Acetaminophen	Analgesic	Pain	15mg suspension PO Q6 PRN	Yes Click here to enter text.	Click here to enter text.	Liver toxicity	1. Monitor respirations before administering, do not give if less than 20/min 2. Monitor skin color and eyes for jaundice, toxicity can occur in the liver 3. Educate parents on signs of liver toxicity: jaundice, N/V 4.
Ibuprofen	NSAID	Pain	50mg suspension PO Q6 PRN	Yes	Click here to enter text.	Nephrotoxicity	1. Monitor I&O closely and daily weight monitor kidney function 2. If GI upset occurs, give with milk/formula 3. Monitor bowel movements and change in stool color/consistency due to increase

Adopted: August 2016

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

Student Name: Rafaella Colmenero		Unit: Pedi Medsurg	Patient Initials: L.B		Date: 4/9/2025	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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,
							risk for GI bleeding, ulcerations 4. Do not give to infants under 6mo
				Choose an item.	Click here to enter text.		1. 2. 3. 4.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adopted: August 2016