PF/2

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Cassie Jimenez **Date:** 4/9/25	**Patient Age:** 7yrs old **Patient Weight:** 20.4 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Acute appendicitis, the appendix ruptured.	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** pain / abdominal assessment
3. Identify the most likely and worst possible complications. most likely possible complication would be a perforation. The worst possible complication would be sepsis from a rupture.	**4. What interventions can prevent the listed complications from developing?** Recognizing symptoms early such as RLQ pain, fever, tenderness in area recurrent. removing the appendix before rupture. Give IV antibiotics before surgery.
5.What clinical data/assessments are needed to identify these complications early? worsening abdominal pain, rebound tenderness or guarding. WBC count to see if elevated Vital Signs Imaging (CT scan of abdomen ultrasound)	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** notify HCP immediately prepare for emergency surgery give IV fluids antibiotics monitor closely (VS)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Distraction techniques -games, tablet, TV, books, toys appropriate to age, music 2. making them comfortable allow parent/guardian to hold them keep parent at bedside with them	**8. Patient/Caregiver Teaching:** 1. Teach how to clean and care for post Op incision sites. 2. Explain the childs activity limitations (no heavy lifting, running, lots of rest 3. Teach how to give analgesics safely at correct times and dose. **Any Safety Issues identified:** no

Student Name: Date:	Patient Age: Patient Weight: 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: Industry vs Inferiority

1. pt painting a picture for her child life caregiver asked mom if she thought it was pretty enough
2. pt wanted to push her IV pole around by herself with no assistance.

Piaget Stage: Concrete Operational period

1. pt had a collection of pink paints
2. pt understood pushing the med through her IV would help make her pain stop.

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

I administered Ketorolac through her IV.

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 4mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: ☑ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically

Grips: Right 5 Left 5

Pushes: Right 5 Left 5

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 ____

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: amber

Stool Appearance: dark brown/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 ____ Location ____ Inserted to ____cm ☐ Suction Type: ____

NUTRITIONAL

Diet/Formula: liquid

Amount/Schedule: 6-8 oz q2 anytime

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: peripheral IV ☐ INT ☐ None ☐ Central Line

Type/Location: ② anterior antecubital 22g

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

Dressing Intact: ☑ Yes ☐ No

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: Incision (L) (R) abdomen

Mucous Membranes: Color: ____ ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☑ Faces

Location: no pain

Type: ____

Pain Score:

0800 0 1200 0 1600 0

WOUND/INCISION

☐ None

Type: Incision

Location: (L) (C) Abdomen / abdomen

Description: mid laparoscopic surgery

Dressing: Steri strips

TUBES/DRAINS

☑ None

☐ Drain/Tube

Site: ____

Type: ____

Dressing: ____

Suction: ____

Drainage amount: ____

Drainage color: ____

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed							120mL		150mL				
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)

20.4

10Kg x 100 = 1000 mL
10Kg x 50 = 500 mL
0.4 x 20 = 8 mL
1,508 mL
24 hrs = 62.8 mL/hr

Combined Total Intake for Pt (mL/hr)

270 mL

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							1000mL		860mL				
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5 mL/20.4 kg/12 hr = 22.4 mL

Average Urine Output During Your Shift

1,860 mL

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) 0
	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

IM5 Clinical Worksheet – PICU

Student Name: Cassie Jimenez **Date:** 4/9/25	**Patient Age:** 5wk old **Patient Weight:** kg 2.9
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Bilateral pneumonia — Infection in the lungs causing inflammation in small air sacs can fill up with fluid.	**2. Priority Focused Assessment R/T Diagnosis:** Respiratory status, respirations, lung sounds, oxygenation, respiratory symptoms.
3. Identify the most likely and worst possible complications. most likely complications are respiratory distress dehydration and acute otitis media. worst possible complications are respiratory failure, sepsis, permenent lung damage	**4. What interventions can prevent the listed complications from developing?** Teaching parents about recognizing signs + symptoms. not smoking around baby Suctioning nose and mouth oxygen therapy adequate fluid intake antibiotic therapy
5. What clinical data/assessments are needed to identify these complications early? Respiratory Rate — fever SpO2 — Intake and output Use of accessory muscles Tachypnea nasal flaring wheezing / crackles in lungs	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Administer supplemental oxygen Clear secretions with nasal suction or suction catheter measure VS frequently Administer IV ABX Give fluids IV / Intubate
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. holding the baby / skin to skin with mom or dad to bring down fever and give comfort 2. Sing to the baby or play them music or mom and dads voice for a reminder	**8. Patient/Caregiver Teaching:** 1. Smoking cessation 2. Teach parents the signs and symptoms to look for in respiratory distress 3. Practice hand hygeine and limiting visitors **Any Safety Issues Identified:** patient also had a heart defect and coded once before.
Please list any medications you administered or procedures you performed during your shift: NA	

PICU

GENERAL APPEARANCE

Appearance: ☐Healthy/Well Nourished ☑Neat/Clean ☐Emaciated ☐ Unkept

Developmental age: ☑Normal ☐ Delayed for Infant

NEUROLOGICAL

LOC: ☑Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive

Oriented to: Infant ☐ Person ☐ Place ☐ Time/Event ☑Appropriate for Age

Pupil Response: ☐ Equal ☐ Unequal ☐ Reactive to Light ☐ Size Infant

Fontanel: (Pt < 2 years) ☑Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: ☑Able to move all extremities ☐ Symmetrically ☐ Asymmetrically

Grips: Right NA Left NA

Pushes: Right NA Left NA

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: 5 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 clear

Consistency thick

Suction: ☑Yes ☐ No Type wall suction oral/nasal

Pulse Ox Site RD leg

Oxygen Saturation: 93%

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 2 L 2

Lower R 2 L 2

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow/clear

Stool Appearance: did not go yet

☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

last BM yellow/mucus @ 0715

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 NO

Location Nasal Inserted to 20 cm

☐ Suction Type: NO

NUTRITIONAL

Diet/Formula: Similac Sensitive

Amount/Schedule: 3oz 10mL/hr

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 Infant

Social/emotional bonding with family: ☑Present ☐ Absent

IV ACCESS

Site: Dorsum palm ☑INT ☐ None

☐ Central Line

Type/Location: peripheral IV

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

Dressing Intact: ☑Yes ☐ No

Fluids: NA

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

Scale Used: ☐ Numeric ☑FLACC ☐ Faces

Location: ____

Type: ____

Pain Score:

0800 ____ 1200 0 1600 0

WOUND/INCISION

☑**None**

Type: ____

Location: ____

Description: ____

Dressing: ____

TUBES/DRAINS

☑**None**

☐ **Drain/Tube**

Site: ____

Type: ____

Dressing: ____

Suction: ____

Drainage amount: ____

Drainage color: ____

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed							10mL	10mL	10mL				30mL
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid				10mL	10mL	10mL	10mL	10mL					50mL/hr
IV Meds/Flush													

4/7/25

Calculate Maintenance Fluid Requirement (Show Work)	Combined Total Intake for Pt (mL/hr)
$3kg \times 100 = \frac{300mL}{24hr} = 12.5mL$	~~60mL~~ 30mL 4/8/25

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper								60mL					
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output	Average Urine Output During Your Shift
$1mL/2.9kg/12hr = 34.8mL$	60mL

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) 5
	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