

## IM5 Clinical Worksheet – Pediatric Floor

<p><b>Student Name:</b> Lauren Beaudoin <b>Date:</b> 4/9/25</p>	<p><b>Patient Age:</b> 7 Y/O <b>Patient Weight:</b> 24 kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b> Acute appendicitis with generalized peritonitis with perforation.</p> <p>Appendix becoming irritated and can burst, this break causes fluid and possible infection to leak into abdominal cavity creating inflammation of the lining of abdominal cavity.</p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b></p> <p>Abdominal assessment</p>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <p>Infection can become sepsis And lead to possible death</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <p><b>5.</b> Administering the correct antibiotic to treat infection if present.</p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <p>Vital signs WBC counts Pain or swelling in stomach</p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <p>Monitor vital signs Encourage rest and fluids</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p><b>1.</b> Crafts for pt. to do from bed to distract pain while encouraging rest.</p> <p><b>2. Music or pet therapy for pain distraction</b></p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <p><b>1.</b> Teach parent s/s of worsening infection.</p> <p><b>2.</b> Teach to call if child seems to be in pain so we can assess and stay on top of pain management to prevent breakthrough pain.</p> <p><b>3.</b> Teach how to assess stomach incisions and what abnormal finding need to be reported</p> <p><b>Any Safety Issues identified:</b> Medical ID bracelet was not on the patient.</p>

Student Name: <i>Lauren Beaudoin</i>	Patient Age: <i>7Y10</i>
Date: <i>4/9/25</i>	Patient Weight: <i>24 kg</i>

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?		
<i>no labs concern nurse</i>		

**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**

- was excited to go back to school to learn new things.*
- got really shy + did not talk when IV was confirmed due to previous bad experience.*

**Piaget Stage: Concrete operational period**

- Classifications + logic: showed us collections of stitch stuffed animals.*
- used logic to know we were going to start new IV before we even said so.*

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

- amlodipine, Ketorolac, escitalopam,*
- wound pictures*
- NG tube placement*
- assisted in IV placement*

### Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" 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 checked="" 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>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>Social Status:</b> <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" 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 checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" 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 <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> _____ <b>Stool Appearance:</b> _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>R 20g AC</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input 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 checked="" 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>D5 NS + KCl 20 @ 61 ml/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<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 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 <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ 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 checked="" 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 _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>R fingers</u> <b>Oxygen Saturation:</b> <u>96%</u>	<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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>Color:</b> <input checked="" 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 checked="" 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: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	<b>Diet/Formula:</b> <u>liquid diet</u> <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Scale Used:</b> <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> 0800 <u>0/10</u> 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<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> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None <b>Type:</b> <u>incisions (2)</u> <b>Location:</b> <u>abdomin</u> <b>Description:</b> <u>clean/dry/steri-strip</u> <b>Dressing:</b> <u>none</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" 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	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

**Pediatric Floor Patient #1**

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed													
Intake – PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	61	61	61	61									244ml
IV Meds/Flush													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b> 24 kg $10 \times 100 = 1,000 \text{ mL}$ $10 \times 50 = 500 \text{ mL}$ $4 \times 20 = 80 \text{ mL}$ <hr/> $1,580 \text{ mL/day} = 65.9/66 \text{ mL/hr}$							<b>Actual Pt IV Rate 61 mL/Hr</b>  <b>Rationale for Discrepancy (if applicable)</b> Pt. is taking oral fluid as well						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b> $24 \times 0.5 = 12 \text{ mL/Hr}$							<b>Average Urine Output During Your Shift</b>						

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

### CHEWS Scoring and Escalation Algorithm

	0	1	2	3
<b>Behavior/Neuro</b>	<ul style="list-style-type: none"> <li>- Playing/sleeping appropriately OR</li> <li>- Alert, at patient's baseline</li> </ul>	<ul style="list-style-type: none"> <li>- Sleepy, somnolent when not disturbed</li> </ul>	<ul style="list-style-type: none"> <li>- Irritable, difficult to console OR</li> <li>- Increase in patient's baseline seizure activity</li> </ul>	<ul style="list-style-type: none"> <li>- Lethargic, confused, floppy OR</li> <li>- Reduced response to pain OR</li> <li>- Prolonged or frequent seizures OR</li> <li>- Pupils asymmetrical or sluggish</li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>- Skin tone appropriate for patient</li> <li>- Capillary refill <math>\leq</math> 2 seconds</li> </ul>	<ul style="list-style-type: none"> <li>- Pale OR</li> <li>- Capillary refill 3-4 seconds OR</li> <li>- Mild tachycardia OR</li> <li>- Intermittent ectopy or irregular HR (not new)</li> </ul>	<ul style="list-style-type: none"> <li>- Grey OR</li> <li>- Capillary refill 4-5 seconds OR</li> <li>- Moderate tachycardia</li> </ul>	<ul style="list-style-type: none"> <li>- Grey and mottled OR</li> <li>- Capillary refill <math>&gt;</math> 5 seconds OR</li> <li>- Severe tachycardia OR</li> <li>- New onset bradycardia OR</li> <li>- New onset/increase in ectopy, irregular HR or heart block</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>- Within normal parameters</li> <li>- No retractions</li> </ul>	<ul style="list-style-type: none"> <li>- Mild tachypnea/ increased WOB (flaring, retracting) OR</li> <li>- Up to 40% supplemental oxygen OR</li> <li>- Up to 1L NC <math>&gt;</math> patient's baseline need OR</li> <li>- Mild desaturations <math>&lt;</math> patient's baseline OR</li> <li>- Intermittent apnea self-resolving</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR</li> <li>- 40-60% oxygen via mask OR</li> <li>- 1-2 L NC <math>&gt;</math> patient's baseline need OR</li> <li>- Nebs Q 1-2 hour OR</li> <li>- Moderate desaturations <math>&lt;</math> patient's baseline OR</li> <li>- Apnea requiring repositioning or stimulation</li> </ul>	<ul style="list-style-type: none"> <li>- Severe tachypnea OR</li> <li>- RR <math>&lt;</math> normal for age OR</li> <li>- Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR</li> <li>- <math>&gt;</math> 60% oxygen via mask OR</li> <li>- <math>&gt;</math> 2 L NC more than patient's baseline need OR</li> <li>- Nebs Q 30 minutes – 1 hour OR</li> <li>- Severe desaturations <math>&lt;</math> patient's baseline OR</li> <li>- Apnea requiring interventions other than repositioning or stimulation</li> </ul>
<b>Staff Concern</b>		- Concerned		
<b>Family Concern</b>		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> <li>- Continue Routine Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Notify charge nurse or LIP</li> <li>- Discuss treatment plan with team</li> <li>- Consider higher level of care</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>- Notify attending physician</li> <li>- Discuss treatment plan with team</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>

**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), <https://doi.org/10.1016/j.pedn.2016.10.005>

## 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 + KCl 20 @61mL/Hr	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Fluid and electrolyte replenishment	Potassium lvls	Hypervolemia

<b>Student Name:</b> Lauren Beaudoin		<b>Unit:</b> Pedi-med-surge	<b>Patient Initials:</b>		<b>Date:</b> 4/9/2025	<b>Allergies:</b> 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, Etc.)
Amlodipine	Calcium channel blocker	Decrease BP	5mg Per G-tube Q12hrs	Yes Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Hold for systolic &lt;90 /Diastolic &lt;60.</li> <li>2. Teach to keep medication refrigerated.</li> <li>3. Teach mom to shake well before giving.</li> <li>4. Take/teach blood pressure before giving</li> </ol>
Ketorolac	Analgesics-Anti inflammatory	Pain management	10mg IV Q6hrs	Yes Click here to enter text.	Diluted in 10mL sodium chloride	Abdominal pain Cramps N/V/D	<ol style="list-style-type: none"> <li>1. Call before getting up, this med can cause dizziness.</li> <li>2. Teach BBW:Do not take with NSAIDs</li> <li>3. Report any signs of pain or itching at injection site.</li> <li>4. Report any tarry stools or vomit that looks like coffee grounds.</li> </ol>
Escitalopam	Antidepressant	Tx depression	5mg Tab Per G-tube Daily	Yes Click here to enter text.	5mL sterile water	Headache N/D Insomnia Dizziness Fatigue	<ol style="list-style-type: none"> <li>1. Avoid grapefruit/GFjuice while taking.</li> <li>2. Teach to give med same time every day as when at home.</li> <li>3. Do not stop taking abruptly risk of rebound depression.</li> <li>4. Report signs of suicide. BBW: Suicidality</li> </ol>