

PEDI(3N), PICU, PED, OUTPT
Nicole Myres MBA, MSN, RN-BC
806-786-0047

General Information

- Epic unit is TPM-PEDI- I am your co-signer (Nicole MYRES)
- Look for opportunities to stay with your TPCN as much as possible. Think of Clinicals as a pre-interview. Whether you want a job at CCH CMC or UMC nursing is a small community, and you will be noticed for the way you act during clinical (Good or bad).
- If at any time you are made to feel uncomfortable by someone around you (anger outburst, inappropriate behavior, or language etc.) leave if there isn't a risk of harm to the patient or send me a text to come remove you from the situation.
- Nurses are no longer allowed to carry supplies (alcohol/caps/saline flush) in their pockets. Please plan accordingly when gathering supplies for med administration or procedure. There is not a supply box at the bedside.
- Refer to clinical paperwork information on LMS. If you have any questions on clinical paperwork, please ask-

Post Clinical:

- During post clinical- Use the QR code on the back of your badge to complete the survey every day. This information goes to student welfare and is useful planning clinical sites.
- Post clinical starts at 1130- location can change each day. Make sure you know where post clinical is for the day.
- If you can finish experiencing a great learning opportunity and will be late to post clinical, please text me so I do not send the search party for you.

Unit Specifics

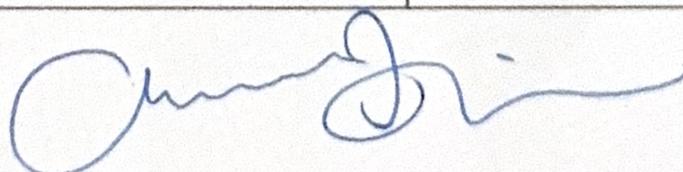
- **PED-** split time between triage and the back. Mornings can be slow. It is ok to bring lecture notes to study for the exam. You will complete assigned reflection questions-ask the staff around you for their thoughts.
- **PICU-** watch for procedure opportunities (BMA/LP). Med sheet only meds you give while on the unit. Paperwork on 1 patient.
- **PEDI-** I will be your required cosigner in EPIC. You will complete and chart daily weights and vital signs at 0800 on both patients. Med sheet includes both patients all scheduled meds and any PRN given in the last 24 hours. Full paperwork on 1 of your 2 patients
- **GI LAB/Outpt Surgery-** You will complete assigned reflection questions-ask the staff around you for their thoughts. Your focus is on Pedi however you may help with any patient.

Pedi Floor Codes:

- Student Room- 56990
- C/S and Clean Utility Room- 11011
- Medication Rooms-10111

Clinical Expectations for Mrs. Myres:

- Make sure you have access to computers and EPIC **PRIOR** to coming to clinical. This is your responsibility.
- Kindly notify me by text for absence or tardy. You will be counted tardy if not in NICU waiting room by 0630.
- Cell Phones should not be used in clinical. If you need to take a personal call, step off the unit.
- If you are not in clinical dress code at 0630 you will receive a tardy. If you cannot correct immediately, you will be sent home and receive a **CLINICAL** absence.
- No food or drink at the nurse's stations
- Help your peers and TPCN. Answer calls lights. Help lift/transfer. At the same time, manage your time wisely. Follow your TPCN as much as possible. They have so much to teach.
- No medications in flush syringe
- Gloves to be worn for ALL medication prep and administration.
- One handed recap for all blunt needles during prep in med room. Never recap a needle used on a patient.
- All procedures done with TPCN or instructor present even removing INT. Review procedure progression guidelines on LMS homepage
- Cannot give any meds (including saline flush) without an instructor or TPCN present. Review medication progression guidelines on LMS home page
- Breakfast/Lunch you can grab a quick snack (10 minutes) on your own. Since we are only in clinical for 6 hours lunch is after post clinical.
- Play **CLINICAL BINGO-** Winner gets a surprise
- **WORK HARD/HAVE FUN**☺



PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed			228	170									348
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid			100										
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)						
10×100 10×50 $9.6 \times 20 = 192 + 1500$ <u>70.5 mL/hr</u>							Patient reviewed fluid PO						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper					90								
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
14.8 mL/hr 29.6 kg							15 mL/hr						

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"/> 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 <input checked="" type="radio"/> 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>3</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

IM5 Clinical Worksheet – PICU

<p>Student Name: Avevey Fira Date:</p>	<p>Patient Age: 10y Patient Weight: 24kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) (acute respiratory failure) Pneumonia + Rhinovirus</p>	<p>2. Priority Focused Assessment R/T Diagnosis: Respiratory</p>
<p>3. Identify the most likely and worst possible complications. Respiratory failure could occur</p>	<p>4. What interventions can prevent the listed complications from developing? O2 therapy, fluids, steroids</p>
<p>5. What clinical data/assessments are needed to identify these complications early? Monitor abnormal VS VS: RR, HR, O2 look for: nasal flare, mouth breathing etc...</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Call rapid response</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. iPad pt played Roblox 2. Spiderman show</p>	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Proper PPE usage 2. good handwashing 3. avoid triggers <p>Any Safety Issues Identified: to my knowledge I saw no safety issues</p>
<p>Please list any medications you administered or procedures you performed during your shift:</p> <p style="text-align: center;">decadron 16mg PO</p>	

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input 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 type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" 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 checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ 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: <u>clear/yellow</u> Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Rt AC 20g</u> <input checked="" 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: _____
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 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 checked="" type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: <u>11</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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>L foot</u> Oxygen Saturation: <u>97%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>3</u> quads <input type="checkbox"/> Active <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ 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 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	PAIN
	Diet/Formula: <u>Regular</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	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 _____
	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 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 type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	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 <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Avery Fira

Unit: PICU

Pt. Initials: I.O

Date: 4/9/25

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
no IVF INT cath	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?				
				If not, why?				
Dexamethasone	corticosteroid	treat inflammation and regulate immune response	16mg PO daily	yes			agitation, aggression, anxiety, blurred vision	<ol style="list-style-type: none"> 1. Do not stop med abruptly can make aggression worse 2. may become more hungry due to medication 3. monitor WBC increased risk for infection 4. monitor blood sugars for hyperglycemia
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.