

Ameer Hamid
05/08/25
#384

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Delayed	Pulse: <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 _____ 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>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input 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 type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <u>None</u> Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>3</u> Left <u>3</u> Pushes: Right <u>3</u> Left <u>3</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>clear/yellow</u> Stool Appearance: <u>brown/firm</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>no on diaper</u>	Site: _____ <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 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 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 checked="" 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>R-pointer finger</u> Oxygen Saturation: <u>92%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> <u>4</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 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 checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input 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: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Regular diet/low carb</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u>
	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 <input checked="" type="checkbox"/> No pain 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: _____	<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: _____

elastic

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <i>Ameer Hyron</i> Date: <i>05/07/25</i>	Patient Age: <i>14 years old</i> Patient Weight: <i>kg</i>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <i>CC- Diabetes mellitus Type 1</i> Body's inability to produce enough insulin which leads to increase glucose levels in patient's blood stream.	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <i>Frequent blood sugar test</i>
3. Identify the most likely and worst possible complications. If his blood sugar is poorly controlled, then it can lead to DKA which can lead to death.	4. What interventions can prevent the listed complications from developing? <i>Administer SQ insulin</i>
5. What clinical data/assessments are needed to identify these complications early? Frequent urination, excessive thirst, excessive excessive hunger can be an indication of a type 1 diabetes	6. What nursing interventions will the nurse implement if the anticipated complication develops? Giving fluids due to dehydration and administering rapid acting insulin
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. <i>toys - like toys that lights up</i> 2. <i>Dist soda - in exchange for him taking his medication</i>	8. Patient/Caregiver Teaching: 1. <i>Monitor s/s of hypoglycemia - blurred vision, irritability, pale skin</i> 2. <i>Use distraction to keep him from hitting himself</i> 3. <i>Rotate injection site</i> Any Safety Issues identified: <i>None</i>

Student Name: Ameer Horro
Date: 05/08/25

Patient Age: 14 y/o
Patient Weight: 57 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	3.91	Trending down that may be caused by increase blood sugar levels
Platelet Count	206	Staying in normal ranges which is good due to patient's increased risk of bleeding
Metabolic Panel Labs		
Blood glucose	220	Can be controlled by eating + insulin
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	3.40	Important to keep levels high due to the patient's increased risk of infection.

Lab TRENDS concerning to Nurse?

RBC due to it trending down

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: Initiative v. guilt

1. Patient would stop cooperating when we took his toy away.
2. Patient was willing to eat the top of pudding on his own.

Piaget Stage: Pre-operational (Toddler)

1. Patient would imitate our facial expression.
2. Patient played with his toy like Andy did in Toy Story.

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

Administered SQ rapid acting insulin, PO escitalopram, PO clonidine, PO lorazepam, PO lamotrigine, PO risperidone

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			240 mL										240 mL
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)							Actual Pt IV Rate						
$10 \times 100 = 1000$ $10 \times 50 = 500$ $37 \times 20 = 740$ $2,240 / 24 \text{ hr.} = \underline{93.3 \text{ mL/hr.}}$							No IV Rationale for Discrepancy (if applicable) No IV						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													X 0.6 mL/kg
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \times 57 = \underline{28.5 \text{ mL/hr}}$							diaper x 1 occurrence						

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 <u>2</u> 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: <u>0</u> 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>2</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

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?			
Insulin lispro	Insulin	To lower blood sugar levels	7 units SQ 3X Daily BEFORE meals	<u>Yes it is</u> with in range			Hypoglycemia Hypokalemia Weight gain	1. It is important to have food present before administering this medication 2. Monitor for signs of hypoglycemia, like cold and pale skin, anxious/irritable, confusion 3. Frequent blood sugar test should be done with this patient; every 3-4 hours
Clonidine	Antiadrenergic	To help patient with their insomnia	0.1 Mg PO 2X Daily	<u>Yes it is</u> with in range			Drowsiness Depression Insomnia Constipation	1. In children, this may cause them to experience nightmares and insomnia so monitor sleeping habits 2. May cause hypotension so <u>monitor</u> for signs and symptoms, like blurred vision, pale skin, confusion, rapid and shallow breathing 3. Can cause constipation so <u>monitor</u> for bowel movements
Escitalopram	SSRI	To help treat depression and <u>anxiety</u> ; irritability in autistic children	20 mg PO Daily	<u>Yes it is</u> with in range			N/D Constipation Drowsiness Shaking Dry mouth	1. May cause dry mouth so taking in fluids is important 2. Monitor electrolyte especially sodium because this medication can cause sodium levels to drop 3. May cause withdrawal symptoms if stopped abruptly



Lamotrigine	Anticonvulsant	To help with behavioral changes due to Trisomy 21	100 mg PO 2X Daily	<u>Yes it is</u> with in range		Mood changes Diarrhea Tremors Headache Dizziness	<ol style="list-style-type: none"> 1. Monitor for rash and report immediately if observed 2. Slowly get up because this can cause dizziness 3. Observe for mood/behavioral changes like irritability, aggression, sadness
Lorazepam			1 mg PO 2X Daily			Drowsiness Weakness Unsteadiness Drug dependency	<ol style="list-style-type: none"> 1. Slowly get up when taking this medication because it can cause impaired coordination and balance 2. Monitor for signs of respiratory depression, like blurred vision, slurred speech, confusion 3. Can develop dependence with long term use
<u>Risperidone</u>			2 mg PO 3X Daily			Restlessness Sleepy Headache Weight gain	<ol style="list-style-type: none"> 1. May cause the patient to be restless so minimize stimulation around the patient as much as possible 2. Weigh patient because this can cause weight gain which may be mistaken for something else 3. May cause increased in appetite which may be mistaken for hyperglycemia



Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?

Tubial Ligation, Labial adhesion separation surgery

2. The majority of the patients who came into the Outpatient Surgery were from which age group?

Was this what you expected?

I would say between 9 months and 3 years old. No I did not expect this.

3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?

How we interacted with the 9 month old compare to the 3 year old was more on a primitive level

4. What types of procedures did you observe or assist with?

None

5. What are some common post-op instructions given to the patient/caregivers?

Monitor for bleeding, stay hydrated, limit activity, don't soak surgery areas

6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?

The child life specialist gave a little boy a TMNT gown and he loved it

7. What complications (red flags) from anesthesia did you watch for and how did you monitor?

7. What complications (red flags) from anesthesia did you watch for and how did you monitor?

We did not have any complications or red flags

8. What is the process for obtaining a procedural consent for a pediatric patient?

Through a legal guardian

9. How does the NPO status change based on age or if infant takes breast milk vs formula?

4 hours pre op for breast milk and 6 hours pre op for formula

Ameer Haron

10. What role does the Child Life Specialist play in the Outpatient Surgery? If not observed, how could they be part of your interdisciplinary team?

They provide comfort and serves a distraction from what observed