

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Amanda Miller Date: 04/08/2025	Patient Age: 12yo F Patient Weight: 70.3kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) strep throat - peritonsillar abscess Bacterial infection in the throat caused by streptococcus that requires antibiotics	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: - Airway / Respiratory - Fever & sepsis
3. Identify the most likely and worst possible complications. Most likely complication: mild fever before full recovery <u>Worst possible complication:</u> Death caused by sepsis	4. What interventions can prevent the listed complications from developing? • strict antibiotic schedule • increased fluid intake • treat symptoms
5. What clinical data/assessments are needed to identify these complications early? monitor V/S - BP, HR, RR, Temp assess throat - visualize tonsil, monitor output - I&O	6. What nursing interventions will the nurse implement if the anticipated complication develops? - rapid response - notify physician - treat patient!
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. cell phone - pt likes TikTok 2. coloring - pt was actively coloring during rounds	8. Patient/Caregiver Teaching: 1. complete entire antibiotic treatment 2. contagious! wash hands, sanitize, separate household members, if possible 3. maintain fluid intake to help antibiotics work & prevent Any Safety Issues identified: dehydration 😊 clean room & patient very aware of cords & tubes!

Student Name: Amanda Miller
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Patient Age: 12 yof
Patient Weight: 70.3kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
10.75 K/uL 	4/7	indicative of infection, in this patient - she is \oplus for strep throat.
range: 1.50 - 8.00 K/uL		
Lab TRENDS concerning to Nurse?		
Not at this time		

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 vs Role Confusion

1. patient is currently menstrating. She would "forget" to catch urine in the hat for the nurse to measure I&O.
2. Her hair was chemically color dyed and her bangs were covering her eyes.

Piaget Stage: Formal Operational thought | Concepts of self

1. I told the patient it was time for a daily weight. She was sitting in bed with her phone. Rolled her head/eyes back and sighed.
2. when the patient stepped on the scale, she kept turning/folding her toes so I couldn't see her feet. Immediately when finished she ran back into bed and wrapped the blanket around her feet and legs.

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

Just handed out smiles & giggles 😊

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 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 checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3</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 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 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: <u>Brown/formed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>20g Hand</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: <u>110 ml/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 <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> 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>left index</u> Oxygen Saturation: <u>98%</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 X <u>4</u> quads <input checked="" 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 checked="" 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: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Regular solid</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>NA</u> Type: <u>NA</u> 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 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: _____

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	240	240		480								1,200 mL
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	110	110	110	110	110								550 mL
IV Meds/Flush		100											100 mL
													1,850 mL
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
<p>70.3 kg</p> $100 \text{ mL} \times 10 \text{ kg} = 1000 \text{ mL}$ $50 \text{ mL} \times 10 \text{ kg} = 500 \text{ mL}$ $20 \text{ mL} \times 50.3 \text{ kg} = 1006 \text{ mL}$ $= 2,506 \text{ mL/day}$ $\rightarrow 104.42 \text{ mL/hr}$							110 mL/hr Rationale for Discrepancy (if applicable)						
OUTPUT													
Urine/Diaper	300		300		400								1,000 mL
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \text{ mL} \times 70.3 \text{ kg} = 35.15 \text{ mL/hour}$ 1 hour							$1000 \text{ mL} \div 5 \text{ hours} = 200 \text{ mL/hour}$						

PO/IV together
total

Balance:
+ 850 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) <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: Amanda Miller Unit: pedi AM Pt. Initials: _____ Date: 04/08/2025

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	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)		
D5W & 0.9% NS @ 20 mL/hr									
Ampicillin-sulbactam	penicillin antibiotic	treatment of bacterial infection	50mg/kg q6 200mg initial NS	200mg/kg/day divided q6 14,000 mg/day 3,515 mg/dose No - underdose	IVPB 2000 mg / 100 mL NS over 30 mins (200 mL/hr)	Palpitations fever diarrhea	1. monitor admin site for adverse reactions 2. report severe N/V/D 3. Dark colored urine - call HCP. 4. Jaundice - monitor liver enzymes	hyperkalemia	
dexamethasone	cortico-steroid	Inflammation	10mg IVP once	0.1mg/kg max 12mg 42.18 mg/dose yes.	10 mg / 50 mL	Racing HR N/V	1. can cause decrease in immune system educate infection control 2. DIZZINESS, stand up slowly with assistance 3. minor burning to groin may occur, will subside - flush slowly. 4. may cause fluid retention, HTN.		
Ketorolac	NSAID	acute pain inflammation	15mg SIVP q4-6 PRN	0.5 mg/kg max 90mg 55.15 mg yes	15 mg SIVP 2-4 mins	GI upset - nausea Headache	1. can increase risk of bleeding, soft brittle tooth brush - no flossing, soft 2. Blood in emesis or stool, contact HCP 3. Reduced output or lower extremity swelling can be AKI, contact HCP 4. Don't take other NSAIDs like Ibuprofen		
Acetaminophen (Airmen)	antipyretic analgesic	mild pain or fever	1000mg IVPB once	15mg/kg 1054.5mg yes	1000 mg / 100 mL	N/V constipation agitation	1. clay colored stool and jaundice could be liver damage, contact HCP 2. monitor injection site for reaction - redness, swelling 3. ETOH should be stopped or limited to prevent possible liver damage. 4. monitor liver enzymes		

GI Lab Reflection Questions

1. What types of patients (diagnoses/ procedures) did you see in the GI lab?

- EGD
- Colonoscopy
- Fecal rectal impaction

2. What prep is required for patients based on scheduled procedure?

For an EGD:

The patient is to be NPO after midnight.

For a colonoscopy:

The patient mixes roughly 17 capfuls of miralax in 64 ounces of gatorade and drinks it 48 hours before the procedure. The patient is also on a clear liquid diet and NPO beginning at midnight the morning of the surgery.

3. How did growth and development come into play when caring for patients?

Growth & Development play a role in how you speak, treat, and interact with the patient.

Examples]

- Always explain a procedure to the patient in age appropriate terms
- Small children get fun cartoon hospital gowns ('Goosebumps' the movie)

4. What is the process for obtaining consents for the procedure?

The physician is responsible for explaining the procedure, possible risks, complications, and any alternative form of treatment if available; answers any and all questions the patient has. The anesthesiologist goes over the sedation procedure, along with the associated risks and complications. The RN then ensures all parts of the form are appropriately completed, and acts as a witness.

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

EGD: sorethroat is common, cold therapy helps to relieve pain and inflammation. Nausea is also common, avoid foods that are greasy and spicy if possible.

Colonoscopy: rectum may be sore, avoid strenuous activity. A small amount of bright red blood may be present, this is normal. More than 1 teaspoon of blood is a concern, contact your physician immediately.

6. Give examples of non-pharmacological comfort nursing interventions you saw.

- Each patient got to pick out a special pillow to keep, which are handmade and donated by a local church.
- The nurses spoke soft and kindly. Everyone had a positive and calm energy.
- Atraumatic care! If the child is under 10 years old, protocol requires the IV be placed once the child has been successfully sedated just prior to the procedure.

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

Allergic reaction : redness, hives, facial edema, tachycardia

Pain/Distress : RR, HR, rapid eyemovement, tearing, or suspected purposeful movement

8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?

When a patient comes in, a nurse greets them and takes them to a bed where they will be given a gown. Vitals are obtained and patient is placed on telemetry, asked all the pre-procedure questions, and IV access obtained.

Pre-procedure --> Procedure performed --> Recovery

Everyone helped everyone to accomplish the goal.

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

Breast milk: 4 hours prior

Formula: 6 hours prior

Procedures usually go by age if possible, with infants taking priority!

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

They provide distraction via toys, coloring, conversation, and play.

The main thing child life is used for in the GI lab is with the teaching of NG tubes. If a child is getting a tube it can be scary. So child life prepares them for the procedure, the after care, what they will look like with their tube, how to take care of it, etc.