

## IM5 Clinical Worksheet – Pediatric Floor

<p><b>Student Name:</b> <i>Jailene Gonzalez</i>  <b>Date:</b> <i>04/09/2025</i></p>	<p><b>Patient Age:</b> <i>3yo.</i>  <b>Patient Weight:</b> <i>12.1 kg</i></p>
<p><b>1. Admitting Diagnosis and Pathophysiology</b>          (State the pathophysiology in own words)  <i>Acute gastroenteritis: inflammation of stomach &amp; intestines due to viral, bacterial, or a parasitic infection causing N/V, diarrhea, fever, abd pain.</i></p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b>  <i>Gastro: active abd, distention, pain</i>  <i>- weight</i> <span style="margin-left: 100px;"><i>- cap refill</i></span>  <i>- skin turgor</i> <span style="margin-left: 100px;"><i>- UO output.</i></span>  <i>- assess mouth (for moisture)</i></p>
<p><b>3. Identify the most likely and worst possible complications.</b>  <i>Most likely: dehydration, low electrolyte/imbalance, malnutrition, diaper rash, skin breakdown.</i>  <i>worst: hypovolemic shock, severe malnutrition, seizure (electrolyte imbalance), hemolytic uremic syndrome.</i></p>	<p><b>4. What interventions can prevent the listed complications from developing?</b>  <ul style="list-style-type: none"> <li>• Encourage oral hydration through favorite soups, popsicles, gatorade</li> <li>• Educate parents on early signs of dehydration.</li> <li>• Hand wash/hygiene, sanitize commonly used toys</li> </ul> </p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b>  <ul style="list-style-type: none"> <li>• Daily weights, I&amp;O, electrolyte levels</li> <li>• Assessment: dry mucous membranes, sunken fontanelle, tachycardia, tetraonic, low LOC, low UO/oliguria, ↓ cap refill.</li> <li>• earliest sign: rapid HR</li> </ul> </p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b>  <ul style="list-style-type: none"> <li>• Initiate IV therapy (per provider)</li> <li>• Continue monitoring strict I&amp;O</li> <li>• Monitor for improvement: cap refill <i>&lt; 2 sec</i>, moist mucous membranes.</li> <li>• Maintain seizure precautions if <i>pt hyponatremic</i></li> </ul> </p>
<p><b>7. Pain &amp; Discomfort Management:</b>  <b>List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p><i>1. Distraction techniques: bubbles, music, books, cartoons, toys if needing to place IV fluids for dehydration.</i>  <i>2. Comfort positioning, sitting on parent's lap during procedures/cuddling w/ favorite object, to decrease anxiety/fear.</i></p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li><i>1. Hydration:</i></li> <li><i>2. Encourage meals/snacks</i></li> <li><i>3. Keep log of number of stools/times urinated/vomit.</i></li> </ol> <p><b>Any Safety Issues Identified:</b>  <ul style="list-style-type: none"> <li><i>- Watch for signs of dehydration (dry mouth, ↓ UO)</i></li> <li><i>- Contact PCP if child is unable to keep fluids down, has no urine output for over 8 hours.</i></li> </ul> </p>

Student Name: Jailene Gonzalez Patient Age: 340  
 Date: 04/09/25 Patient Weight: 12.1 kg

**Abnormal Relevant Lab Tests**      **Current**      **Clinical Significance**

**Complete Blood Count (CBC) Labs**

n/a		

**Metabolic Panel Labs**

Sodium level	141	(Stable)
Potassium	3.8	(Stable)
BUN	12	Stable.

**Misc. Labs**

**Absolute Neutrophil Count (ANC) (if applicable)**

n/a		
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**Lab TRENDS concerning to Nurse?**

Fortunately patient had stable labst when admitted 04/08, and 04/09, pt was discharged 04/09.

**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. This patient was offered choices in foods/meals and choice of drink during his PO challenge.
2. I used clear, simple language when explaining procedure, his nurse praised him for attempting to void in toilet.

Piaget Stage: Pre operational Stage

1. The child kept saying they felt better in hopes to help him get home sooner. He kept saying I want to go home, I feel better (egocentric).
2. During the assessment I performed on him, to help him understand that only observing his body, used his stuffed toy to demonstrate me listening, his heart/lungs.

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

N/A.

**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 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 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
<b>NEUROLOGICAL</b> <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 type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ <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 type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically <b>Grips:</b> Right <u>S</u> Left <u>S</u> <b>Pushes:</b> 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>ELIMINATION</b> <b>Urine Appearance:</b> <u>yellow</u> <b>Stool Appearance:</b> <u>n/a</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <u>not observed</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy _____	<b>IV ACCESS</b> <b>Site:</b> _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line <b>Type/Location:</b> _____ <b>Appearance:</b> <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Non/a <b>Fluids:</b> _____
<b>RESPIRATORY</b> <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 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 type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive <b>Secretions:</b> Color <u>n/a</u> Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>n/a</u> <b>Oxygen Saturation:</b> <u>n/a</u>	<b>GASTROINTESTINAL</b> <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 checked="" 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 checked="" type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>SKIN</b> <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 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 <b>Location/Description:</b> _____ <b>Mucous Membranes:</b> Color: <u>PINK</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	<b>NUTRITIONAL</b> <b>Diet/Formula:</b> <u>General diet</u> <b>Amount/Schedule:</b> <u>pm</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>PAIN</b> <b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> <u>0</u> 0800 _____ 1200 _____ 1600 _____
	<b>MUSCULOSKELETAL</b> <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: _____	<b>WOUND/INCISION</b> <input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____
	<b>MOBILITY</b> <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>n/a</u> <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<b>TUBES/DRAINS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> _____ <b>Type:</b> _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

**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					15ml								
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						
<p>1st 10kg x 100ml 2nd 10kg x 50ml Remainder kg x 20</p> <p><del>1000 + 500 = 1500ml/day</del>                      ① 1,000 + ② 105 = 1,105ml/day</p>							n/a Pt not on IV						
Rationale for Discrepancy (if applicable)													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						134ml							
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
0.5ml/kg/hr = 6.05ml/hr							6.05 x 4 = 24.2ml (diaper weight)						

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: ① 1 2 3 Playroom, has an appetite
Cardiovascular	Circle the appropriate score for this category: ① 1 2 3
Respiratory	Circle the appropriate score for this category: ① 1 2 3
Staff Concern	1 pt - Concerned 0
Family Concern	1 pt - Concerned or absent 0
CHEWS Total Score	
CHEWS Total Score	Total Score (points) 0
	Score 0-2 (Green) - Continue routine assessments → Green.
	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: Jailene Gonzalez

Unit: PED Med Surg. Pt. Initials: AF

Date: 04/09/25.

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<del>NaCl 0.9% diluent 24ml</del> <del>D5NS + KCl 20</del>	Isotonic/ Hypotonic/ Hypertonic			

↳ not currently admin, admin 04/05 at EID.

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	1. 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.)
				2. Is med in therapeutic range?			
				3. If not, why?			
Acetaminophen	NSAID	Pain, Fever	5mg/kg q4hr PO prn	1. 10-15 mg/kg/day 2. yes, in therapeutic range	N/A	- liver damage, exceeding 75mg/kg/day. - N/V - insomnia	1. Avoid taking med w/ other meds including acetaminophen 2. Watch for; anuria, dark urine 3. Assess pt after med is given for possible side effects 4. Do not exceed 75mg/kg/day
<del>D5NS + KCl 20</del>							1. 2. 3. 4.
Ibuprofen 100mg/5ml	NSAID	Pain, Fever	10mg/kg q6hr PO	1. 100mg/5ml 2. yes. max. 40mg/kg/day.	N/A	- N/V - Dizziness - Drowsiness - ulceration w/ prolonged use	1. monitor for dark/tarry stools 2. Admin w/food to ↓ GI discomfort 3. Ensure hydration to support renal function 4. Use lowest dose possible, don't exceed.
							1. 2. 3. 4.
							1. 2. 3.