IM5 Clinical Worksheet – Pediatric Floor

Student Name: Josie Brimberry
Date: 4/15/25

Patient Age: 8yr
Patient Weight: 68lbkg 31.2 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

Hypoalbuminemia
(chronic Nephrotic syndrome)
Exacerbation of chronic dz where Albumin levels in body are low & unable to exerete fluid from body.

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

→GI/GU Focused assessment
Monitor VS: HR & BP for fluid ~~shake~~ Shift
Monitor I&O

3. Identify the most likely and worst possible complications.

Fluid Overload
Immunocompromised
Edema

4. What interventions can prevent the listed complications from developing?

Recognizing s/s fluid overload
wash hands
Small amount of fluid more frequantly
Diuretics

5.What clinical data/assessments are needed to identify these complications early?

I&O
Daily weight
CBC/Metabolic panel
Urine Culture

6. What nursing interventions will the nurse implement if the anticipated complication develops?

Albumin IV admenistration
Diuretics
→ B/P management
→ anti-inflammatory

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Music / Video
2. Board game / Legos

8. Patient/Caregiver Teaching:

1. Nutrition - diet with high albumin dairy, protein, whole grains, ↓ Na+
2. ↓ Na+ in foods & drinks, ↑ Vit D
3. S/s of Fluid Retention: ↑ weight, Edema, SOB, ↓ appetite

Any Safety Issues identified:

Dysphea
severe Edema
Heart & liver Complications

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished
☑ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☑ Person ☑ Place ☑ Time/Event
☑ Appropriate for Age
Pupil Response: ☑ Equal ☐ Unequal
☑ Reactive to Light ☐ Size 3 mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☑ Able to move all extremities
☑ Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pushes: Right S Left S
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☐ Yes ☑ No

RESPIRATORY

Respirations: ☑ Regular ☐ Irregular
☐ Retractions (type) _____
☐ Labored
Breath Sounds:
Clear ☑ Right ☑ Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☑ **Room Air** ☐ **Oxygen**
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size_____@_____cm
☐ Other: _____
Trach: ☐ Yes ☑ No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes ☑ No
☐ Productive ☐ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site Right
Oxygen Saturation: 95%

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular
☑ Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☐ Yes ☑ No Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☑ < 2 sec ☐ > 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow, clear
Stool Appearance: "did 0 acess
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat
☐ Distended ☐ Guarded
Bowel Sounds: ☑ Present X 4 quads
☑ Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☑ No
Vomiting: ☐ Yes ☑ No
Passing Flatus: ☐ Yes ☐ No
Tube: ☐ Yes ☑ No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Nar restriction
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: _____

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☑ Calm/Relaxed ☐ Quiet
☑ Friendly ☑ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
☑ Present ☐ Absent

IV ACCESS

Site: Right ☐ INT ☐ None
☐ Central Line
Type/Location: peripa
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: Albumin

SKIN

Color: ☑ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale ☑ Natural for Pt
Condition: ☑ Warm ☐ Cool ☐ Dry
☐ Diaphoretic
Turgor: ☑ < 5 seconds ☐ > 5 seconds
Skin: ☑ Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces
Location: 0
Type: 0
Pain Score:
0800 0 1200 0 1600 0

WOUND/INCISION

☑ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: Josie Brimberry
Date: 4/15/25

Patient Age: 8 yr
Patient Weight: 31.2 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Cl	↑ 109	electrolyte imbalence
Calcium	↓ 7.9	electrolyte imbalence
Metabolic Panel Labs		
glucose	↑ 140	can't flush out of body
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Albumin	↓ 1.8	Nephrotic / liver abnormality
Creatinine	↓ 0.2	kidney abnormalities
Lab TRENDS concerning to Nurse?		
Kidney function trending low → abnormal w/ kidney		

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

1. Pt. creates legos building and makes necklaces & bracelet.

2. pt. liked reading in school

Piaget Stage: Concrete

1. pt. picks up patterns in care like IV is done when bag runs low.

2. Pt. likes collecting legos & building them

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

Didn't adminster medications

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			40	240			40	240					560 mL
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush						100		8		16			124
													684

Calculate Maintenance Fluid Requirement (Show Work)

31.2 kg

10kg x 100 = 1000
10kg x 50 = 500
11.2kg x 20 = 224
= 1724mL/24 71.83mL/hr.
* 1000mL Fluid Restriction

Actual Pt IV Rate

25mL/hr Albumin

Rationale for Discrepancy (if applicable)

Hypoalbuminemia

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper			225										225
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

31.2 kg x 1mL = 31.2mL/hr x 24hr.
(748.8/24hr.)

Average Urine Output During Your Shift

~~225 mL~~
No output during my shift

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) 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

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
No primary fluid	Isotonic ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Josie Brimberry		**Unit:** Pedi Floor N	**Patient Initials:** NS		**Date:** 4/15/2025	**Allergies:** Shellfish, Shrimp	
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.)**
Albumin 25%	Plasma Protein	Increase Albumin to flush fluid out of the body	25g IV 1x @1230	Yes	IV- 25g in 100ml of NS 25mL/hr. over 4 hr.	Light headed, HA, SOB, anxiety	1. Check the RBC count before administing medication to make sure not below normal 2. Albumin is a protein that is in blood plasma there is a risk for infection with IV 3. It may cause N/V, report discomfort 4. Monitor bp and electrolyte levels
Furosemide	Diuretic	To flush out fluid from the body	16.7mg IVP q 2 hrs after Albumin IV	Yes	IVP- 1.67mL in 8mL NS over 10-15 min	Ringing in ears if pushed to quick	1. Report this medication if it causes numbness or tingling or if you feel like you might faint 2. This medication can cause ringing in ears (pushed to fast) report immediately 3. This medication may increase blood sugar, regulate blood sugar level 4. This medication can cause liver damage, report dark urine, yellowing, or fever

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
No primary fluid	Isotonic ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Josie Brimberry		**Unit:** Pedi Floor N	**Patient Initials:** SG		**Date:** 4/15/2025	**Allergies:** NKA	
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.)**
Acetaminophen	Analgesics	Reduces pain and fever	131.2mg PO q 4 hr.	Yes Click here to enter text.		Stomach pain, loss of appetite, iredness, itching, jaundice	1. Do not exceed 4000mg per day to prevent liver toxcity 2. Flushed redness, warmness report that fever is still persisting 3. Ask if the patient has ever had the medication and if they have had allergic reaction 4. Can give with juice or crackers if pt. experiencing GI discomfort
				Choose an item.			1. 2. 3. 4.
				Choose an item.			1. 2. 3. 4.

Adopted: August 2016