

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Katelyn Bowman Date: 04/15/2025</p>	<p>Patient Age: 4yo Patient Weight: 12.6 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <ul style="list-style-type: none"> · Human metapneumovirus, Rhinovirus, and Enterovirus. Respiratory virus that presents with cold like symptoms. Generally mild on their own, but can be more serious together, especially in children and infants. 	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <p style="text-align: center;">Respiratory assessment</p>
<p>3. Identify the most likely and worst possible complications.</p> <ul style="list-style-type: none"> · most likely is cold like symptoms, fever, cough and runny nose. · worst possible would be development of pneumonia or respiratory failure. 	<p>4. What interventions can prevent the listed complications from developing?</p> <ul style="list-style-type: none"> · O₂ therapy · Turn, cough, deep breathe · getting pt up or sitting up more · Tylenol for fever
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <ul style="list-style-type: none"> · Monitor vital signs - HR, RR, SPO₂ continuously · monitor for signs of respiratory failure. · assess breath sounds 	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <ul style="list-style-type: none"> · alert the physician · continuously monitor stats · notify charge nurse (rapid response) if needed
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Pt likes toys that rattle. He also likes any type of fidget toys. 2. Have mom hold pt in a comfort position. 	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. good handwashing 2. ambulation, sitting up in bed more, good nutrition. 3. Signs of Respiratory failure <p>Any Safety Issues identified:</p> <ul style="list-style-type: none"> - Child laying back in bed alot ↓ O₂ stats. - Parent refusal of any food other than formula. - Parent wanting nasal cannula on and running when not needed.

Student Name: Katelyn Bowman Date: 04/15/25	Patient Age: 4yo Patient Weight: 12.6 kg
--	---

Abnormal Relevant Lab Tests	Current	Clinical Significance
-----------------------------	---------	-----------------------

Complete Blood Count (CBC) Labs		
---------------------------------	--	--

MCH	31.8 ↑	measures amount of hemoglobin within each RBC. Good O2
MCHC	36.2 ↑	also measures hemoglobin. Good indicator O2 is meeting body's needs
MPV	9.0 ↑	measures average size of platelets in blood. ↑ platelet function

Metabolic Panel Labs		
----------------------	--	--

Albumin	2.7 ↓	albumin helps to maintain balance of fluid. ↓ due to nutrition possibly. Could be due to infection
Bili	0.2 ↓	generally no concern if low.
ALT	37 ↓	used to assess liver.

Misc. Labs		
------------	--	--

Absolute Neutrophil Count (ANC) (if applicable)	4.15	measurement of the body's ability to fight infection. ↓ could be why he has multiple viruses.
Absolute Lymphocytes	1.19	Also play a role in immune function.

Lab TRENDS concerning to Nurse?		
---------------------------------	--	--

Labs have stayed steady. Albumin concerning when considering pts diet.

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:

Pt Hx of Downs and non verbal
Erickson Stage: Autonomy vs Shame and Doubt

1. Wanting to grab infrared thermometer to take temp on his own.
2. Taking dad's phone when looking for a movie. Pt wanted to have control and pick the movie himself.

Piaget Stage: Sensory Motor

1. Really engaged in rattle toys. Holding and shaking them.
2. Pt could shake his head "No" when offered his bottle.

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

Ofirmev IV
Tylenol PO

Pediatric Floor Patient #1

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 type="checkbox"/> Normal <input checked="" type="checkbox"/> Delayed <u>Hx of downs and non verbal</u>	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	Social Status: <input checked="" 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 Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <u>appropriate for pt.</u> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input 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 _____ 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>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</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	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	IV ACCESS Site: <u>R AC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>24 gauge</u> 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>D5NS 20KCl</u> <u>25ml/hr</u>
	ELIMINATION	SKIN
	Urine Appearance: <u>yellow, clear</u> Stool Appearance: <u>no BM since admit</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Color: <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 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 type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration
RESPIRATORY	GASTROINTESTINAL	PAIN
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 type="checkbox"/> Left Crackles <input checked="" type="checkbox"/> Right <input checked="" 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 checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input checked="" type="checkbox"/> Nasal Cannula: <u>0.1</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 <u>clear</u> Consistency <u>thin</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>left toe</u> Oxygen Saturation: <u>89-93%</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 type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input checked="" 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: _____	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 <u>0</u> 1600 <u>0</u>
	NUTRITIONAL	WOUND/INCISION
	Diet/Formula: <u>Neocate TR</u> Amount/Schedule: <u>7 scoops, 7oz H2O</u> Chewing/Swallowing difficulties: <u>every 2-3hr</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>per parents</u>	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MUSCULOSKELETAL	TUBES/DRAINS
	<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 <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____
	MOBILITY	
	<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	

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						20z							20z
Intake – PO Meds													
IV INTAKE													
	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						25ml	25ml	25ml	25ml	25ml	25ml		150ml
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$10 \text{ Kg} \times 100 = 1000$ $2.6 \text{ Kg} \times 50 = 130$ $1300 \text{ ml} \div 24 = 54.16 \text{ ml/hr}$ 54 ml/hr							25 ml/hr Rationale for Discrepancy (if applicable) Pt has had fluids running. Do not want fluid overload. ↓ rate from 45 ml/hr to 25 ml/hr at 1050.						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						90ml			110ml		50ml		250 ml
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \times 12.6 = 6.3 \text{ ml/hr}$							50 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: <input checked="" type="radio"/> 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>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

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	<ul style="list-style-type: none"> - Playing/sleeping appropriately OR - Alert, at patient's baseline 	<ul style="list-style-type: none"> - Sleepy, somnolent when not disturbed 	<ul style="list-style-type: none"> - Irritable, difficult to console OR - Increase in patient's baseline seizure activity 	<ul style="list-style-type: none"> - Lethargic, confused, floppy OR - Reduced response to pain OR - Prolonged or frequent seizures OR - Pupils asymmetrical or sluggish
Cardiovascular	<ul style="list-style-type: none"> - Skin tone appropriate for patient - Capillary refill ≤ 2 seconds 	<ul style="list-style-type: none"> - Pale OR - Capillary refill 3-4 seconds OR - Mild tachycardia OR - Intermittent ectopy or irregular HR (not new) 	<ul style="list-style-type: none"> - Grey OR - Capillary refill 4-5 seconds OR - Moderate tachycardia 	<ul style="list-style-type: none"> - Grey and mottled OR - Capillary refill > 5 seconds OR - Severe tachycardia OR - New onset bradycardia OR - New onset/increase in ectopy, irregular HR or heart block
Respiratory	<ul style="list-style-type: none"> - Within normal parameters - No retractions 	<ul style="list-style-type: none"> - Mild tachypnea/increased WOB (flaring, retracting) OR - Up to 40% supplemental oxygen OR - Up to 1L NC $>$ patient's baseline need OR - Mild desaturations $<$ patient's baseline OR - Intermittent apnea self-resolving 	<ul style="list-style-type: none"> - Moderate tachypnea/increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR - 40-60% oxygen via mask OR - 1-2 L NC $>$ patient's baseline need OR - Nebs Q 1-2 hour OR - Moderate desaturations $<$ patient's baseline OR - Apnea requiring repositioning or stimulation 	<ul style="list-style-type: none"> - Severe tachypnea OR - RR $<$ normal for age OR - Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR - $> 60\%$ oxygen via mask OR - > 2 L NC more than patient's baseline need OR - Nebs Q 30 minutes – 1 hour OR - Severe desaturations $<$ patient's baseline OR - Apnea requiring interventions other than repositioning or stimulation
Staff Concern		- Concerned		
Family Concern		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> - Continue Routine Assessments 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), <http://dx.doi.org/10.1016/j.pedn.2016.10.005>

Student Name: Katelyn Bowman

Unit: Pedi Floor

Pt. Initials: JD

Date: 04/15/25

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

Allergies: lactose and adhesive

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS 20KCL 25ml/hr	Isotonic/ Hypotonic/ Hypertonic	Pt not taking fluid PO	· Sodium · Chloride · Hb, HCT · Potassium · BUN/creatinine	· Fluid overload · high glucose · high Na+ levels

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?			
DFIRMEV	Tylenol I acetaminophene Non-opioid	Afebrile	100mg 10mg/ml 15mg/kg every 4hr IVP	yes	rate of admin 15min	Vomiting, nausea, insomnia, headache.	1. Monitor IV site. If red or swelling do not admin. 2. Only admin for a temp greater than 101°F 3. educate parents to not give any tylenol po to prevent overdose. 4. monitor liver function and labs. Do not admin if hepatic impairment occurs.
							1. (ALT, AST, bili, albumin) 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Katelyn Bowman

Unit: Pedi Floor

Pt. Initials: EV

Date: 04/15/25

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

Allergies: Cefdinir

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5W 20 KCL @ 100ml/hr	Isotonic/ Hypotonic/ Hypertonic	NIVD for several days. Started PO liquid and food at 0800.	· Sodium · BUN/creatinine · Potassium · Hb6, HCT · Chloride	· Fluid volume overload · high glucose · high Na+ levels

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?			
Tylenol Acetaminophen	non-opioid	Abdominal pain	1000mg PO	yes		Nausea, vomiting, head ache.	<ol style="list-style-type: none"> 1. Max dose 4,000 mg daily 2. Report if pain continues. Ceiling effect could keep med from covering severe pain. 3. Report constipation. Will take a stool softener if needed 4. Monitor liver labs for hepatic impairment.
							<ol style="list-style-type: none"> 1. (AST, ALT, Bili, albumin) 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.

ER QUESTIONS

1. What type of pts (diagnoses) did you see in the PED?
 - Respiratory viruses, hydrocephally, suicide attempt, N/V, and an ear ache.
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
 - the ages ranged from 2yo to 15yo. Majority were early school age. yes, this is what I expected to see.
3. Was your overall experience different from what you expected?
 - NO, I thought it would be a lot more busy than it was. We only saw 2 new patients from 12-2:30pm.
4. How did growth and development come into play when caring for patients?
 - the younger kids took a lot more distraction to do vitals and other treatment. When a younger child was in the parents did most of the communication. With adolescence I noticed the nurses directing questions and education at them a little more.
5. What types of procedures did you observe or help with?
 - triage vitals, prime IV, start fluids, observed an IV start and a forearm x-ray.
6. What community acquired diseases are trending right now?
 - measles, RSV and some flu.
7. What community mental health trends are being seen in the pediatric population?
 - thoughts of suicide mostly adolescence.
8. How does the staff debrief after a traumatic event? Why is debriefing important?
 - Next day debrief. Bereavement committee comes (chaplain, therapist) and allow them to speak and share thoughts. Therapist offers services if needed. They also bring them food and drinks.
 - this is important so they can discuss what went well and what can be done better. Also allows them time to process and move forward
9. What is the process of triaging a pt in PED?
 - call pt back. obtain wt and height. gather health history, past med/surgical hx and vaccine status. gather all vitals and discuss what brought them in. Ask how long symptoms have been occurring and what meds were taken prior to arrival. Rank pt 1-5 based on severity. Take pt to a room if available.
10. What role does a child life specialist play in the PED?
 - help distract during procedures and explain at developmentally appropriate level
 - can help family and child cope with emotional experiences and trauma.
 - offer activities for extended wait times.