

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 Intake – PO Meds																		
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total					
IV Fluid					100			100	100	100	100	100	100	100	100	100	100	100
IV Meds/Flush							157.5											157.5
Calculate Maintenance Fluid Requirement (Show Work) 66 kg $1st\ 10\ \times\ 100 = 1000$ $2nd\ 10\ \times\ 50 = 500$ $46\ \times\ 20 = 920$ $2420 \div 24 = 100.83\text{mL/hr}$		Actual Pt IV Rate 10mL/hr Rationale for Discrepancy (if applicable) KVO, pt takes fluids po																
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total					
Urine/Diaper									1000	1000								2000
Stool																		
Emesis																		
Other																		
Calculate Minimum Acceptable Urine Output $0.5 / 60\ \text{hr} = 33\text{mL/hr}$		Average Urine Output During Your Shift $2000 \div 5 = 400\text{mL/hr}$																

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: 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
<b>CHEWS Total Score</b>	
Total Score (points) 1	
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 Floor Patient #1**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input 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 checked="" 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 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 <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<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 checked="" type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3</u> <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 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 <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Urine Appearance:</b> <u>dark amber</u> <b>Stool Appearance:</b> <u>NA</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>R port</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central line Type/Location: _____ <b>Appearance:</b> <input checked="" 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"/> No <b>Fluids:</b> <u>D5NC 2 Lomeq</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<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 checked="" type="checkbox"/> Oxygen <b>Oxygen Delivery:</b> <input checked="" type="checkbox"/> Nasal Cannula: <u>3</u> 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 type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>D</u> <b>Oxygen Saturation:</b> <u>94</u>	<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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____ <b>Diet/Formula:</b> <u>reg</u> <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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>MOBILITY</b> <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	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pale <input 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 Location/Description: _____ <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration <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> 0800 _____ 1200 _____ 1600 <u>0</u> <b>WOUND/INCISION</b> <input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____ <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> _____

## IM5 Clinical Worksheet – Pediatric Floor

Student Name: Amber Freeman Date: 4-15-25	Patient Age: 16 Patient Weight: 66 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)  pancytopenia - characterized by a decrease in all blood cell lines (RBC, WBC, platelets)	2. Priority Focused Assessment You Will Perform Related to the Diagnosis:  Signs of infection, bleeding, or severe anemia
3. Identify the most likely and worst possible complications.  life threatening infection due to low WBC severe bleeding due to low platelets heart problems due to anemia	4. What interventions can prevent the listed complications from developing?  give Nivestym
5. What clinical data/assessments are needed to identify these complications early?  Monitor labs v/s - temp for infection, low BP	6. What nursing interventions will the nurse implement if the anticipated complication develops?  Give antibiotics limit visitors good handwashing
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.  1. iPad  2. Imagry	8. Patient/Caregiver Teaching:  1. Good hand washing 2. Importance of not smoking 3. No fresh flowers, fruits or animals  Any Safety Issues identified:  Just making sure everyone understands to wash hands & not come around pt if sick

Student Name: Amber Freeman  
Date: 4-16-25

Patient Age: 11e  
Patient Weight: 66kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	0.73	AML so prone to infection, infection going on
RBC	2.83	AML so prone to infection
Platelet	10	AML so prone to infection
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	0.12	AML prone to infection
Lab TRENDS concerning to Nurse?		
Platelets going down ANC also 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: Identity vs Role confusion

1. Having lost her hair from cancer can affect the way nurses see her or friends that come to visit.
2. Nurses having to do care for her & her not being able to do on own.

Piaget Stage: Formal Operational Stage

1. Having low WBC & ANC and wanting to go to prom. Being able to think critically.
2. Wanting certain foods & knowing and understanding the risk.

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

Bid draw through port (observed)

Nivestym (gave)  
hung Vancomycin

Student Name: Amber Freeman

Unit: 204B

Pt. Initials: NG

Date: 4-15-25

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

Allergies: Amphotericin B Liposome  
Blood Group Specific Substance

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<del>Dextrose</del> D5NS E KCl 20meq 100ml/hr	<del>isotonic</del> Hypotonic/ Hypertonic	Went for Bm	K <sup>+</sup> Na <sup>+</sup>	No

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?			
Nivestym	Hematopoietic Agent	used to raise WBC	300mcg SQ Daily		NA	Red @ injection site	<ol style="list-style-type: none"> <li>1. Notify if unable to urinate or if urine dark</li> <li>2. Notify if bleeding or coughing up blood</li> <li>3. Notify if sweating a lot</li> <li>4. Trouble breathing or breathing fast</li> </ol>
Acyclovir	Antiviral	Herpes Simplex virus prevention Varicella	600mg po TID	<del>400 to 800mg BID</del> 400-800mg BID	NA	HA Hypotension	<ol style="list-style-type: none"> <li>1. Notify if have upset stomach or throwing up</li> <li>2. Let know if feeling tired or weak</li> <li>3. Notify if any mood changes</li> <li>4. Notify any hallucinations</li> </ol>
Vancomycin	Antibiotic	Infection	750mg IVPB Q8hr		NaCl 0.9% 157.5mL/hr Volume 157.5-150mL	Chest pain erythema of skin	<ol style="list-style-type: none"> <li>1. Infuse over 60mins can cause "red man"</li> <li>2. Watch for constipation</li> <li>3. finish full dose</li> <li>4. Avoid people w/ infections</li> </ol>
Polyethylene Glycol	Laxative	prevent constipation	1 packet 17g po	Yes	NA	Abd Cramps	<ol style="list-style-type: none"> <li>1. Report abd pain</li> <li>2. Report any dizziness</li> <li>3. Report rectal bleeding</li> <li>4. Assess for bowel sounds</li> </ol>
Chlorhexidine	Mouth Throat Dental Agent	oral antibiotic rinse	15mL po TID	Yes	NA	May stain teeth	<ol style="list-style-type: none"> <li>1. May have a change in taste</li> <li>2. numbness or tingling in the mouth</li> <li>3. may stain teeth</li> <li>4. Do not swallow</li> </ol>

Student Name: Amber Freeman

Unit: 2/overflow

Pt. Initials: NG

Date: 4-15-25

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

Allergies: Amphotericin B Liposome  
Blood group Specific substance

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List solution to dilute and rate to push.  IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
Gabapentin	Anticonvulsant	nerves	300mg PO TID	300-600mg TID  Yes	NA	dizziness	1. May cause dizziness or to be more sleepy 2. May cause dry mouth 3. May cause changes in vision 4. May cause upset stomach
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.