

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Cassie Jimenez Date: 4/16/25</p>	<p>Patient Age: 10 Patient Weight: 11.9 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <p>abscess on posterior neck and and lower left cheek due to uncontrolled Type II DM.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <p>pain, skin assessment.</p>
<p>3. Identify the most likely and worst possible complications.</p> <p>Most likely complication = cellulitis recurrent abscesses impaired wound healing</p> <p>worst possible: sepsis, DKA, osteomyelitis</p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p>wound care, tight glycemic control, patient hygiene and diet education</p>
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <p>Blood glucose trends, WBC count. Redness, swelling in area early. If he gets a cut or sore keep clean and don't poke at area.</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <p>notify HCP, administer insulin as ordered give IV fluids have broad spectrum ABX ordered</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Distraction, video games or his phone. listen to music they like</p> <p>2. Guided Imagery, drawing, Breathing techniques</p>	<p>8. Patient/Caregiver Teaching:</p> <p>1. Daily blood glucose checks and proper skin hygiene.</p> <p>2. Hand washing before and after coming home from school.</p> <p>3. Try to exercise more and eat healthier</p> <p>Any Safety Issues identified:</p> <p>The adolescent all what we wanted and doesn't want to get up if he didn't have to.</p>

Student Name: Cassie Jimeret
 Date: 4/16/25
 Patient Age: 14
 Patient Weight: 109.9kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		

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. The patient monitored his own glucose and calculated his own carb intake on his own.
2. The patient was embarrassed to show his abscess on his groin area. He wanted to put ointment on himself.

Piaget Stage: Formal operational stage

1. The patient already knew he would be there a while due to his diagnosis.
2. The patient knew what would happen if he doesn't manage his diabetes better in the future but seemed to not care.

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

(Ampicillin sulbactam) 3000mg in 0.9% sodium chloride.

Flushing IV, cleaning, connecting IVPB. Helped changed his dressing on leg.

Student Name: Christine Jensen Unit: Pediatrics Pt. Initials: AR Date: 4/16/25
 Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: _____

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?			
<u>Ibuprofen</u>	<u>NSAID</u>	<u>Reduce inflammation in and thigh</u>	<u>800mg PO BID</u>	<u>1200mg-2400mg daily</u>	<u>Yes in range</u>		<u>nausea, heart burn, GI upset</u>	<ol style="list-style-type: none"> 1. Take with food or milk to prevent upset stomach. 2. Report signs of bleeding or blood in stool, vomit, black. 3. Assess pain and inflammation before giving. 4. Do not exceed recommended daily dose.
<u>diclofenac</u>	<u>Analgesic Anti-inflammatory</u>	<u>Treat mild to moderate pain</u>	<u>1000mg PO BID</u>	<u>1000mg-4000mg daily in range</u>	<u>Yes in range</u>		<u>GI upset, hyperacidity, nausea</u>	<ol style="list-style-type: none"> 1. Pain assessment before giving. 2. Assess for allergy history. 3. Make sure AST/ALT are in range. 4. Do not take with other medications containing salicylates.
<u>Ampicillin-sulbactam</u>	<u>Betalactam Beta-lactamase inhibitor</u>	<u>Treat to eradicate Staphylococcal infection</u>	<u>3000mg PO BID</u>	<u>(15g-3g) IV or PO</u>	<u>10g per day hyd in range for weight</u>		<u>N, V, D, Pruritus at IV site, GI upset.</u>	<ol style="list-style-type: none"> 1. Monitor for diarrhea after administration. 2. Finish entire antibiotic even if you feel better right after. 3. Do not take if you are sensitive to penicillin. 4. Monitor (BUN, Creatinine) levels.
<u>Insulin lispro</u>	<u>Rapid acting insulin</u>	<u>Treat hyperglycemia in type 1 diabetes</u>	<u>0-0.5 units per unit of glucose</u>	<u>0-0.5 units per unit of glucose</u>	<u>110-180 mg/dL</u>		<u>hypoglycemia, redness, swelling at site, hypocalcemia</u>	<ol style="list-style-type: none"> 1. Monitor blood glucose before giving. 2. Give K minerals before meal. 3. Do not give if glucose is below 70 mg/dL. 4. Make sure to always eat after taking.
<u>Insulin glargine</u>	<u>long acting insulin</u>	<u>manage type 1 diabetes</u>	<u>39 units PO BID</u>	<u>(0.3-0.5 units/kg)</u>	<u>yes in range</u>		<u>hypoglycemia, hypokalemia</u>	<ol style="list-style-type: none"> 1. Monitor sites of administration to prevent lipodystrophy. 2. Monitor glucose before giving. 3. Reuse proper way to administer shot. 4. Reuse importance of washing hands and cleaning site properly.

Adopted: August 2016

Team need to assess of used needles and don't reuse needles

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 type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input 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 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	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 _____ 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 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>amber</u> Stool Appearance: <u>dark red</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>peripheral</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central line Type/Location: <u>INT @ hand</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: _____
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 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 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 checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>none</u> Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>na</u> Oxygen Saturation: _____	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 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: _____	Color: <input 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 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: <u>Upper abscess</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>Normal / cant eat</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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: _____	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>none @ 0700 2 @ 10:50</u> Type: <u>aching</u> Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
MOBILITY	WOUND/INCISION	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 type="checkbox"/> None Type: <u>abscess</u> Location: <u>Anterior neck</u> Description: <u>open / packed</u> Dressing: <u>gauze / 4x4 tape</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

110,9kg - 111kg

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			120ml										120ml
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid			100ml										100ml
IV Meds/Flush			100ml										100ml
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$10 \times 100 = 1,000 \text{ ml}$ $10 \times 50 = 500 \text{ ml}$ $9 \times 20 = 1,800 \text{ ml} = 24$ $= 75.8 / 176 \text{ ml/hr}$							Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper				1,000									1,000
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \text{ mL} / 111 \text{ kg} / 24 \text{ hr} = 1,332 \text{ mL/hr}$							$1,000 \text{ mL}$						

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