

IMS Clinical Worksheet – Pediatric Floor

Student Name: mARCEIA Date: 4/16/25	Patient Age: 4/ Patient Weight: 12.3 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <ul style="list-style-type: none"> • Admitted Dx: Norovirus <ul style="list-style-type: none"> - Virus that causes inflammation in the stomach and intestines that can lead to N/V/D. 	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <ul style="list-style-type: none"> • GI assessment • Signs of dehydration
3. Identify the most likely and worst possible complications. <ul style="list-style-type: none"> • Dehydration if they can keep any fluids down and causing even further complications 	4. What interventions can prevent the listed complications from developing? <ul style="list-style-type: none"> • Adequate fluids/nourishment • Lots of rest
5. What clinical data/assessments are needed to identify these complications early? <ul style="list-style-type: none"> • Monitoring VS: Temp, HR & BP • Hydration status • Monitor I & O and Weight 	6. What nursing interventions will the nurse implement if the anticipated complication develops? <ul style="list-style-type: none"> • PO or IV hydration • IV bolus • Monitors VS & LOC • Labs and notify PCP
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <ol style="list-style-type: none"> 1. Coloring books 2. Swaddling and touch 	8. Patient/Caregiver Teaching: <ol style="list-style-type: none"> 1. Hand hygiene to lower the spread of infections 2. Encourage oral fluids q 4 to 6 hrs 3. Watch for signs of dehydrations: Dry mucous membranes, low urine output, no tears <p>Any Safety Issues identified:</p> <ul style="list-style-type: none"> • Pulling out IV caused fluids to be delayed

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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	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 Pulses: Upper R <u>S3</u> L <u>S3</u> Lower R <u>S3</u> L <u>S3</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input 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 type="checkbox"/> Person <input type="checkbox"/> Place <input 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 <u>3</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" 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>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>yellow</u> Stool Appearance: <u>water</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> Anterior <input checked="" type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ 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>D590 1000ml</u> <u>75eq NaCl 78</u>
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 type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>(2) foot</u> Oxygen Saturation: <u>9690</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 checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Vomiting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>GT</u> Location <u>abd</u> Inserted to <u>1.2</u> cm <input type="checkbox"/> Suction Type: <u>EnteroStomy</u>	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: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>enteral MMA/PA</u> Amount/Schedule: <u>20ml x 5/day</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 <input type="checkbox"/>
	MUSCULOSKELETAL	WOUND/INCISION
	<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 Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	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 checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name:		Patient Age:
Date:		Patient Weight: kg
Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
K ⁺	3.4 ↓	dehydration
CO ₂	14 ↓	metabolic acidosis
Metabolic Panel Labs		
Glucose	143 ↑	Increase from Peg tube Feeding
BUN	24 ↑	From AKI + dehydration
Creatinine	1.20 ↑	From AKI + dehydration
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
K ⁺ going 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: TRUST vs. Mistrust
 1. Separation → stranger anxiety; wanting to be w/ her parents
 2. Withdrawal w/ nurses because she associates us w/ pain

Piaget Stage: Preoperational
 1. Difficulty telling reality from fantasy
 2. Distress over one procedure associated w/ pain = concentration

Please list any medications you administered or procedures you performed during your shift:
 ferrous sulfate, ondansetron.

Pediatric Floor Patient #1

Not measured

Not measure at the time

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					40								
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$9.3 \times 100 = 930 \text{ mL/day}$ $\frac{930}{24}$ 38.75 mL/hr							Rationale for Discrepancy (if applicable)						
Not measured													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$9.3 \times 0.5 = 4.65 \text{ mL/hr}$							NO output was measured at my shift. $4.65 \times 6 \text{ hr shift} = 27.9 \text{ mL}$						

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) 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

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

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

Allergies: 83) Valporic Acid & related 63)Adhesive & lactose

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
63) 100ml D5NS + 20K+ 83) None because IV was removed	Isotonic/ Hypotonic/ Hypertonic		Potassium Sodium Glucose	Fluid overload, too high K cause heart issues

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?			
83) Ferrous sulfate with elemental iron	Iron Supplement (Hematinic)	To prevent and treat of iron deficiency anemia and help increase iron storage	15mg/ml Peg Tube, 2x a day w/ breakfast and dinner	yes 31.5 to 63mg		Constipation Stomach pain/ cramping N/V	1. Dark or black tarry stools are normal 2. Can mix with a little bit of orange juice to help with taste 3. Wash teeth after to avoid staining 4. Do not give milk or dairy products because it can decrease with the iron absorption
83) Ondansetron	5-HT ₃ antagonist	For nausea/ vomiting before/ after feedings	1.42 mg IV q 8hrs	yes 1.05 to 1.58mg		HA Fatigue/drowsiness Mild abd discomfort	1. Can be given with or without food 2. Watch for serotonin syndrome: sweating, confusion, shaking, high fever 3. Monitor bowel movements 4. Notify nurse if child has fast heartbeat, or chest pain
83) Sodium Citrate	Alkalinizing Agent	Increasing the ph to make it more alkaline	2ml Oral 3x a day	5.35 to 10.5 yes		stomach upset N/V/D Bloating/Gas	1. We will dilute with water or juice to improve the taste 2. Let nurse know if child has muscle twitching, confusion or weakness 3. Avoid salty snacks because it can increase your Na 4. Give with meals to avoid GI upset
63) Acetaminophen	Non Opiod Analgesics	Help with fever and pain	10mg/ml IV q6 hrs	yes 123 to 184.5		Liver toxicity Nausea or stomach upset	1. monitor fever and pain 2. watch for sings of liver problems: Dark urine, yellow skin or eyes, upset stomach 3. Keep child hydrated and over fluids to reduce fever 4. Use comfort measures and quiet activities
							1. 2. 3. 4.