

GI Lab Reflection Questions

1. What types of patients (diagnoses/ procedures) did you see in the GI lab?
Colonoscopy, Magnet removal (foreign body), Ead.
2. What prep is required for patients based on scheduled procedure?
pt prep - 48oz gatorade, 5 caps Miralax RN: set up vitals, consent, charting
3. How did growth and development come into play when caring for patients?
ensuring trust and establishing a relationship
4. What is the process for obtaining consents for the procedure?
asking the caregiver to explain procedure, blood transfusion consent, anesthesia consent
5. What are some common post-procedure instructions given to the patient/caregivers?
comfort measures for abd pain (passing gas, warm pack) popcicles for throat pain
6. Give examples of non-pharmacological comfort nursing interventions you saw.
buzzy bee, letting the child bring stuffed bear into procedure
7. What complications (red flags) from sedation did you watch for and how did you monitor?
O2 sat, aspiration (N/V)
8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?
Very organized, yet relaxed. Everyone helps with equipment, vitals and post care.
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
typically normal diet is resumed unless a special case
10. What role does the Child Life Specialist play in the GI lab? If not observed, how could they be part of your interdisciplinary team?
Provides comfort measures for younger child with fears of an IV insertion, NG tubes, etc.

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Cynthia Rodriguez</p> <p>Date: 04/15/25</p>	<p>Patient Age: 17</p> <p>Patient Weight: 61.3 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <p>Rotavirus - very contagious virus that causes diarrhea.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <ul style="list-style-type: none"> - vitals - hydration status - Abd exam > bowel sounds, distention, palpable
<p>3. Identify the most likely and worst possible complications.</p> <p>Common: Severe diarrhea and dehydration, leading to possible electrolyte imbalance and metabolic acidosis.</p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p>encourage fluids PO or IV I&O to monitor hydration hand hygiene practices to prevent the spread provide anti N/v meds</p>
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <p>* Intake & output electrolyte levels</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <p>Oral hydration & electrolyte intake if not tolerable ↑ IV fluids. meds to prevent emesis antipyretics</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. music on iPhone</p> <p>2. TV and watching Netflix on phone</p>	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Drink plenty of fluids and monitor output 2. Good hygiene practices - disinfecting Avoid sharing items 3. Vaccination is highly effective <p>Any Safety Issues identified:</p>

Student Name: Cynthia Rodriguez
 Date: 04/15/25
 Patient Age: 17
 Patient Weight: 69.3 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
CRP	67.0	moderately elevated / inflammation in body
Lipase	341	increased from 244
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Fecal Occ. B/LB	(+)	
Lab TRENDS concerning to Nurse?		
Lipase, possible acute pancreatitis		

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. pt displayed a change in behavior when younger brother was in the room.
2. pt had his mom explain how he was feeling instead of him expressing himself.

Piaget Stage: Formal operational stage

1. pt was thinking about what solid foods he was going to attempt to start from his clear liquid diet.
2. pt made sure to think about what would be best not to cause upset stomach.

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

pantoprazole 40mg in Sodium chloride 0.9%
 10mL syringe

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 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 type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> 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/clear</u> Stool Appearance: <u>NO BM</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>Urine not observed since 0400</u>	Site: <u>3</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>20g AC</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5NS + K&20 @ 100mL/Hr</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 <u>N/A</u> Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site _____ Oxygen Saturation: <u>98%</u>	Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X _____ quads <input 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: _____ <u>abd distention upon palpation</u>	Color: <input 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 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 checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Clear liquid</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 <u>0</u> 1600 _____
	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: _____

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													
<i>No intake / output during shift</i>													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
<i>Pt weight 69.3 kg 10 x 100 = 1,000 10 x 50 = 500 49.3 x 20 = 986 <u>2,486 mL</u></i>							<i>D5NS + KCL 20 @ 100 mL</i>						
							Rationale for Discrepancy (if applicable)						
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						
<i>0.5 mL / 69.3 kg / hr 34.65 mL / hr</i>							<i>Pt did not urinate during shift.</i>						

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

Student Name: Cynthia Rodriguez

Unit: PF

Pt. Initials: _____

Date: 04/25/25

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

Allergies: Cetirizine

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?			
Pantoprazole	PPI	Reduce the amount of acid in the stomach	40mg Daily	40mg/Day Children >5yrs Yes	40mg in Sodium Chloride 0.9% 10 mL Syringe	bloated feeling, stomach cramps	<ol style="list-style-type: none"> avoid spicy or fatty foods that make symptoms worse. long term use could cause calcium deficiency monitor ferritin/bloody stools report to doctor
Acetaminophen	Analgesic Antipyretic	Reduce fever treat minor aches/pain	PRN 1,000 mg PO	10-15mg/kg/day pt weight 67.8kg Yes	PO	liver damage	<ol style="list-style-type: none"> Don't exceed dosage, some other OTC medications may contain acetaminophen. Medication peak time 15-30 mins PO
							<ol style="list-style-type: none">
							<ol style="list-style-type: none">
							<ol style="list-style-type: none">