

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Janelene Gomez Date: 4/11/25	Patient Age: 13 y.o Patient Weight: 96.4kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Perforated appendix: inflammation of the appendix led to pressure, bacterial overgrowth. This then caused a rupture spilling infectious content into GI cavity.	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <ul style="list-style-type: none"> • Abdominal Assessment • check for distention, guarding, tenderness, GI activity, RLQ pain
3. Identify the most likely and worst possible complications. most likely: <ul style="list-style-type: none"> • Forming of an infection worst case: <ul style="list-style-type: none"> • Sepsis Septic shock • multi-organ dysfunction syndrome. 	4. What interventions can prevent the listed complications from developing? <ul style="list-style-type: none"> • NPO & IV fluids, to help prevent dehydration, prepare for possible sx intervention. • Prophylactic antibiotics • Close monitor: vitals, abd assessment, I&O
5. What clinical data/assessments are needed to identify these complications early? <ul style="list-style-type: none"> • Increasing of abd distention, pain (diffuse / sudden relief) • Persistent fever, tachycardia • Altered mental status. • Signs of organ dysfunction (↓UO, confusion). 	6. What nursing interventions will the nurse implement if the anticipated complication develops? <ul style="list-style-type: none"> • If peritonitis/sepsis develops ↳ notify PCP, admin IV fluids, abx, admin O₂ as needed, strict I&O, prepare for possible PICU transfer or sx.
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction techniques: use of music, tv, storytelling, or tablet games 2. Comfort positioning: - Semi-Fowler's position (knees flexed to reduce peritoneal stretch & pain)	8. Patient/Caregiver Teaching: 1. Teach of the importance of completing abx course. 2. Caregiver should advance diet slowly as tolerated. 3. Post-op care: incision care, signs of infection, activity tolerance Any Safety Issues identified: - Hand hygiene to control infection - Skin integrity: monitor for breakdown (immobility, diarrhea)

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 checked="" 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 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 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 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>2mm</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>W</u> Left <u>W</u> Pushes: Right <u>W</u> Left <u>W</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, clear</u> Stool Appearance: <u>yellow, mushy</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Bilateral</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <u>side of arm</u> Type/Location: <u>pic</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 type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5NS + KCL 20 @ 65 ml/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 type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input checked="" type="checkbox"/> Right <input checked="" 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 Oxygen Delivery: <input checked="" type="checkbox"/> Nasal Cannula: <u>1.5</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 type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site: <u>Hand (finger)</u> Oxygen Saturation: <u>99%</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 <u>2</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: _____	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 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 type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input checked="" type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>right lower breast</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>General</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 type="checkbox"/> None Type: _____	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: <u>n/a</u> Type: <u>n/a</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>Small tear</u> Location: <u>right lower breast</u> Description: <u>reddened</u> Dressing: <u>Intact/dry/clean/padded</u>	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>UDD</u> Type: <u>J Tube</u> Dressing: <u>Intact/dry/clean</u> Suction: _____ Drainage amount: <u>100 ml</u> Drainage color: <u>yellow</u>

Pediatric Floor Patient #1 *96.4 kg.*

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed			<i>240ml</i>										
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid			<i>65ml/hr</i>										
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work) $1st\ 10\ kg \times 100ml$ $2nd\ 10\ kg \times 50ml$ $Remain\ kg \times 20ml$ $\rightarrow 10\ kg \times 100 = 1000$ $10\ kg \times 50ml = 500$ $76\ kg \times 20ml = 1528$ $= 3,028\ ml/day.$							Actual Pt IV Rate <i>65ml/hr continuously</i> Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper			<i>100ml</i>										
Stool			<i>150ml</i>										
Emesis													
Other													
Calculate Minimum Acceptable Urine Output $0.5\ ml\ (kg) / hr \rightarrow 0.5\ ml(96.4) = 48.2\ ml/hr$							Average Urine Output During Your Shift <i>250 ml</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 <u>1</u> 2 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: 0 <u>1</u> 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

Student Name: <i>Jailene Gonzalez</i>	Patient Age: <i>13 y.o</i>
Date: <i>4/16/25</i>	Patient Weight: <i>76.4 kg</i>

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	<i>17.50</i>	<i>(^) Indicated leukocytosis (infection/inflammation)</i>
RBC	<i>2.89</i>	<i>(v) Chronic illness (AKI), inflammation</i>
H&H	<i>8.6/25.8</i>	<i>(v) Possible anemia, due to inflammation</i>
Metabolic Panel Labs		
Chloride	<i>109</i>	<i>(^) Possibly due to IV w/normal saline</i>
Albumin	<i>1.2</i>	<i>(v) Poor nutrition status, inflammation</i>
Total Protein	<i>5.3</i>	<i>(v) Inflammation response, hepatic dysfunction</i>
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	<i>16.35</i>	<i>(^) bacterial infection (strong marker)</i>
Lab TRENDS concerning to Nurse?		
<ul style="list-style-type: none"> - WBC - ANC 		

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*
 Due to pt's background, I classify them as *(Industry v Inferiority)*

- While adjusting pt in bed, to encourage ambulation, praise was continuously done to motivate pt.*
- I used clear, simple instructions when assessing, and to motivate independence to go to the restroom to avoid brief changes.*

Piaget Stage: *Formal Operational Stage. Since she didn't like them.*
 Adjusted to: *Concrete Operational*

- pt mentioned she didn't like moving, turning, when we cleaned/changed brief. Therefore we explained that potty visits would help*
- avoid this.*

pt was/is able to ambulate at home, and is independent, explained to pt/caregiver to encourage walks for a good recovery.

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

- Dressing change of f-tube