IM5 Clinical Worksheet – Pediatric Floor

Student Name: Josie Brimberry
Date: 4/22

Patient Age: 5 yr.
Patient Weight: 21.6 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

Pneumonia RLL
Infectious organism
aveoli can't open all the way

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Thorassic HR, pulse, lung sounds
Respiratory assess

3. Identify the most likely and worst possible complications.

→ sepsis
→ Respiratory depression

4. What interventions can prevent the listed complications from developing?

→ sterile chest tube
→ prevent Fluid in lungs
→ Moving around to break up secreation

5.What clinical data/assessments are needed to identify these complications early?

Temp
Δ in vitials
O_2 monitoring

6. What nursing interventions will the nurse implement if the anticipated complication develops?

Notify Dr. for Δ if sepsis is suspected
NC & add O_2

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Bubbles
2. Movie - cartoons

8. Patient/Caregiver Teaching:

1. Increase Flyids stay hydrated
2. Increase mobility moving legs/arms
3. Deep breathing

Any Safety Issues identified:

Fall Risk - dizzy
Infection - IV & Chest tube

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished ☑ Neat/Clean ☐ Emaciated ☐ Unkept

Developmental age: ☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive

Oriented to: ☑ Person ☑ Place ☑ Time/Event ☑ Appropriate for Age

Pupil Response: ☐ Equal ☐ Unequal ☐ Reactive to Light ☐ Size _____

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: ☑ Able to move all extremities ☑ Symmetrically ☐ Asymmetrically

Grips: Right S Left S

Pushes: Right S Left S

S=Strong W=Weak N=None

EVD Drain: ☐ Yes ☑ No Level _____

Seizure Precautions: ☐ Yes ☑ No

RESPIRATORY

Respirations: ☐ Regular ☑ Irregular ☐ Retractions (type) _____ ☐ Labored

Breath Sounds:

Clear	☐ Right	☑ Left
Crackles	☐ Right	☐ Left
Wheezes	☐ Right	☐ Left
Diminished	☑ Right	☐ Left
Absent	☐ Right	☐ Left

☑ **Room Air** ☐ **Oxygen**

Oxygen Delivery:

☐ Nasal Cannula: ____L/min

☐ BiPap/CPAP: _____

☐ Vent: ETT size____@____cm

☐ Other: _____

Trach: ☐ Yes ☑ No

Size _____ Type _____

Obturator at Bedside ☐ Yes ☐ No

Cough: ☐ Yes ☑ No ☐ Productive ☐ Nonproductive

Secretions: Color _____

Consistency _____

Suction: ☑ Yes ☐ No Type Chest tube

Pulse Ox Site Right finger

Oxygen Saturation: 95

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular ☑ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____

Edema: ☐ Yes ☑ No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Capillary Refill: ☑ < 2 sec ☐ > 2 sec

Pulses:

Upper R 3 L 3

Lower R 3 L 3

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _____

Stool Appearance: _____

☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

Did not assess

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded

Bowel Sounds: ☐ Present X 4 quads ☑ Active ☐ Hypo ☐ Hyper ☐ Absent

Nausea: ☐ Yes ☑ No

Vomiting: ☐ Yes ☑ No

Passing Flatus: ☐ Yes ☑ No

Tube: ☐ Yes ☑ No Type _____

Location _____ Inserted to _____cm

☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular

Amount/Schedule: _____

Chewing/Swallowing difficulties: ☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors

Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☑ All

Brace/Appliances: ☑ None

Type: _____

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms

☐ Ambulatory with assist _____

Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☑ Calm/Relaxed ☐ Quiet ☑ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious

Social/emotional bonding with family: ☑ Present ☐ Absent

IV ACCESS

Site: Right ☐ INT ☐ None

☐ Central Line

Type/Location: peripheral

Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: _____

SKIN

Color: ☑ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Natural for Pt

Condition: ☑ Warm ☐ Cool ☐ Dry ☐ Diaphoretic

Turgor: ☑ < 5 seconds ☐ > 5 seconds

Skin: ☑ Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown

Location/Description: _____

Mucous Membranes: Color: pink ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:

0800 0 1200 _____ 1600 _____

WOUND/INCISION

☑ None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☐ None

☑ **Drain/Tube**

Site: Chest

Type: Suction

Dressing: Y

Suction: - 20

Drainage amount: 47 - 65

Drainage color: sanguineous

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		tray food											0
Intake – PO Meds													0

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	5mL	5mL	5mL	5mL	5mL								25mL
IV Meds/Flush													
													25mL

Calculate Maintenance Fluid Requirement (Show Work)

21.6kg
×100 = 1000
11.6×50 = 580 = 1,612 mL/24
1.6×20 = 32
67.2mL

Actual Pt IV Rate

5mL/hr

Rationale for Discrepancy (if applicable)

Don't want to fluid shift

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

21.6mL/hr 518.4mL/24hr.

Average Urine Output During Your Shift

0 NO output during Shift

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) 3
	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: Josie Brimberry
Date: 4/22

Patient Age: 5 yr
Patient Weight: 21.6 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	3.36↓	O2 in blood carring to tissue
Hgb	9.3 ↓	↓
Hct	26.5↓	
Metabolic Panel Labs		
Creatinine	0.20↓	electrolyte
Ca	8.5↓	
K	3.5↓	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Neutrophil	8↓	Urine output
Lab TRENDS concerning to Nurse?		
electrolyte imbalence		

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: Initiative vs. Guilt

1. Self-cofindence - going to bathroom wearing own clothes
2. excitied to follow directions

Piaget Stage: Preoperational period

1. Primitive level thinking focusing one thing at a time & focus on 1 procedure at a time
2. egocentric - needed to be comforted by mom

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

Gave IVP medication, obsereve doctor rounds at new addmission

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS 20mEqL KCl	Isotonic ☒ Hypotonic ☒ Hypertonic ☐	Pt. stay hydrated with k+ levels balenced	Monitor k+ levels	Increased k+ can cause muscle weakness, numbness, tingling

Student Name: Josie Brimberry		**Unit:** Pedi N3	**Patient Initials:** LG		**Date:** 4/22/2025	**Allergies:** NKDA	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**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.)**
Acetaminophen	Non-opiod analgesics	Pain management	307.2 mg PO q 6	Yes 15mg/kg		Liver damage, Stomach pain, loss of appetite,redness,itching, jaundice	1. Do not exceed 4000mg per day toprevent liver toxcity 2. Flushed redness, warmness report thatfever is still persisting 3. Ask if the patient has ever had themedication and if they have had allergicreaction 4. Can give with juice or crackers if pt.experiencing GI discomfort
Polyethylene glycol	Laxatives	Laxative	12.75g PO daily	Yes		Bloody diarrhea, stomach pain, sweating, dizziness	1. Inform the paitent that they will have diarrhea 2. Increase fluids, prevent dehydration and promote kidney function of filtering 3. Can mix the powder with juice, tea, soda to make it taste better 4. Report blood in stool or continuing constipation

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

Student Name: Josie Brimberry		**Unit:** Pedi N3	**Patient Initials:** LG		**Date:** 4/22/2025	**Allergies:** NKDA	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**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.)**
Ceftriaxone	Antibiotic	Fight bacterial infection	100mg in 10mL IV q 24	Yes 100mg/mL		Stomach pain, diarrhea, N/V, disuria, dsypnea	1. Increase fluids, prevent dehydration and promote kidney function of filtering 2. This medication can cause HA or dizziness, use the call light before getting up 3. This medication is metabolized in the liver, report signs of jaundice like yellowing of skin or the whites of the eyes and dark urine 4. This medication is sometimes hard and irritating on the vein provide a heat pack
Oxycodone	Opioid	Reduce pain	2mg PO q 4 PRN severe pain	Yes		Contipation, respiratory despression, Headache, dizziness, constipation	1. Report cold clammy skin, feeling dizzy, shortness of breath 2. BBW- addiction, overdose (believe patient pain) 3. Can cause constipation monitor BM 4. Monitor for natural tolerance
				Choose an item.			1. 2. 3. 4.

Adopted: August 2016

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NS 20mL/hr	Isotonic ☒ Hypotonic ☐ Hypertonic ☐	Maintence	Na+	Fluid overload

Student Name: Josie Brimberry		**Unit:** Pedi N3	**Patient Initials:** SG		**Date:** 4/22/2025	**Allergies:** NKDA	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**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.)**
Acetaminophen	Non-opiodanalgesics	Painmanagement	313.6 mg PO q 4	Yes 15mg/kg x 21kg		Liver damage,Stomach pain,loss ofappetite,redness,itching,jaundice	1. Do not exceed 4000mg per daytoprevent liver toxcity 2. Flushed redness, warmness reportthatfever is still persisting 3. Ask if the patient has ever hadthemedication and if they have hadallergicreaction 4. Can give with juice or crackers ifpt.experiencing GI discomfort
Ketorolac	Nonsteroidal anti-inflammatory drugs	Reduce inflamation for fx	10.5mg IVP q 6	Yes 0.5mg/kg	10.5mg in 10mL in NS 0.7mL	Stomach bleeding, liver damage, kidney damage, anemia	1. Monitor stools for diarrhea, or blood, dark coffee grounds, red blood 2. Monitor for swelling, numbness, tingling 3. Increase fluids, prevent dehydration andpromote kidney function of filtering 4. Report any signs of bleeding