

IM5 Clinical Worksheet – PICU

Student Name: Josie Brimberry Date: 4/23	Patient Age: 16 Patient Weight: 48.9kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Syncope - fainting	2. Priority Focused Assessment R/T Diagnosis: Neuro/cardiac assessment
3. Identify the most likely and worst possible complications. Fall Stroke	4. What interventions can prevent the listed complications from developing? Urinal Call for help encourage fluids
5. What clinical data/assessments are needed to identify these complications early? Monitor BP weak pulse dizzy tingle	6. What nursing interventions will the nurse implement if the anticipated complication develops? lay down take VS safety is first priority
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Music 2. video game	8. Patient/Caregiver Teaching: 1. Increase fluids 2. Use call light - get up 3. get dizzy Report dizzy, fast heart Any Safety Issues Identified: feeling hot Fall Injury Stroke encourage mvmt.
Please list any medications you administered or procedures you performed during your shift: Help pt. w/ bathroom, calm pt. when getting IM injection	

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 _____

Pulse Ox Site Left digit

Oxygen Saturation: 98

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: yellow, clear

Stool Appearance: did not assess

Diarrhea Constipation
 Bloody Colostomy

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: Reg

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: left forearm 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: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

INTAKE/OUTPUT																	
	07	08	09	10	11	12	13	14	15	16	17	18	Total				
PO/Enteral Intake													480				
PO Intake/Tube Feed		480											480				
Intake - PO Meds																	
IV INTAKE													450				
IV Fluid	90	90	90	90	90								930				
IV Meds/Flush																	
Calculate Maintenance Fluid Requirement (Show Work)													Combined Total Intake for Pt (mL/hr)				
48.9 kg $\times 100 = 1000$ $389 \times 50 = 1945$ $\times 20 = 578$ $3,523 \text{ g } 24 \text{ hr.}$ $146.8 \text{ g } 1 \text{ hr.}$													Need: 930 total 146.8 mL/hr. 186 mL/hr				
OUTPUT													Total				
Urine/Diaper			800										800				
Stool																	
Emesis																	
Other																	
Calculate Minimum Acceptable Urine Output													Average Urine Output During Your Shift				
48.9 mL/hr													160 mL/hr				

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>1 points</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