

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 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	Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" 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 checked="" 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 Withdrawn 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 type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>4</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 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 type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Urine Appearance: _____ Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Port</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input 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: _____
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 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 type="checkbox"/> No Type _____ Pulse Ox Site <u>Rt great toe</u> Oxygen Saturation: <u>93</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 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 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 checked="" 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 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 checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>NPO 4/22/07</u> Amount/Schedule: <u>4/22 10:30</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Abdomen</u> Type: _____ Pain Score: 0800 _____ 1200 <u>3</u> 1600 _____
MUSCULOSKELETAL	MOBILITY	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 type="checkbox"/> None Type: _____	<input type="checkbox"/> None Type: <u>Wound</u> Location: <u>left abdomen</u> Description: <u>wound closed</u> Dressing: <u>Clean & dry</u>
TUBES/DRAINS	<input 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 checked="" type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
Atrial septal defect, cough with wheezing.
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? **School-aged to adolescents. Yes.**
3. Was your overall experience different than what you expected? Please give examples.
My overall experience was somehow what I expected. I was expecting some childhood diseases. I encountered something like seizures, ASD, coughing with wheezing to suspected appendicitis.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? **By not coming in aggressively and somehow trying to gauge first how the little boy would respond if I tried talking to him.**
5. What types of procedures did you observe or assist with? **Portable CXR.**
6. What community acquired diseases are trending currently? **Flu and RSV.**
7. What community mental health trends are being seen in the pediatric population? **Suicidal thoughts.**
8. How does the staff debrief after a traumatic event? Why is debriefing important?
Code lavender. Debriefing is important because it will show how everyone will handle a situation, and it will act a reminder.
9. What is the process for triaging patients in the PED?
Grading the pt's problem on a scale of 1 through 5, 5 being not a problem and 1 being a priority.
10. What role does the Child Life Specialist play in the PED? **Atraumatic care.**

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Michael Garces Date: 04/22/25</p>	<p>Patient Age: 9 years old Patient Weight: 23 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Closure fistula gastrocutaneous</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Pain assessment at or near the site. Wound/fistula site – inspect the site for redness, swelling, warmth, or purulent drainage. Visible leakage of gastric fluid. Skin integrity around the site. GI – auscultate bowel sounds. Observer for abdominal distention or signs of ileus. Monitor N/V or signs of gastric retention.</p>
<p>3. Identify the most likely and worst possible complications.</p> <ul style="list-style-type: none"> - Delayed wound healing due to chronic leakage, local infection or poor nutrition. - Skin breakdown from constant exposure to gastric contents; can cause excoriation and maceration around the fistula site. - Malnutrition – nutrient loss through the fistula or reduced oral intake due to discomfort or management strategy. <p>Worst:</p> <ul style="list-style-type: none"> - Sepsis, if the fistula becomes infected or leads to peritonitis. - Peritonitis may occur if gastric contents leak into the peritoneal cavity. - Hemorrhage, rare but possible. 	<p>4. What interventions can prevent the listed complications from developing?</p> <ul style="list-style-type: none"> - Prevent delayed wound healing - Ensure adequate nutrition, especially protein and calories. Minimize tension on the wound/fistula site. - Prevent skin breakdown/irritation – use barrier creams or protective films around the site. Apply absorbent dressings that wick away moisture from gastric leakage. - Prevent persistent fistula – ensure minimal gastric output through the fistula prior to attempting closure. Use PPI or H2 blockers. Monitor output regularly.
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <ul style="list-style-type: none"> - Delayed wound healing: wound inspection, nutritional labs, documentation of healing progress. - Skin breakdown - Persistent fistula - Electrolyte imbalance - Malnutrition - Infection/sepsis - Hemorrhage - Obstruction or ileus 	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <ul style="list-style-type: none"> - Delayed wound healing: wound inspection, nutritional labs, documentation of healing progress. - Skin breakdown - Persistent fistula - Electrolyte imbalance - Malnutrition - Infection/sepsis - Hemorrhage - Obstruction or ileus

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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. Guided imagery or distraction techniques <ul style="list-style-type: none"> - Use age-appropriate stories, videos, music, or interactive apps to shift focus away from the pain. 2. Deep breathing with visual aids <ul style="list-style-type: none"> - Teach the child to take slow, deep breaths using a bubble wand, pinwheel, or blowing through a straw. - Alternatively, use a simple “smell the flower, blow out the candle” technique to guide slow breathing. 	8. Patient/Caregiver Teaching: <ol style="list-style-type: none"> 1. Site care and hygiene – teach how to clean the site with mild soap and water. Demonstrate proper dressing changes. Emphasize hand hygiene before and after care. 2. Monitor output, if still open – keep a daily log of any drainage. Report high output (>50 mL/day). 3. Nutrition and hydration – ensure the child gets adequate calories and protein to promote healing. Encourage small, frequent meals if oral intake is allowed. Monitor for signs of dehydration. <p>Any Safety Issues identified: None.</p>
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Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs NO LABS WERE REQUESTED		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		

Student Name: Michael Garces Date: 04/22/25	Patient Age: 9 years old Patient Weight: 23 kg
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: Industry vs inferiority 1. Completes tasks independently and shows pride in accomplishments 2. Seeks approval from caregivers for tasks and skills. Piaget Stage: Cognitive development 1. Understands logical cause-and-effect relationships, such as why they need to take medicine to heal 2. Can classify objects	
Please list any medications you administered or procedures you performed during your shift: None	

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						90							90
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid					65								65
IV Meds/Flush						35							35
Calculate Maintenance Fluid Requirement (Show Work)	Actual Pt IV Rate												
23 kg	Rationale for Discrepancy (if applicable)												
10 x 100 =1,000													
10 x 50 =500													
3 x 20 =60													

1560/24 = 65													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output No urine output was documented							Average Urine Output During Your 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) <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

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	<ul style="list-style-type: none"> - Playing/sleeping appropriately OR - Alert, at patient's baseline 	<ul style="list-style-type: none"> - Sleepy, somnolent when not disturbed 	<ul style="list-style-type: none"> - Irritable, difficult to console OR - Increase in patient's baseline seizure activity 	<ul style="list-style-type: none"> - Lethargic, confused, floppy OR - Reduced response to pain OR - Prolonged or frequent seizures OR - Pupils asymmetrical or sluggish
Cardiovascular	<ul style="list-style-type: none"> - Skin tone appropriate for patient - Capillary refill ≤ 2 seconds 	<ul style="list-style-type: none"> - Pale OR - Capillary refill 3-4 seconds OR - Mild tachycardia OR - Intermittent ectopy or irregular HR (not new) 	<ul style="list-style-type: none"> - Grey OR - Capillary refill 4-5 seconds OR - Moderate tachycardia 	<ul style="list-style-type: none"> - Grey and mottled OR - Capillary refill > 5 seconds OR - Severe tachycardia OR - New onset bradycardia OR - New onset/increase in ectopy, irregular HR or heart block
Respiratory	<ul style="list-style-type: none"> - Within normal parameters - No retractions 	<ul style="list-style-type: none"> - Mild tachypnea/increased WOB (flaring, retracting) OR - Up to 40% supplemental oxygen OR - Up to 1L NC $>$ patient's baseline need OR - Mild desaturations $<$ patient's baseline OR - Intermittent apnea self-resolving 	<ul style="list-style-type: none"> - Moderate tachypnea/increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR - 40-60% oxygen via mask OR - 1-2 L NC $>$ patient's baseline need OR - Nebs Q 1-2 hour OR - Moderate desaturations $<$ patient's baseline OR - Apnea requiring repositioning or stimulation 	<ul style="list-style-type: none"> - Severe tachypnea OR - RR $<$ normal for age OR - Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR - $> 60\%$ oxygen via mask OR - > 2 L NC more than patient's baseline need OR - Nebs Q 30 minutes – 1 hour OR - Severe desaturations $<$ patient's baseline OR - Apnea requiring interventions other than repositioning or stimulation
Staff Concern		- Concerned		
Family Concern		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> - Continue Routine Assessments 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), <http://dx.doi.org/10.1016/j.pedn.2016.10.005>

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
Click here to enter text.	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Michael Garces	Unit: PF2	Patient Initials: Click here to enter text.	Date: 04/22/25	Allergies: NKDA
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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.)
Tylenol	Acetamenophen	Mild to moderate pain	10 mg/mL 350 mgIV q.6h	Choose an item. Yes	Click here to enter text.	Hepatotoxicity and nephrotoxicity	1. Monitor for liver function esp with repeated doses, liver toxicity >4000 mg/day 2. Pain score before and after administration 3. Do not give other meds with acetaminophen 4. Measure doses accurately: use syringe or cup and not kitchen spoons
Ipratropium	Anticholinergic bronchodilator	Bronchospasm	17 mcg/ 2 puffs daily	Choose an item. Yes	Click here to enter text.	Tachycardia, blurred vision, paradoxical bronchospasm, urinary retention	1. Respiratory status before and after dosing: listen for breath sounds (wheezing, crackles) 2. Heart rate monitoring: watch for tachycardia or palpitations, esp if combined with other bronchodilators 3. Hydration and mucous membranes: monitor for dry mouth, throat, or nasal mucosa 4. Rinse mout after use to preven dry

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

Student Name: Michael Garces		Unit: PF2	Patient Initials: Click here to enter text.		Date: 04/22/25	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.)
							mouth. Ensure child holds breath after inhalation for best absorption
Oxybutinin	Anticholinergic	Bladder spasms, overactive bladder	1 mg/mL 4 mg po b.i.d.	Choose an item. Yes	Click here to enter text.	Urinary retention, confusion, tachycardia	<ol style="list-style-type: none"> 1. Check for S/S of constipation. Stool softeners and fluids. 2. Monitor voiding patterns, frequency, and amount of urine output with regards to bladder function 3. Observe for confusion, dizziness, HA, or restlessness. 4. Use sugar-free gum or sips of water to help manage dry mouth
Cefazolin	First-gen cephalosporin	Tx or prevention of bacterial infection	699 mg in sterile water IV syringe q.8h.	Choose an item. Yes	Click here to enter text.	Seizures, C.diff, liver enzyme elevation	<ol style="list-style-type: none"> 1. Finish full course of abx, even if child feels better. 2. Can cause diarrhea. Monitor especially if severe or bloody. 3. Check for pain, swelling, or inflammation at the injection site. Can be hard on the veins. 4. Encourage hydration to help with medication tolerance.

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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.)
Gabapentin	Anticonvulsant, analgesic	Seizures, neuropathic pain	100 mg b.i.d. G-tube	Choose an item. Yes	Click here to enter text.	Respiratory depression	<ol style="list-style-type: none"> 1. Can cause sedation. Caregivers should monitor the child closely for excessive sleepiness. 2. Encourage the child to stay well hydrated, can contribute to dry mouth or constipation 3. Can cause behavior changes such as changes in mood, increased irritability or agitation. 4. If needs to be dc'ed, gradual tapering is required to prevent withdrawal symptoms.
Baclofen	Muscle relaxant	Manage spasticity caused by neurological conditions	5 mg/ml po b.i.d.	Choose an item. Yes	Click here to enter text.	Respiratory depression, hypotension, confusion	<ol style="list-style-type: none"> 1. Sedation and drowsiness are common in younger children, so assess for excessive fatigue, lethargy, or difficulty staying alert. 2. Muscle tone and coordination should be assessed. 3. Assess respiratory rate regularly for respiratory depression 4. Can cause hypotension. Monitor if the child becomes unusually weak, dizzy, or faint.

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

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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.)
Clonidine	Alpha-2 adrenergic agonist	Manage sedation, analgesia, promote sleep post-procedure	25 mcg G-tube at bedtime	Choose an item. Yes	Click here to enter text.	Sedation	<ol style="list-style-type: none"> 1. Inform caregivers that excessive sedation is a common side effect and they should monitor for signs of drowsiness, lethargy, trouble waking up. 2. Watch for constipation, hydrate. 3. Ensure that the child's and breathing remain stable, especially if clonidine is given for sedation. 4. Regularly assess HR and BP, can cause bradycardia and hypotension.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

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				enter text.			4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
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