IM5 Clinical Worksheet – Pediatric Floor

Student Name: Alexxys Rojas **Date:** April 23, 2025	**Patient Age:** 3 **Patient Weight:** 15.3 kg 33lb 11.70z
1. **Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)** Croup inflammation of bronchi, larynx, and trachea	2. **Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory
3. **Identify the most likely and worst possible complications.** Respiratory distress brain damage due to lack of O2	4. **What interventions can prevent the listed complications from developing?** O_2 therapy push fluids Steam/albuterol to open airways Warm liquids to soothe throat decongestants
5. **What clinical data/assessments are needed to identify these complications early?** Listening to lung sounds	6. **What nursing interventions will the nurse implement if the anticipated complication develops?** Monitor O_2 / provide O_2 (NC, mask, etc)
7. **Pain & Discomfort Management:** **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Play with toys/action figures 2. Color and watch Bluey	8. **Patient/Caregiver Teaching:** 1. not mixing albuterol + budesonide in one sitting/Nebulizer session 2. Warm liquids can help settle cough 3. Sleeping inclined might allow the child to sleep better/Steam can help open airways UP & loosen mucus **Any Safety Issues identified:** none

Student Name: Alexxys Riojas Date: 4/23/25	Patient Age: 3 Patient Weight: 15.3kg 33lbs 11.7oz

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
No labs		

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: Autonomy vs. Shame & doubt

1. Dislikes mashed potatoes today when he usually loves them
2. Wanting to go play without mom/nurse

Piaget Stage: Preoperational

1. ~~BM~~ talked to Shadow (his stuffy) and said he made him want mac+cheese
2. asked what my alien on my badge reel was and why her was here. (alien)

Please list any medications you administered or procedures you performed during your shift:
D/C a portacath (IV fluids)
EEG on baby/removal of eeg supplies

15.3 kg

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						240	60	180					420
Intake – PO Meds													

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)

100x10 = 1000
5.3x50 = 265
1265 ÷ 24 = 52.7 → 53 mL/hr

Actual Pt IV Rate N/A

Rationale for Discrepancy (if applicable)

eating by mouth

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper								x1	x1				
Stool								x1					
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

1 mL/15.3 kg/hr
15.3/5 → 3.06 mL

Average Urine Output During Your Shift

N/A
urine x2
bm x1

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) 0
	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

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 2mm 2mm

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

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

Grips: Right 5 Left 5

Pushes: Right 5 Left 5

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 N/A

Consistency _____

Suction: ☐ Yes ☐ No Type _____

Pulse Ox Site L foot

Oxygen Saturation: 97%

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 X2

Urine Appearance: light clear yellow

Stool Appearance: well formed x1

☐ 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: 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: _____ ☐ INT ☒ None

☐ Central Line

Type/Location: _____

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

Dressing Intact: ☐ Yes ☐ No

Fluids: _____

NO IV access

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: 0

0800_____ 1200_____ 1600 _____

WOUND/INCISION

☒ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☒ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____