

## IM5 Clinical Worksheet - PICU

<p><b>Student Name:</b> Meaghan Rose <b>Date:</b> 04/23/2025</p>	<p><b>Patient Age:</b> 5 <b>Patient Weight:</b> 14.61kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b></p> <ul style="list-style-type: none"> <li>- Pneumonia is an infection that inflames the air sacs in the lungs. In this patient, the infection affected the left lung, causing inflammation and a buildup of fluid and pus to enter into the alveoli, which makes it difficult to breathe and to get oxygen. As the infection gets worse, inflamed fluid leaks into the area between the lung and chest wall, creating a pleural effusion. This buildup of fluid can compress the lung, reduce lung expansion, and make breathing even more difficult and painful.</li> </ul>	<p><b>2. Priority Focused Assessment R/T Diagnosis:</b></p> <p>Respiratory Assessment would be the most critical focus because of the pneumonia and pleural effusion, which could put the patient at risk for respiratory distress and failure.</p> <ul style="list-style-type: none"> <li>- Respiratory rate and effort, oxygen saturation, lung sounds, skin color, and cap refill, LOC</li> </ul>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <ol style="list-style-type: none"> <li>1. Respiratory distress or hypoxia</li> <li>2. Empyema</li> <li>3. Atelectasis (lung collapse)</li> <li>4. Prolonged hospital stay or recurrent pneumonia</li> <li>5. Chest tube insertion</li> <li>6. Respiratory Failure</li> <li>7. Sepsis</li> <li>8. Septic shock</li> <li>9. Death</li> </ol>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <ul style="list-style-type: none"> <li>- Frequent respiratory assessments</li> <li>- Administer oxygen therapy as ordered</li> <li>- Positioning to maximize lung expansion</li> <li>- Administer IV antibiotics on time</li> <li>- Encourage deep breathing and coughing (bubbles, or pinwheels)</li> <li>- Maintain adequate hydration</li> <li>- Monitor labs and imaging results closely</li> <li>- Educate and involve parents</li> </ul>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <ol style="list-style-type: none"> <li>1. Respiratory assessments - to look at respiratory rate and effort</li> <li>2. Oxygen saturation- may signal hypoxia or respiratory distress</li> <li>3. Lung sounds - diminished breath sounds, crackles, or absent sounds on the left side could indicate worsening effusion, atelectasis, or empyema</li> <li>4. Vital signs - spiking fever, tachycardia, hypotension, delayed refill, pale skin, pain</li> <li>5. Neurological status - LOC, behavior, activity level</li> <li>6. Labs and Imaging - CBC, blood cultures, chest X-ray, ultrasound of lungs</li> </ol>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <ul style="list-style-type: none"> <li>- Call Rapid Response/notify provider immediately if respiratory failure develops</li> <li>- Administer high-flow oxygen or prepare for ventilation</li> <li>- Stay with the child and provide reassurance</li> <li>- Monitor temperature and WBCs</li> <li>- Administer IV antibiotics</li> <li>- Assist with thoracentesis or chest tube placement</li> </ul>

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	<ul style="list-style-type: none"> <li>- Provide pain management</li> <li>- Initiate sepsis protocol</li> <li>- Start IV fluid bolus</li> <li>- Administer broad-spectrum antibiotics</li> <li>- Prepare for vasopressors and potential ICU transfer</li> <li>- Continue monitoring neuro and respiratory status</li> <li>- Document thoroughly</li> <li>- Emotional support for child and family</li> </ul>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"> <li>1. Blowing bubbles - trying to catch the bubbles, pop the bubbles (we did this a lot today)</li> <li>2. Playing with toy cars and sensory objects.</li> <li>3. An iPad to watch favorite TV show or play games. (We played with cars today, sensory blocks, and the patient was watching his favorite show and telling me about it)</li> </ol>	<p><b>8. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Recognize signs of worsening respiratory status - fast breathing, flaring nostrils, chest retractions, grunting, or bluish lips. Seek immediate medical attention if this occurs</li> <li>2. Importance of medication adherence - complete full course of antibiotics, even if the child appears better. Explain that stopping early can lead to infection coming back or getting worse</li> <li>3. Promote lung recovery at home - encourage rest, fluids, and deep breathing (blowing bubbles or pinwheels) to help keep lungs clear. Keep follow-up appointments for X-rays or evaluations to make sure the effusion is resolving</li> </ol> <p><b>Any Safety Issues Identified:</b></p> <ul style="list-style-type: none"> <li>- Chest tube complications</li> <li>- Respiratory compromise</li> <li>- Fall Risk</li> <li>- Infection or Sepsis</li> <li>- Gas exchange is impaired</li> </ul>
<p><b>Please list any medications you administered or procedures you performed during your shift:</b></p>	

PICU

\*\*\*\*SENT IN ANOTHER ATTACHMENT, HAND WRITTEN AND TOOK PICTURE\*\*\*\*

<p><b>GENERAL APPEARANCE</b></p> <p><b>Appearance:</b> <input type="checkbox"/> Healthy/Well Nourished  <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept</p> <p><b>Developmental age:</b>  <input type="checkbox"/> Normal <input type="checkbox"/> Delayed</p>	<p><b>CARDIOVASCULAR</b></p> <p><b>Pulse:</b> <input 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 _____</p> <p><b>Edema:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____  <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+</p> <p><b>Capillary Refill:</b> <input type="checkbox"/> &lt; 2 sec <input type="checkbox"/> &gt; 2 sec</p> <p><b>Pulses:</b>  Upper R _____ L _____  Lower R _____ L _____  4+ Bounding 3+ Strong 2+ Weak  1+ Intermittent 0 None</p>	<p><b>PSYCHOSOCIAL</b></p> <p><b>Social Status:</b> <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet  <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying  <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless  <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious</p> <p><b>Social/emotional bonding with family:</b>  <input type="checkbox"/> Present <input type="checkbox"/> Absent</p>
<p><b>NEUROLOGICAL</b></p> <p><b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless  <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive</p> <p><b>Oriented to:</b>  <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event  <input type="checkbox"/> Appropriate for Age</p> <p><b>Pupil Response:</b> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal  <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____</p> <p><b>Fontanel:</b> (Pt &lt; 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat  <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed</p> <p><b>Extremities:</b>  <input type="checkbox"/> Able to move all extremities  <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically  Grips: Right _____ Left _____  Pushes: Right _____ Left _____  S=Strong W=Weak N=None</p> <p><b>EVD Drain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____</p> <p><b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>ELIMINATION</b></p> <p><b>Urine Appearance:</b> _____</p> <p><b>Stool Appearance:</b> _____  <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation  <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p><b>IV ACCESS</b></p> <p><b>Site:</b> _____ <input type="checkbox"/> INT <input type="checkbox"/> None  <input type="checkbox"/> Central Line  Type/Location: _____</p> <p><b>Appearance:</b> <input type="checkbox"/> No Redness/Swelling  <input type="checkbox"/> Red <input type="checkbox"/> Swollen  <input type="checkbox"/> Patent <input type="checkbox"/> Blood return</p> <p><b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Fluids:</b> _____</p>
<p><b>RESPIRATORY</b></p> <p><b>Respirations:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular  <input type="checkbox"/> Retractions (type) _____  <input type="checkbox"/> Labored</p> <p><b>Breath Sounds:</b>  Clear <input type="checkbox"/> Right <input 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</p> <p><input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen</p> <p><b>Oxygen Delivery:</b>  <input type="checkbox"/> Nasal Cannula: _____ L/min  <input type="checkbox"/> BiPap/CPAP: _____  <input type="checkbox"/> Vent: ETT size _____ @ _____ cm  <input type="checkbox"/> Other: _____</p> <p><b>Trach:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Size _____ Type _____  Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Cough:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive</p> <p><b>Secretions:</b> Color _____  Consistency _____</p> <p><b>Suction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____</p> <p><b>Pulse Ox Site</b> _____</p> <p><b>Oxygen Saturation:</b> _____</p>	<p><b>GASTROINTESTINAL</b></p> <p><b>Abdomen:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat  <input type="checkbox"/> Distended <input type="checkbox"/> Guarded</p> <p><b>Bowel Sounds:</b> <input type="checkbox"/> Present X _____ quads  <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent</p> <p><b>Nausea:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Vomiting:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Passing Flatus:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Tube:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____  Location _____ Inserted to _____ cm  <input type="checkbox"/> Suction Type: _____</p>	<p><b>SKIN</b></p> <p><b>Color:</b> <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</p> <p><b>Condition:</b> <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry  <input type="checkbox"/> Diaphoretic</p> <p><b>Turgor:</b> <input type="checkbox"/> &lt; 5 seconds <input type="checkbox"/> &gt; 5 seconds</p> <p><b>Skin:</b> <input 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: _____</p> <p><b>Mucous Membranes:</b> Color: _____  <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
	<p><b>NUTRITIONAL</b></p> <p><b>Diet/Formula:</b> _____</p> <p><b>Amount/Schedule:</b> _____</p> <p><b>Chewing/Swallowing difficulties:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>PAIN</b></p> <p><b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces</p> <p><b>Location:</b> _____</p> <p><b>Type:</b> _____</p> <p><b>Pain Score:</b>  0800 _____ 1200 _____ 1600 _____</p>
	<p><b>MUSCULOSKELETAL</b></p> <p><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</p> <p><b>Movement:</b>  <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All</p> <p><b>Brace/Appliances:</b> <input type="checkbox"/> None  Type: _____</p>	<p><b>WOUND/INCISION</b></p> <p><input type="checkbox"/> None</p> <p><b>Type:</b> _____</p> <p><b>Location:</b> _____</p> <p><b>Description:</b> _____</p> <p><b>Dressing:</b> _____</p>
	<p><b>MOBILITY</b></p> <p><input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms  <input type="checkbox"/> Ambulatory with assist _____</p> <p><b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker  <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden</p>	<p><b>TUBES/DRAINS</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Drain/Tube  Site: _____  Type: _____  Dressing: _____  Suction: _____  Drainage amount: _____  Drainage color: _____</p>

**PICU**

<b>INTAKE/OUTPUT</b>													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						0	0	240	0	120	0		360
Intake - PO Meds													
<b>IV INTAKE</b>													
IV Fluid						65	65	65	65	65	0		325
IV Meds/Flush													
													688mL
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Combined Total Intake for Pt (mL/hr)</b>						
10kg X 100= 1000 4.61kg X 50= 230 Total = 1230 1230 divided by 24hrs = 51.25mL/hr							325 + 360 = 688mL 688mL/5hours = 137.6mL/hr						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool							0	0	0	0	0		
Emesis							0	0	0	0	0		
Other							300	0	0	300	0		600
													600mL
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
0.5mL/14.61kg/24hrs= 175.32mL/hr							0.5mL/14.61kg/5hrs = 36.5mL/hr						

<b>Children's Hospital Early Warning Score (CHEWS)</b> (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category:
	0   1   2   3
	<b>Calculated ZERO = 0</b>
Cardiovascular	Circle the appropriate score for this category:
	0   1   2   3
	<b>Calculated ZERO = 0</b>
Respiratory	Circle the appropriate score for this category:
	0   1   2   3
	<b>Calculated ZERO = 0</b>
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <b>0</b>
	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

### CHEWS Scoring and Escalation Algorithm

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

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> <li>- Continue Routine Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Notify charge nurse or LIP</li> <li>- Discuss treatment plan with team</li> <li>- Consider higher level of care</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>- Notify attending physician</li> <li>- Discuss treatment plan with team</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>

**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>