

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Karyme Rodriguez

Date: 4/23/22

Patient Age: 15 days

Patient Weight: 2.44kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) 2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Rhinovirus, hypothermia

inhalation of virus leading to inflammation

Respiratory

3. Identify the most likely and worst possible complications. 4. What interventions can prevent the listed complications from developing?

O₂ sats drop

infections (pneumonia/bronchitis)

Admin Oxygen

Keep pt moving TCDB

5. What clinical data/assessments are needed to identify these complications early? 6. What nursing interventions will the nurse implement if the anticipated complication develops?

pulse ox

respiratory secretion cultures

↑ O₂ flow rate

suction for productive cough
fluids

7. Pain & Discomfort Management:

List 2 Developmentally Appropriate

Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. non nutritive sucking

2. comforting touch

8. Patient/Caregiver Teaching:

1. look for cyanosis

2. how to count RR at home

3. keep pt up to date on vaccinations

Any Safety Issues identified:

mom laying in bed/napping
with baby

Abnormal Relevant Lab

Clinical Significance

Tests

Current

Complete Blood Count (CBC) Labs

WBC - 27.31 ↑
immature platelet fraction - 11.3 ↑
neutrophils - 15.8 ↑
monocytes - 3.15 ↑
basophils - .17 ↑

Metabolic Panel Labs

K - 6.4 ↑
creatinine - .2 ↓

Misc. Labs

Absolute Neutrophil Count
(ANC) (if applicable)

Lab TRENDS concerning to Nurse?

WBC count continuing
to get higher

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: trust vs. mistrust

1. Calmed down & more receptive to me when given bottle
2. touched gently, less restless

Piaget Stage: sensorimotor

1. stranger anxiety - got restless in my arms
2. separation - immediately knew wasn't in mom's arms

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

Pediatric Floor Patient #1

GENERAL APPEARANCE

CARDIOVASCULAR

PSYCHOSOCIAL

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 W Left W
Pushes: Right N Left N
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: 1.5 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 toe
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
Stool Appearance: yellow, brown
 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: breast milk
Amount/Schedule: 30 ml
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: EDT peripheral INT None
 Central Line
Type/Location: Anterior 24g
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: 0
0800 _____ 1200 0 1600 0

WOUND/INCISION
 None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS
 None
 Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

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

Allergies: _____

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range? If not, why?			
Ampicillin	Penicillin	Infection	125mg IV syringe 30mg/ml TID	yes	sterile water	d/n/v rash/itching hives	1. take half 1 2 hrs after meals 2. take w lots of fluids 3. take entire Rx, even if feeling better 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.