IM5 Clinical Worksheet – PICU

Student Name: Karyme Rodriguez **Date:** 4/22/24	**Patient Age:** 21mo **Patient Weight:** 23lb 10.7kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Gas exchange impaired / seizures	**2. Priority Focused Assessment R/T Diagnosis:** neuro & respiratory
3. Identify the most likely and worst possible complications. once secretions tested COVID = worst	**4. What interventions can prevent the listed complications from developing?** isolation precautions
5. What clinical data/assessments are needed to identify these complications early? Culture on secretions	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** isolation, O2 admin
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. distraction (toys lights etc) 2. Comforting touch (cuddle / hold)	**8. Patient/Caregiver Teaching:** 1. avoid large crowds 2. pt position for optimal breathing 3. keeping up w vaccinations prev pneumonia **Any Safety Issues Identified:** n/a
Please list any medications you administered or procedures you performed during your shift: in ICU RN administered all my meds	

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: 3 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 L index finger
Oxygen Saturation: 95

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: firm, 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: Pediatric peptide 1.0
Amount/Schedule: 45 ml/hr cont.
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: L anterior foot ☐ INT ☐ None ☐ Central Line
Type/Location: foot
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_____ 1200 0 1600 3

WOUND/INCISION

☐ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☐ **None**
☑ **Drain/Tube**
Site: right nare
Type: NGT
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

10, 13

Anne

INTAKE/OUTPUT

PO/Enteral Intake	~~07~~	~~08~~	~~09~~	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~	~~15~~	~~16~~	~~17~~	~~18~~	Total
PO Intake/Tube Feed													
Intake – PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid			45	5	5	5	5	5	5				
IV Meds/Flush			33.3										

Calculate Maintenance Fluid Requirement (Show Work)

~~10.7kg x~~ 10 x 100 = 1,000
10.7kg .7 x 50 = +35
1035
43mL/hr 24

Combined Total Intake for Pt (mL/hr)

Oral

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper								142					
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

10.7 kg/hr

Average Urine Output During Your Shift

28.4 mL

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) 5
	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

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? 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.)
no meds given							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016