IM5 Clinical Worksheet – Pediatric Floor

Student Name: Marcela **Date:**4/23/25	**Patient Age:** 15 days old **Patient Weight:** 2.46 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Hypothermia/Hypoxia • Cant regulate heat with temp falling below 96.8 and is nothing getting enough oxygen causing more issues,	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** • Checking temp and O2 sats • Respiratory assessment • Cardiovascular
3. Identify the most likely and worst possible complications. • Hypoglycemia • Hypoxia ischemic encephalopathy	**4. What interventions can prevent the listed complications from developing?** • O2 therapy and monitoring O2 • Skin to skin contact • Keep baby warm and swaddling
5.What clinical data/assessments are needed to identify these complications early? • Monitor VS: HR, O2 temperature • Asses breathing and breath sounds	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** • Increasing O2 • skin to skin • Calling RT
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Breast feeding 2. Comfortable Position	**8. Patient/Caregiver Teaching:** **1. watch for grunting, nostril flaring or fast breathing** **2. Feel baby's chest or back if its cold they need immediate warmth** **3. If lips, tongue, face or nail beds are turning blue or gray call 911** **Any Safety Issues identified:** **N/A**

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

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why ?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
72) Acyclovir	Antiviral	Viral infection	40mg 7mL/hr IV q8hrs	yes		Nausea, na diarrhea, dizziness	1. Monitor renal function + hydration 2. monitor temp. 3. Properly clean babies equipment 4. watch for dry mouth, ↓urine output + poor skin turgor
72) Ampicillin	Penicillins	bacterial infection	123 mg 6.4 mL/hr IV q8hrs	yes		N/V/D, rash Yeast overgrowth	1. Assess for diarrhea or GI discomfort 2. monitor renal function 3. Watch for thrush or diaper rash 4. encourage fluids
72) acetaminophen	Analgesics	fever / pain	35.2mg PO q6hrs PRN	yes		Liver toxicity N/V, rash	1. monitor pain → temp 2. watch N/V, Yellow skin/eye, Poor appetite 3. monitor liver function 4. monitor for dehydration
72) Zinc oxide Cod liver oil Lanolin 4090	Dermatologicals	Diaper rash	Topical PRN	yes		Skin irritation contact dermatitis	1. Assess skin for open wound or irritation 2. ensure skin clean + dry before applying 3. monitor for signs of excessive Vit A+D 4. monitor for allergic reaction
No meds for 62							1. 2. 3. 4.

Student Name:	Patient Age:
Date:	Patient Weight: kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Procalcitonin	106.70↑	theres a systemic inflam due to bacterial infection
UA Protein	100mg/dL	protein in urine possibly not filtering right
UA blood	Trace	
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
CSF lumbar puncture		Xanthochromatic : Intracerebral hemorage or severe jaundice

Lab TRENDS concerning to Nurse?

UA, CSF results + procalcitonin

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: TUST VS Mistrost

1. Relies on someone to feed + change her

2. Need skin to skin contact

Piaget Stage: sensorimotor

1. Automatic grasp

2. Latches on quickie when feeding

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

[redacted]

On med sheet

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		1.5oz (46mL)											1.5oz
Intake – PO Meds		—											
10 mL/hr													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid		10	10	10	10								40
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

2.46 X 100 = 246mL/day

246 / 24 = 10.25mL/hr

Actual Pt IV Rate 10mL/hr

Rationale for Discrepancy (if applicable)

Not measured

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

Calculate Minimum Acceptable Urine Output

2.46 mL/hr

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) 2
	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 2
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: 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 Right
Oxygen Saturation: 100%a

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 S L S
Lower R S L S
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
Stool Appearance: brown yellow
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☐ Present X____ 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: breastmilk / Donor milk
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: 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: _____
☑Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800 0 1200 ____ 1600 ____

WOUND/INCISION

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

TUBES/DRAINS

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