

Student Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Pt. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

<b>S</b>	Pt Initials: _____ Room: _____ DOB: <u>6 yr</u> Admit Date: _____ Admit Wt: _____ Current Wt: <u>23.8 kg</u> Ht: <u>116.8 cm</u> M <input checked="" type="checkbox"/> Primary Dx: <u>acute appendicitis with perforation</u> Secondary Dx: <u>localized peritonitis and abscess</u>  <u>CC: abdominal pain</u>	Physician: _____  Consults (Ex: Speech, PT/OT, Surgery, Neuro)																								
<b>B</b>	History <u>asthma</u>	Allergies (reactions) <u>peanuts (anaphylaxis)</u> Code status <u>FULL</u> DNR/AND Advance directive: Y N																								
<b>A</b>	Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS  	Vital Signs: BP/HR/RR/Temp/SpO2																								
	Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular  	Pain Pain scale Location																								
	Pulmonary: Breath sounds/Secretions	Oxygen: _____ L O2 NC 100NRB VM  <u>RA</u>																								
	GI : BS Last BM: <u>0800</u> NGT OGT <u>diarrhea</u> Diet <u>general</u> Breakfast % eaten: <u>20</u> Lunch % eaten:	Skin: Wounds/Drainage Staples /Drains Location																								
	GU: Void _____ Foley _____ FR Placed on:	Accu checks: Frequency Results																								
	IV Peripheral <input checked="" type="checkbox"/> INT IV <u>20</u> gauge Site: <input checked="" type="checkbox"/> AC IV Fluid type: _____ Rate: _____ Central- type/site (subclavian/port/broviac) PICC@ _____	Psych Social																								
	Intake Total: _____ mL Parenteral _____ Enteral _____ Output Total: _____ mL Void _____ mL Emesis _____ mL Balance: _____ mL (Positive or negative) What does this mean for your pt?	Pending orders (ex: CBC, specimen)																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Na</td> <td style="width:10%;">Cl</td> <td style="width:10%;">Bun</td> <td style="width:10%;">Gluc</td> <td style="width:10%;">Mg</td> <td style="width:10%;">Other</td> <td rowspan="3" style="width:10%;">Labs Pending:</td> <td rowspan="3" style="width:15%; text-align:center; vertical-align:middle;">                     Hct                      WBC                      Plt                      Hgb                 </td> <td style="width:10%;">UA</td> <td rowspan="3" style="width:15%;">Diagnostic Test Results: CT CXR MRI Echo</td> </tr> <tr> <td>K</td> <td>Co</td> <td>Cr</td> <td>Ca</td> <td>Phos</td> <td>Other</td> <td>Cultures</td> </tr> <tr> <td colspan="6">ANC [WBC x (% Neutrophils + % Bands) x 10]</td> <td></td> </tr> </table>	Na	Cl	Bun	Gluc	Mg	Other	Labs Pending:	Hct WBC Plt Hgb	UA	Diagnostic Test Results: CT CXR MRI Echo	K	Co	Cr	Ca	Phos	Other	Cultures	ANC [WBC x (% Neutrophils + % Bands) x 10]							
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<b>R</b>	***Nursing Interventions & Teaching: (use your Critical Thinking Map) DC Plan. Is pt informed of plan? Y N 24 hour orders reviewed Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> What does the patient need when they are discharged?	Shift goals: Met Unmet Revise																								

Student Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Pt. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

<b>S</b>	Pt Initials: _____ Room: _____ DOB: <u>5 day old</u> Admit Date: _____ Admit Wt: _____ Current Wt: <u>3.4kg</u> Height: <u>50.8cm</u> <u>(M)</u> Primary Dx: <u>hyperbilirubemia</u> Secondary Dx: <u>jaundice of skin</u> <u>scleral icterus</u>	Physician: _____ Consults (Ex: Speech, PT/OT, Surgery, Neuro)																								
<b>B</b>	History <u>born @ 40 wks + 4 days</u> <u>vaginal</u> <u>no complications</u>	Allergies (reactions) <u>NKDA</u> Code status <u>FULL</u> DNR/AND Advance directive: Y N	Isolation: Restraints: Y N Type: Fall risk Vaccine- PNA Flu																							
<b>A</b>	Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS <div style="text-align:right;"></div>	Vital Signs: BP/HR/RR/Temp/SpO2																								
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	IV Peripheral INT IV _____ gauge Site: _____ IV Fluid type: _____ Rate: _____ Central- type/site (subclavian/port/broviac) _____ PICC@ _____	Pending orders (ex: CBC, specimen) <u>bilirubin @ 4</u>																								
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no IV  
 phototherapy threshold 21.4  
 last feeding @ 11:30

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Date: 4/30/25</p>	<p>Patient Age: 5 days old Patient Weight: 3.4 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Hyperbilirubemia</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: respiratory GI assessment neuro</p>
<p>3. Identify the most likely and worst possible complications. liver failure</p>	<p>4. What interventions can prevent the listed complications from developing? frequent feedings</p>
<p>5. What clinical data/assessments are needed to identify these complications early? jaundice skin scleral icterus</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? phototherapy</p>
<p>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient. 1. nonnutritive sucking 2. parents holding the baby</p>	<p>8. Patient/Caregiver Teaching: 1. frequent feedings 2. vitamin D drops 3. follow-up check up to check bilirubin Any Safety Issues Identified: brain damage</p>

**Pediatric Floor Patient #1**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	<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 checked="" type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>2</u> <b>Fontanel:</b> (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically <b>Grips:</b> Right <u>S</u> Left <u>S</u> <b>Pushes:</b> Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>yellow</u> <b>Stool Appearance:</b> <u>no BM</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line <b>Type/Location:</b> _____ <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 <b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> _____
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input checked="" type="checkbox"/> Right <input checked="" 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 <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen <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: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>foot</u> <b>Oxygen Saturation:</b> <u>98</u>	<b>Abdomen:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt <b>Condition:</b> <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown <b>Location/Description:</b> _____ <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	<b>Diet/Formula:</b> <u>gentlease</u> <b>Amount/Schedule:</b> <u>1.5 oz q3h</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> 0800 <u>0</u> 1200 _____ 1600 _____
MUSCULOSKELETAL	MOBILITY	WOUND/INCISION
	<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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____
		TUBES/DRAINS
		<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> _____ <b>Type:</b> _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

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

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
bilirubin total	19.1	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?  
 bilirubin is higher than normal range (1.0-10.5mg/dl)

**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. Pt. cried while I was assessing them
2. Pt. cried until mom grabbed them then they calmed down

Piaget Stage: Sensorimotor

1. Pt grabbed my glove when I checked for capillary refill
2. Pt tried reaching for my stethoscope

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

**Pediatric Floor Patient #1**

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed		1											1.202
Intake - PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$100 \times 3.4 \div 24 = 14.1$							NO IV						
<b>Rationale for Discrepancy (if applicable)</b>													
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper			1	1									68
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$2 \times 3.4 \times 5 = 34 \text{ml}$							68 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: <input checked="" type="radio"/> 0    1    2    3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0    1    2    3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 0    1    2    3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>1</u>
	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