

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: <i>Amanda Miller</i> Date: <i>May 6th, 2025</i></p>	<p>Patient Age: <i>8 yo - M</i> Patient Weight: <i>21.1 kg</i></p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <i>Acute Appendicitis</i> Appendicitis is when the appendix becomes inflamed and swollen, likely due to a blockage. It becomes infected and needs to be removed before it ruptures, causing systemic infection.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <ul style="list-style-type: none"> • <i>abdominal assessment</i> • <i>post-op care</i> • <i>wound care</i>
<p>3. Identify the most likely and worst possible complications.</p> <p style="text-align: center;"><i>Incision site infection</i></p> <p style="text-align: center;"><i>Sepsis</i></p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p style="text-align: center;"><i>Surgery prior to rupture is ideal</i></p> <p style="text-align: center;"><i>post-op care with wound care and monitoring incision sites</i></p>
<p>5. What clinical data/assessments are needed to identify these complications early?</p> <p style="text-align: center;"><i>Monitor vital signs</i> <i>High HR, RR, temperature</i> <i>(Late is drop in BP)</i></p> <p style="text-align: center;"><i>Monitor WBC count</i></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <ul style="list-style-type: none"> • <i>Notify physician</i> • <i>Treat symptoms</i> • <i>Anticipate antipyretic/additional antibiotics</i>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. <i>iPad / Video Games</i> 2. <i>TV / Movies</i> 	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. <i>Limit physical activity</i> 2. <i>Report severe abdominal pain and/or fever</i> 3. <i>Report redness, swelling, heat at incision sites</i> <p>Any Safety Issues identified:</p> <p style="text-align: center;"><i>Assist patient to restroom to prevent falls.</i></p>

Student Name: Amanda Miller	Patient Age: 8 yo - M
Date: May 6th, 2025	Patient Weight: 21.1 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	15.03 k/uL	
		Reference Range: 4.5 - 13.5 k/uL
Metabolic Panel Labs		
Bilirubin	0.5 mg/dL	
		Reference Range: 0.6 - 1.4 mg/dL
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
ANC - automated	10.46 k/uL	
		Reference Range: 1.50 - 8.80 k/uL
Lab TRENDS concerning to Nurse?		
Monitor WBC & ANC		

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: Industry -vs- Inferiority

- The patient wanted to see his incision sites and know what they are supposed to look like and how long they will hurt and need care.
- The patient got upset when he was told that he may miss the rest of the week of school, potentially the rest of the school year.

Piaget Stage: Concrete Operational

- During interdisciplinary rounds, the patient asked the doctor why his appendix needed to be taken out.
- The patient understood that if he used the pillow as a splint against his abdomen when he needed to cough, it would help decrease pain in his abdomen.

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

I administered: - Piperacillin - Flagyl	I performed: - a pain assessment using FACES - a heel stick with blood draw on a 7 day old infant
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Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <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 _____ Edema: <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+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>3</u> L <u>3</u> Lower R <u>3</u> L <u>3</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" 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 Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3 mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>Yellow - clear</u> Stool Appearance: <u>Not observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Right AC</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5NS with 20 mEq KCL @ 60 mL/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: 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 Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>Right foot - great toe</u> Oxygen Saturation: <u>98%</u>	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <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 Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input checked="" 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 Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Bruises <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <small>3 small surgical sites on the abdomen.</small> Mucous Membranes: Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Full liquid</u> Amount/Schedule: <u>AD LIB</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>-</u> 1200 <u>0</u> 1600 <u>4</u>
	MUSCULOSKELETAL	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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None Type: <u>3 laparoscopic surgical sites</u> Location: <u>LUQ, LLQ, navel</u> Description: <u>No swelling or redness</u> Dressing: <u>derma-bond glue</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input checked="" type="checkbox"/> Ambulatory with assist <u>safety plan</u> Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

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						22		30		60			112 mL
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						60	60	60	60	60			
IV Meds/Flush								100					
													400 mL
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
$100: 100 \text{ mL} \times 10 \text{ kg} = 1,000 \text{ mL}$ $50: 50 \text{ mL} \times 10 \text{ kg} = 500 \text{ mL}$ $20: 20 \text{ mL} \times 1.1 \text{ kg} = 22 \text{ mL}$ <hr/> $1,072 \text{ mL} / 24 =$ 45 mL/hr $1,072 \text{ mL/day}$							60 mL/hr Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						0	0	0	100	0			100 mL
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \text{ mL} / 21.1 \text{ kg} =$ 10.55 mL/hr							$100 \text{ mL} / 5 \text{ hr} =$ 20 mL/hr						

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) 0
	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: Amanda Miller

Unit: PEDI 3N-PM

Pt. Initials: 8 yo - M

Date: May 6th, 2025

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

Allergies: PRECEDEX

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS with 20 mEq KCL @ 60 mL/hr	I sotonic/ Hypotonic/ Hypertonic	Post-op maintenance	Potassium / Glucose / Sodium	High Potassium / Head trauma - increased ICP

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?			
Piperacillin Tazobactam	Penicillin beta-lactam antibiotic	Prevent infection following surgery	2.25 g IVPB Q8hr	Yes	2.25 g in 50 mL NS @ 100 mL/hr	Incompatible with Lactated Ringers N/V/D Headache	<ol style="list-style-type: none"> 1. Monitor for signs of allergic reaction (rash, pruritus, bronchospasm, hypotension); stop infusion and notify provider if reaction occurs. 2. Monitor BUN/creatinine. Encourage fluid intake and report decreased urine output. 3. Monitor Na+ and K+ : teach patient to report muscle cramps or weakness. 4. Monitor for signs of c-diff associated diarrhea.
Morphine	Narcotic (opiate) analgesic	Pain control	1.1 mg SIVP Q2hr PRN	Yes		N/V Dizziness/Vertigo Feeling tired Respiratory depression	<ol style="list-style-type: none"> 1. Assess respiratory effort, notify provider of respiratory depression. Have Narcan immediately available. 2. Monitor sedation level and mental status, excessive sedation is an early sign of possible opioid toxicity. 3. Can cause constipation due to slowed GI motility. Encourage hydration, mobility, and fiber intake. Educated about stool softeners. 4. Monitor vital signs for signs of orthostatic hypotension. Educate on sitting up slowly and asking for help with ambulation to prevent falls.
Ondansetron	Anti-emetic	Nausea control	3.3 mg SIVP Q8hr PRN	Yes		Anxiety/Shaking Irritability Dry mouth	<ol style="list-style-type: none"> 1. Continue to assess severity of N/V before and following administration. Report if N/V persists despite treatment. 2. Monitor ECG for signs of prolonged QT. Report palpitations, dizziness, or fainting. 3. Monitor K+ and Mg+, correct if possible. Electrolyte imbalances increase the risk of cardiac arrhythmia. 4. Encourage fluid intake and dietary fiber to prevent constipation.
							<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.

Student Name: Amanda Miller

Unit: PEDI 3N - PM

Pt. Initials: 15 yo - F

Date: May 6th, 2025

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

Allergies: IBUPROFEN

Generic Name	Pharmacologic Classification	Therapeutic Purpose	Dose	Route & Schedule	Therapeutic Range?		IVPB - List solution to dilute and rate to push. IVPB - concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)	
					Is med in therapeutic range?	If not, why?				
									1. 2. 3. 4.	
									1. 2. 3. 4.	
					<i>This patient was transferred to PICU to receive a medication infusion.</i>					1. 2. 3. 4.
					<i>She was transferred early in the shift without any issues.</i>					1. 2. 3. 4.
									1. 2. 3. 4.	
									1. 2. 3. 4.	