IM5 Clinical Worksheet – Pediatric Floor

Student Name: Brittany Fox **Date:** 8/26/25	**Patient Age:** 19 months **Patient Weight:** 13.5kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Cellulitis of (R) lower extremity there is a break in the skin that allows bacteria to enter & infect the subcutaneous tissue. this starts an inflammatory response that results in redness, swelling, pain, & heat.	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** borders of erythema fever presence of drainage signs of spreading infection
3. Identify the most likely and worst possible complications. abscess formation osteomyelitis necrotizing fasciitis sepsis gangrene	**4. What interventions can prevent the listed complications from developing?** initiate antibiotics ~~for~~ quickly elevate limb warm compress I + D wound care
5.What clinical data/assessments are needed to identify these complications early? marking margins to assess spread pain out of proportion check VS + LOC bloodwork - CBC, CRP, ESR, blood cultures	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** neuro checks aseptic technique keep clean skin + dry adequate hydration monitor skin + pain
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Distraction - bubbles, pinwheels, read a book 2. warm or cold compress	**8. Patient/Caregiver Teaching:** 1. administer all doses of antibiotics correctly 2. keep skin clean - wash with mild soap + wash hands 3. elevate the leg, wear loose clothing **Any Safety Issues identified:** kid may scratch leg or crawl / walk on affected leg

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

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hematocrit	32.6	could impair wound healing
Metabolic Panel Labs		
Bilirubin	0.2	
Creatinine	3.3	could indicate dehydration
Chloride	114	could be due to fluid admin
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	1.67	
ESR	<1	could be slow to respond or hasn't elevated yet
Lab TRENDS concerning to Nurse?		
not at this time		

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: Autonomy v. shame and doubt

1. drinking out of water bottle on own

2. climbing up on side of crib

Piaget Stage: Sensorimotor

1. calling out for "mama" during a blood culture

2. looked for water bottle in the bed after blood culture

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

Insulin
Morphine
Ofirmev
0.9NS + 20 KCl

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 4
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: ____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) toe
Oxygen Saturation: 98%

CARDIOVASCULAR

Pulse: ☒ Regular ☐ Irregular
☒ Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☒ Yes ☐ No Location (L) leg
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☒ < 2 sec ☐ > 2 sec
Pulses:
Upper R +3 L +3
Lower R +2 L +3
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
Stool Appearance: did not observe
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy
~~unable to observe at~~

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: regular
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: (L) FA ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☒ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☒ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: D5NS + KCl 20 @ 46 mL/hr

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 0
1200 _____
1600 _____

WOUND/INCISION

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

TUBES/DRAINS

☒ **None**
☐ **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							240						240
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid										45			45
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

$10 \times 100 = 1000$

$3.5 \times 50 = 175$

1175

$\frac{1175}{24} = 48.96 \rightarrow 49$

Actual Pt IV Rate

45mL/hr

Rationale for Discrepancy (if applicable)

there is a minor discrepancy could be to ↓ rate of fluid overload

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							98			190			288
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

$1 \times 13.5 = 13.5 \text{ mL/kg/hr}$

Average Urine Output During Your Shift

$\frac{288}{6} = 48 \text{ mL/hr}$

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

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS + KCL 20	Isotonic ☐ Hypotonic ☐ Hypertonic ☒	Hydration due to Vancomycin administration and fluid loss from infection.	BGL and Na	Fluid overload

Student Name: Brittany Fox		**Unit:** Pedi Floor	**Patient Initials:** KO and AM		**Date:** 8/26/2025	**Allergies:** NKDA	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**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.)**
Gadobutrol	Gadolinium-based contrast agent	MRI contrast to enhance structures and abnormalities	1.4mL IVP Once	Yes	NA	N/V, headache, dizziness, injection site warmness or redness	1. Ask about previous reactions to contrast dye. Monitor for rash, itching, swelling, or wheezing. 2. Monitor vital signs for 15-30 minutes after administration. 3. Encourage hydration to flush out the contrast. 4. Report any nausea, vomiting, or difficulty breathing. Watch for nasal flaring and grunting.
Vancomycin	Antibiotic	To treat cellulitis in the right leg	200mg IVPB Q6	Yes	40mL/hr over 60 minutes - there is 5mg/mL	N/V, itching, muscle spasms	1. Monitor kidney function - urine output, BUN, and creatinine. 2. Monitor for 15 minutes after administration for any signs of allergic reaction. 3. Ensure slow infusion rate to avoid Red Man Syndome.

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

Student Name: Brittany Fox		**Unit:** Pedi Floor	**Patient Initials:** KO and AM		**Date:** 8/26/2025	**Allergies:** NKDA	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**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.)**
							4. Encourage hydration to help the kidneys.
Lispro	Anti-diabetic and rapid acting	Decrease blood sugar levels at meal time	11 units SQ after meals and per sliding scale	Yes	NA	Hypoglycemia, injection site reactions	1. Check the blood sugar level and count how many carbs the patient ate to calculate how many units are needed. 2. Rotate injection sites. 3. Observe for signs of hypoglycemia such as sweating, palpitations, and shakiness. 4. Make sure to keep unopened vials in the fridge.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
    - Bilateral wrist fracture
    - Appendicitis/abdominal pain
    - Sprained ankle
    - G-tube issue
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
    - Majority were in the toddler or school-age group. I expected a lot of toddlers but not many school-age children.
3. Was your overall experience different than what you expected? Please give examples.
    - It was a completely different environment than I expected compared to the pediatric EC at UMC. No one really talked to each other or made it a learning environment. They were very fast paced and liked to do everything on their own. I did expect for more kids to come in with flu-like symptoms and was surprised to see a few traumas.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
5. What types of procedures did you observe or assist with?
    - Vital signs, IV starts, and bandaging, and internal reduction.
6. What community acquired diseases are trending currently?
    - Rhinovirus
    - Strep throat
7. What community mental health trends are being seen in the pediatric population?

- "A surge of depression."

8. How does the staff debrief after a traumatic event? Why is debriefing important?
    - "We talk it out."
    - Debriefing is important because it helps process the event and can reduce stress. It can also prevent experiencing long-term psychological consequences instead of keeping it bottled up.
9. What is the process for triaging patients in the PED?
    - Patients come into the lobby and the parents fill out a brief reason for their visit. The patient and parent are called back and triaged. Patients are weighed and height measure before being brought into a triage room. Once in the triage room, vital signs are obtained and a quick assessment is performed. The nurse asks what brought them in and triages the patient based on acuity. They patient is then brought to a room depending on their complaint and acuity.
10. What role does the Child Life Specialist play in the PED?
    - "Educate patients on procedures."
    - They did not have a Child Life Specialist in the PED during my shift.