12

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/ Tube Feed		120mL	[redacted]										120mL
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	16	16	16	16	16								64mL
IV Meds/ Flush													

Calculate Maintenance Fluid Requirement (Show Work)

$4.8\text{kg} \times 100 = \frac{480\text{mL/day}}{24} = 20\text{mL/hr}$

Combined Total Intake for Pt (mL/hr)

184 mL

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/ Diaper	68mL												68mL
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

4.8mL/hr

Average Urine Output During Your Shift

22.7mL/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) 3
	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

12

PICU

GENERAL APPEARANCE ✓

Appearance: X Healthy/Well Nourished
X Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
X Normal ☐ Delayed

NEUROLOGICAL ✓

LOC: X Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
X Appropriate for Age
Pupil Response: X Equal ☐ Unequal
X Reactive to Light ☐ Size ____
Fontanel: (Pt < 2 years) X Soft X Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
X Able to move all extremities
X Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: ☐ Yes X No Level \
Seizure Precautions: ☐ Yes X No

RESPIRATORY ✓

Respirations: X Regular ☐ Irregular
☐ Retractions (type) \
X Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☐ Room Air X Oxygen
Oxygen Delivery:
X Nasal Cannula: 3 L/min
☐ BiPap/CPAP: ____
☐ Vent: ETT size ____ @ ____ cm
☐ Other: ____
Trach: ☐ Yes X No
Size \ Type \
Obturator at Bedside ☐ Yes X No
Cough: X Yes ☐ No
X Productive ☐ Nonproductive
Secretions: Color clear
Consistency thin
Suction: X Yes ☐ No Type oral, nasal
Pulse Ox Site foot
Oxygen Saturation: 94

CARDIOVASCULAR ✓

Pulse: X Regular ☐ Irregular
X Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other \
Edema: ☐ Yes X No Location \
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 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: \
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL ✓

Abdomen: X Soft ☐ Firm ☐ Flat
☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads
X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes X No
Vomiting: ☐ Yes X No
Passing Flatus: ☐ Yes X No
Tube: ☐ Yes X No Type \
Location \ Inserted to \ cm
☐ Suction Type: \

NUTRITIONAL

Diet/Formula: Formula
Amount/Schedule: ____
Chewing/Swallowing difficulties:
☐ Yes X No

MUSCULOSKELETAL ✓

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: X None
Type: \

MOBILITY ✓

☐ Ambulatory ☐ Crawl X In Arms
☐ Ambulatory with assist ____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL ✓

Social Status: X Calm/Relaxed ☐ Quiet
☐ Friendly X Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
X Present ☐ Absent

IV ACCESS ✓

Site: L posterior hand ☐ INT ☐ None
☐ Central Line
Type/Location: Peripheral IV. 24g
Appearance: X No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: ____

SKIN ✓

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic X Pale ☐ Natural for Pt
Condition: X Warm ☐ Cool X Dry
☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: X Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: \
Mucous Membranes: Color: Pale
X Moist ☐ Dry ☐ Ulceration

PAIN ✓

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

WOUND/INCISION ✓

X None
Type: \
Location: \
Description: \
Dressing: \

TUBES/DRAINS ✓

X None
☐ Drain/Tube
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

IM5 Clinical Worksheet – PICU

Student Name: Abigail West Date: 8/27/25	Patient Age: 2mo. Patient Weight: 4.8 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) hypoxia: inadequate O_2 to tissue	2. Priority Focused Assessment R/T Diagnosis: Respiratory, rate, effort, accessory muscles, flaring, grunting, O_2, neuro
3. Identify the most likely and worst possible complications. most: Resp distress, tachypnea, poor feeding worst: Resp failure, cardiac arrest, neuro damage	4. What interventions can prevent the listed complications from developing? - maintain airway - supplemental O_2 - close monitor - elevate HOB - early recognition
5. What clinical data/assessments are needed to identify these complications early? SPO_2, blood gases, RR, effort, breath sounds HR, BP, neuro asess, feeding tolerance	6. What nursing interventions will the nurse implement if the anticipated complication develops? - O_2 - vent or cPap - resuscitation - Prepare to intubate
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Swaddling 2. non-nutritive sucking, Pacifier	8. Patient/Caregiver Teaching: 1. explain S/S of resp. distress (retractions, nasal flare, cyanosis) 2. importance to monitor O_2 3. Safe positioning to avoid aspiration Any Safety Issues Identified: - risk for dislodged O_2 device - aspiration risk - skin breakdown from O_2 device
Please list any medications you administered or procedures you performed during your shift: She only had PRN acetaminophen that we never administered. She already had D5NS + KCl 20 going at 11cmL/hr & 3L via nasal cannula.	