IM5 Clinical Worksheet – Pediatric Floor

Student Name: Miranda Millman
Date: 8/27/25

Patient Age: 18 mo
Patient Weight: 10.5kg (23 lb 2.4 oz)

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

T1DM - pancreas NOT producing ANY insulin which results in high blood sugar.

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

VS | Daily Wts | BS

3. Identify the most likely and worst possible complications.

most likely: hypoglycemia

worst: DKA - build up of ketones in body causing metabolic acidosis

4. What interventions can prevent the listed complications from developing?

* Carb counting
* insulin injections
* BS checks b4 insulin injections

5. What clinical data/assessments are needed to identify these complications early?

- Blood sugar
- ketones (UA)
-

6. What nursing interventions will the nurse implement if the anticipated complication develops?

- Fall percautions
- moniter BS
- Insulin
- Diabetes education

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Distracting objects when giving insulin injections.
2. Parent holding/assisting when giving injections.

8. Patient/Caregiver Teaching:

Teach how to properly count
1. Carbs + how to convert in order to give enough insulin
2. Teach parent S/S of hyperglycemia + how to give insulin.
3. Teach about healthy diet + active lifestyles.

Any Safety Issues identified:

- proper insulin amount given ↳ too much could cause ↓ BS
- not enough insulin/too many carbs could ↑ BS + send pt into DKA.

IPON

Student Name: Miranda Millman	Patient Age: 18mo
Date: 8/27/25	Patient Weight: 10.5 kg (23lb 2.4oz)

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Glucose	169/194	hyperglycemic
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
High BS could lead to DKA.		

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: ~~Preoperational~~ Autonomy vs. Shame + doubt

1. Wanted to hold the pulse ox after removing it.
2. Was upset when he couldn't get the BP cuff off.

Piaget Stage: ~~Dual Preoperational~~ Sensorimotor

1. Listened to me when I spoke to him.
2. Knew mom was still there w/ him even though she went to the restroom

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

Insulin - lispro - 10/2 → 0-3 units (1 unit given) for BS 251-350
↳ humalog

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished ☐ Neat/Clean ☐ Emaciated ☐ Unkept

Developmental age: X Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive

Oriented to: X Person X Place X Time/Event X Appropriate for Age

Pupil Response: X Equal ☐ Unequal ☐ Reactive to Light ☐ Size _____

Fontanel: (Pt < 2 years) ☐ Soft ☐ 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) _____ ☐ Labored

Breath Sounds:

Clear	X Right	X Left
Crackles	☐ Right	☐ Left
Wheezes	☐ Right	☐ Left
Diminished	☐ Right	☐ Left
Absent	☐ Right	☐ Left

X **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 X No ☐ Productive ☐ Nonproductive

Secretions: Color_____
Consistency_____

Suction: ☐ Yes ☐ No Type _____

Pulse Ox Site Great Toe

Oxygen Saturation: 97%

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: brown ☐ 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: X Yes ☐ No

Tube: ☐ Yes X No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Low carb 2/3g

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: ☐ None
Type: _____

MOBILITY

X Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist _____

Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed X Quiet X Friendly X Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious

Social/emotional bonding with family: X Present ☐ Absent

IV ACCESS

Site: (R) Dorsal ☐ INT ☐ None ☐ Central Line
Type/Location: 22g
Appearance: X No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: _____

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale X 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: _____ X Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☐ Faces

Location: N/A

Type: N/A

Pain Score: 0

0800____ 1200____ 1600____

WOUND/INCISION

☐ None

Type: IV Access

Location: (R) posterior Dorsal

Description: _____

Dressing: _____

TUBES/DRAINS

X 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										
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													

10.5 kg

Calculate Maintenance Fluid Requirement (Show Work)

100 x 10 = 1000
0.5 x 50 = 25
1025 ÷ 24 = 42.7 = 43 ml/hr

Actual Pt IV Rate

N/A

Rationale for Discrepancy (if applicable)

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

1 mg/kg/hr

Calculate Minimum Acceptable Urine Output

1 x 10.5 = 10.5/hr x 24hr = 252

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) ___ 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