

## IM5 Clinical Worksheet – Pediatric Floor

<b>Student Name:</b> <i>Alyssa Pagano</i> <b>Date:</b> <i>8/27/25</i>		<b>Patient Age:</b> <i>2 years old</i> <b>Patient Weight:</b> <i>11.6 kg</i>	
<b>1. Admitting Diagnosis and Pathophysiology</b> (State the pathophysiology in own words) <i>Iron deficiency anemia                  &amp; pica eating due to anemia                  *rocks in the colon</i>		<b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b> <i>- gastrointestinal assessment                  - I'S &amp; O'S</i>	
<b>3. Identify the most likely and worst possible complications.</b> <i>- bowel impactions                  - ischemia 2° to bowel impaction</i>		<b>4. What interventions can prevent the listed complications from developing?</b> <i>- fiber supplementation                  - keeping a close eye on child outside                  - heavy fluids</i>	
<b>5. What clinical data/assessments are needed to identify these complications early?</b> <i>- stool observations &amp; output                  - bowel sounds assessments</i>		<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> <i>- if develops — may need surgery to relieve impaction</i>	
<b>7. Pain &amp; Discomfort Management:</b> List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <i>1. Distraction through cartoons                  2. Distraction with mom comforting pt in the bed</i>		<b>8. Patient/Caregiver Teaching:</b> <i>1. Watch <del>care</del> closely outside                  2. observe stool for blood/rocks                  3. ensure pt is receiving adequate fluids</i> <b>Any Safety Issues identified:</b> <i>*rocks on driveway at home</i>	
Abnormal Relevant Lab Tests		Current	Clinical Significance
<i>total Hemoglobin</i>		<i>7.0</i>	<i>r/t anemia</i>
<i>Hemato crit</i>		<i>26.8</i>	<i>r/t anemia</i>

Reticulocyte count - 12.0

normally (27.7 - 37.8)

Lab TRENDS concerning to Nurse?

\* Hemoglobin; Was 6.2 which required a blood transfusion last night & brought the Hemoglobin back up to 7.0.

**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:**

1. Trust v. Mistrust
2. Autonomy v. Shame + Doubt

**Piaget Stage:**

1. Sensorimotor
2. Preoperational

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

\* Tylenol PO 172.8mg Q6H PRN

Pediatric Floor Patient #1

GENERAL APPEARANCE

CARDIOVASCULAR

PSYCHOSOCIAL

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

Pulse:  Regular  Irregular  
 Strong  Weak  Thready  
 Murmur  Other N/A  
Edema:  Yes  No Location N/A  
 1+  2+  3+  4+

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

### NEUROLOGICAL

LOC:  Alert  Confused  Restless  
 Sedated  Unresponsive

Oriented to:  
 Person  Place  Time/Event  
 Appropriate for Age  
Pupil Response:  Equal  Unequal  
 Reactive to Light  Size \_\_\_\_\_

Fontanel: (Pt < 2 years)  Soft  Flat  
 Bulging  Sunken  Closed

Extremities:  
 Able to move all extremities  
 Symmetrically  Asymmetrically  
Grips: Right S Left S  
Pushes: Right S Left S  
S=Strong W=Weak N=None

EVD Drain:  Yes  No Level \_\_\_\_\_  
Seizure Precautions:  Yes  No

Capillary Refill:  < 2 sec  > 2 sec  
Pulses:  
Upper R 1+ L 1+  
Lower R 1+ L 1+  
4+ Bounding 3+ Strong 2+ Weak  
1+ Intermittent 0 None

### ELIMINATION

Urine Appearance: clearish/yellow  
Stool Appearance: no liquids-clear  
 Diarrhea  Constipation  
 Bloody  Colostomy

### 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 NG tube  
Location NG Inserted to N/A cm  
Suction Type: N/A

### NUTRITIONAL

Diet/Formula: N/A pt NPO  
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: Moves freely

### MOBILITY

Ambulatory  Crawl  In Arms  
 Ambulatory with assist \_\_\_\_\_  
Assistive Device:  Crutch  Walker  
 Brace  Wheelchair  Bedridden  
Pt was in bed; assessed

### IV ACCESS

Site: N/A  INT  None  
 Central Line  
Type/Location: N/A  
Appearance:  No Redness/Swelling  
 Red  Swollen  
 Patent  Blood return  
Dressing Intact:  Yes  No  
Fluids: N/A

### 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: N/A  
Mucous Membranes: Color: pink  
 Moist  Dry  Ulceration

### PAIN

Scale Used:  Numeric  FLACC  Faces  
Location: abdomen discomfort  
Type: discomfort  
Pain Score: 0800 N/A 1200 1 1600

### WOUND/INCISION

None  
Type: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_  
Dressing: \_\_\_\_\_

### TUBES/DRAINS

None  
 Drain/Tube  
Site: \_\_\_\_\_  
Type: \_\_\_\_\_  
Dressing: \_\_\_\_\_  
Suction: \_\_\_\_\_  
Drainage amount: \_\_\_\_\_  
Drainage color: \_\_\_\_\_

### RESPIRATORY

Respirations:  Regular  Irregular  
 Retractions (type) N/A  
 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: N/A /min  
 BiPap/CPAP: N/A  
 Vent: ETT size N/A @ N/A cm  
 Other: N/A

Trach:  Yes  No  
Size N/A Type N/A  
Obturator at Bedside  Yes  No

Cough:  Yes  No  
 Productive  Nonproductive

Secretions: Color N/A  
Consistency N/A

Suction:  Yes  No Type \_\_\_\_\_

Pulse Ox Site big toe  
Oxygen Saturation: 98%

**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													
Intake - PO Meds													
<i>NPO</i>													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
<i>NPO</i>													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$1^{st} 10kg \times 100 = 1000$ $2^{nd} 10kg \times 90 = 900$ $= 148.4 ml/hr$							Rationale for Discrepancy (if applicable)						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper *							203		296	206			
Stool *							203		296	206			
Emesis <i>N/A</i>													
Other <i>N/A</i>													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
Pt is 2yr old: $1ml/kg/hr = 1 \times 11.6 = 11.6 ml/hr$							* & Observed yet.						

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 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0</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

Student Name: Allyson Prognos Unit: Room 2 Pt. Initials: MM 290 Date: 8/27/25  
 Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours  
 Allergies: AKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>N/A</u>	Isotonic/Hypotonic/Hypertonic	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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?			
Acetaminophen (Tylenol)	Analgesic	For Pt W/comfort	172.8mg PO Q4H PRN	Yes 15mg/kg 15 X 11.6kg = 174mg		N/A 5.4mL	hepatotoxicity	<ol style="list-style-type: none"> <li>1. Must not exceed more than 75mg per dose</li> <li>2. Notify RN of any signs of allergic reactions: itchy/hives/redness/swelling</li> </ol>
Polyethylene glycol (Colyte)	Laxative	To cleanse bowel of rocks stool of rocks	<del>100mL</del> 40mL/kg/hr (100mL)	Yes. within therapeutic range 11.6 X 40mL = 464mL Exceeds = 800mL		Reconstituted w/ 4L of water	abdominal distention Dizziness	<ol style="list-style-type: none"> <li>1. May experience bloating/feeling full/anal irritation/stomach cramps/diff. sleeping – this is the medication working.</li> </ol>