IM5 Clinical Worksheet – PICU

Rhinovirus triggers inflammatory response

Student Name: Nikita Moreno **Date:** 8/26/25	**Patient Age:** 7 **Patient Weight:** 27.1 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) asthma with acute exacerbation	**2. Priority Focused Assessment R/T Diagnosis:** Respiratory System
3. Identify the most likely and worst possible complications. Respiratory failure: lungs unable to adequately exchange O_2 & CO_2 leading to $\downarrow O_2$ & $\uparrow CO_2$	**4. What interventions can prevent the listed complications from developing?** SABA's (Albuterol) = broncho-dilator Corticosteroids = $\downarrow$ inflammation Oxygen
5. What clinical data/assessments are needed to identify these complications early? Vital signs (RR, O_2 sat, HR) Breath Sounds Use of accessory muscles? Changes in LOC?	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Sit HOB up or tripod positioning Contact RT & Doctor
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Video games (wanted to beat his brother) 2. Hanging out / playing w/ brother	**8. Patient/Caregiver Teaching:** 1. Correct use for medications 2. Avoid triggers 3. Actions to avoid infection - Hand hygiene, vaccinations, e[t] **Any Safety Issues Identified:** n/A

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

No medications administered
Discharge teachings (observed nurse)

no medications given

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 _____
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

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 _finger_
Oxygen Saturation: _96_

CARDIOVASCULAR

Pulse: ☑Regular ☐Irregular
☑Strong ☐Weak ☐Thready
☐Murmur ☐Other _____
Edema: ☐Yes ☑No Location _____
☐1+ ☐2+ ☐3+ ☐4+
Capillary Refill: ☑< 2 sec ☐> 2 sec
Pulses:
Upper R _2+_ L _2+_
Lower R _2+_ L _2+_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _n/a_
Stool Appearance: _n/a_
☐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 _____
Location _____ Inserted to _____cm
☐Suction Type: _____

NUTRITIONAL

Diet/Formula: _General_
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: _RHA_ ☐INT ☐None
☐Central Line
Type/Location: _____
Appearance: ☑No Redness/Swelling
☐Red ☐Swollen
☑Patent ☐Blood return
Dressing Intact: ☑Yes ☐No
Fluids: _D5NS 20KCl_

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: _____
☑Moist ☐Dry ☐Ulceration

PAIN

Scale Used: ☑Numeric ☐FLACC ☐Faces
Location: _____
Type: _____
Pain Score:
0800_____ 1200 _0_ 1600_____

WOUND/INCISION

☑None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☑None
☐Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount:_____
Drainage color: _____

PICU

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						300							300
Intake – PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						65	65						130
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

10 X 100   1000
10 X 50   500   69.4
7.1 X 20   142   (68mL/hr)
              ‾‾‾‾‾
              1642/24

Combined Total Intake for Pt (mL/hr)

~~hourbroom~~
65 mL/hr IV fluid rate

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													0
Stool													0
Emesis													0
Other													0

Calculate Minimum Acceptable Urine Output

0.5mL/kg/hr
0.5 X 27.1 = 13.55 = 14 ml/hr

Average Urine Output During Your Shift

0
↳ patient was d/c at the end of shift around 3

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

	Total Score (points) ___ (0)
	Score 0-2 (Green) – Continue routine assessments
CHEWS Total Score	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

IM5 Clinical Worksheet – Pediatric Floor

Student Name: nikita moreno	Patient Age: 10 F
Date: 8/27/25	Patient Weight: kg 26.9

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)	2. Priority Focused Assessment You Will Perform Related to the Diagnosis:
Hemangioblastoma of brain (tumor in brain consisting of blood vessels)	neurological function Pt is (post op from resection)
3. Identify the most likely and worst possible complications.	**4. What interventions can prevent the listed complications from developing?** Pt
neurological deficits (worst possible) Bleeding (most likely) tumor is vascular	Rehabilitation (Already has deficits from resection) working on gaining function back Avoid strenuous activities, HOB elevated,
5. What clinical data/assessments are needed to identify these complications early?	**6. What nursing interventions will the nurse implement if the anticipated complication develops?**
Assess mental status, motor function, + senses S/S of bleeding ↑HR, confusion, pale, clammy, weak, fatigue, dizzy	Call the doctor
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.	**8. Patient/Caregiver Teaching:**
1. friends/ peer interaction 2. iPad for games	1. Trach care 2. Risk of pressure injuries 3. importance of taking seizure med on time **Any Safety Issues identified:** moms trach care bag was missing important items needed during emergency

NOTE:
no new labs in 2 weeks

Student Name:

Date:

Patient Age:

Patient Weight: ___ kg

Abnormal Relevant Lab Tests	Current	Clinical Significance	
Complete Blood Count (CBC) Labs			
Metabolic Panel Labs			
Misc. Labs			
Absolute Neutrophil Count (ANC) (if applicable)			
Lab TRENDS concerning to Nurse?			

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 v Inferiority

1. Patient liked to push her own meds & flush G tube

2. Patient liked the 3D printer & learned out to print action figures

Piaget Stage: Latency

1. Patient has pictures of same sex friends hanging on wall

2. Patient was motivated to do PT & get better

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

Hung G tube feedings & pushed levetiracetam through G tube

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 _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☑Closed
Extremities:
☑Able to move all extremities
☐ Symmetrically ☑Asymmetrically
Grips: Right _W_ Left _W_
Pushes: Right _W_ Left _W_
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑No Level _____
Seizure Precautions: ☑Yes ☐ No

note: L eye patch (handwritten margin)

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 _10_ Type _____
Obturator at Bedside ☑Yes ☐ No
Cough: ☑Yes ☐ No
☑Productive ☐ Nonproductive
Secretions: Color _yellow_
Consistency _loose_
Suction: ☑Yes ☐ No Type _wall_
Pulse Ox Site _finger_
Oxygen Saturation: _97_

from trach fluids need suctioned (handwritten margin)

CARDIOVASCULAR

Pulse: ☑Regular ☐ Irregular
☑Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☐ Yes ☑No Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☑ < 2 sec ☐ > 2 sec
Pulses:
Upper R _2_ L _2_
Lower R _2_ L _2_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _yellow_ N/A
Stool Appearance: _____ N/A
☐ 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 _G tube_
Location _abd_ Inserted to ____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: _Tube feed_
Amount/Schedule: _100mL/hr_
Chewing/Swallowing difficulties:
☑Yes ☐ No

380 bolus q 3hr (handwritten)

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: _____ ☐ INT ☑None
☐ Central Line
Type/Location: _____
Appearance: ☐ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: _____

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 _____ 1200 _0_ 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						380	60	60	60	60	60		680
Intake – PO Meds													

↳ + flush 30

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													0
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)	Actual Pt IV Rate
10×100 10×50 6.9×20 $1638/24$ $= 68.25$ 68 ml/hr	0 **Rationale for Discrepancy (if applicable)** Pt is getting 60 mL/hr tube feed + bolus of 380 q3hrs

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							X1						
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output	Average Urine Output During Your Shift
0.5 mg x 26.9 $= 13.45$ 13 ml/hr	family does peri care N/A family not measuring

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: Nikilita Mareau **Unit:** Pedi med surg **Pt. Initials** DS 3/09 **Date:** 8/27/25

Primary IV Fluid and Infusion Rate (ml/hr): N/A

Allergies: NKDA

Circle IVF Type: Isotonic / Hypotonic / Hypertonic

no fluids running

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration / IVPB – List concentration and rate of administration	Rationale for IVF	Lab Values to Assess Related to IVF	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)	Contraindications/Complications
erythromycin ethylsuccinate	Antiinfective	bacterial infection	62.5 mg NG q 8 hrs	30-50mg/kg/day divided q 6-8 hr NO, just prophylactic?			hepatoxicity	n/n/a	1. notify nurse of diarrhea, dark urine, jaundice, abd pain 2. monitor liver (liver function) 3. have full dose to prevent resistance 4. caregivers diarrhea about liver	
levetiracetam	Anticonvulsant	Seizure Prevention	200mg/ leg in 2 divided doses (max 15-60mg/day 2 divided ages q12hrs Yes)	500mg/kg/day in 2 divided doses			vaginitis	suicidal ideation dizziness n/v/a	1. do not call quickly (seizure 2. drowsiness may occur within 1st month or mood changes 3. report light movements 4. call for new scratching	
melatonin	hormone	Sleep aid	5mg q HS nightly 0.5mg to 5mg				daytime drowsiness	1. take 30-60 min before bed 2. use between before 3. call for headaches dizziness 4. not for long term use	
Acetaminophen non opioid analgesic		pain fever	420-600mg q4 PRN q4-6hr prn PO/IV Yes 345-680mg prn				hepatotoxicity in child weight nausea/vomiting allergic reaction	1. do not exceed mg in any 24hr (4g/day) 2. report s/s of toxicity (dark urine, clay stool) abd pain 3. do not take w/ alcohol or advise liver toxicity in the child 4. reassess pain/fever in the child	

Student Name: Nikita Moreno Unit: Pedimedsurg Pt. Initials: A.L 304 Date: 9/27/25

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr): 65ml/hr

Dextrose 5%, NaCl 0.9%, KCl 20 meq

Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Isotonic / Hypotonic (Hypertonic)	fluid + electrolyte replacement	Blood glucose, Na, K+, Cl-	Pt w/ hyperglycemia cardiac arrest (K+)

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule		Therapeutic Range? and rate of administration	Lab Values to Assess Related to IVF	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate			
acetamino phen	nonopioid analgesic	Pain/ fever	IVPB 1000 mg PRN for pain	250 kg N 1000mg q6hr once/day q4hr YES	IVPB 100 mg (1000/1ml) (long/ml) large volume: infuse over 15 minutes	hepatotoxicity in child— agitation alertness	1. do not exceed 4g a day. Clinical findings 2. report s/s of toxicity n/via 3. advise urine, clay/spec, abd pain, do not take with alcohol 4. first take for liver toxicity. reassess pain after admin
							1. 2. 3. 4.	
							1. 2. 3. 4.	
							1. 2. 3. 4.	
							1. 2. 3. 4.	
							1. 2. 3. 4.	