

## IMS Clinical Worksheet – Pediatric Floor

<b>Student Name:</b> HARVEY RICHARDSON <b>Date:</b> 8/27/25	<b>Patient Age:</b> 18mo <b>Patient Weight:</b> 10.5 kg
<b>1. Admitting Diagnosis and Pathophysiology</b> (State the pathophysiology in own words) T1DM → elevated BS	<b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b> blood glucose monitoring
<b>3. Identify the most likely and worst possible complications.</b> hypoglycemia - given too much insulin, irregular eating hyperglycemia - missed insulin, illness, stress, growth spurts DKA	<b>4. What interventions can prevent the listed complications from developing?</b> hypoglycemia = consistent feeding schedule, BG checks frequently, adjust insulin hyperglycemia = give insulin as prescribed, BG checks, avoid excess carb intake DKA - never skip insulin, early recognition, education
<b>5. What clinical data/assessments are needed to identify these complications early?</b> • blood glucose levels • neuro checks • watch for signs of hypo/hyperglycemia • DKA → ABG/labs • vital signs	<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> hypo = give glucose/glucagon → recheck BG in 15min hyper = administer insulin, oral fluids DKA = ABC's, IV fluids, IV insulin infusion monitor
<b>7. Pain &amp; Discomfort Management:</b> <b>List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b> 1. Distraction when injecting. singing, talking, mom's voice for comfort 2. having mom hold baby. vibration at inj site	<b>8. Patient/Caregiver Teaching:</b> 1. demonstrate proper techniques for injections 2. emphasize importance in insulin schedule & dosing 3. nutrition & recognizing hyper/hypoglycemia <b>Any Safety Issues identified:</b>