IM5 Clinical Worksheet – PICU

Student Name: Kaymc R. Date: 8/27	Patient Age: 15 40 F Patient Weight: 92.8kg 46.4
1. Admitting Diagnosis: ED X2 suicide attempts	2. Priority Focused Assessment R/T Diagnosis: GI
3. Signs and Symptoms: Purging	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: blood work Physical & nutritional exams
5. Lab Values That May Be Affected: electrolytes Hgb	6. Current Treatment (Include Procedures): NG tube feeding tums (for Ca)
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Breathing exercises 2. guided imagery	8. Patient/Caregiver Teaching: 1. cognitive reframing 2. identify triggers 3. monitor progress Any Safety Issues Identified: monitor for relapse / purging

9. Calculate the Maintenance Fluid Requirement (Show Your Work):
 	
 10×100   1,000
 10×50   500
 26.4×20   528
              84.5mL/hr
 	
 Actual Pt MIVF Rate: not on IV
 	
 Is There a Significant Discrepancy Between Calculated and Actual Rate?
 	
 If Yes, Why is There a Discrepency?
	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
	
	 23.2 mL/hr
	      0.5×46.4
	
	 Actual Urine Output During Your Shift (mL/hr):
	
	 700 mL

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water								50					50mL

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

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine						300		400					700mL
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

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) __9__ __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

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 _2_
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 _____
Oxygen Saturation: _____

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 _3+_ L _3+_
Lower R _3+_ L _3+_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _Clear yellow_
Stool Appearance: _soft, brown_
☐ 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_
Location _L nostril_ Inserted to _55_ cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: _EN: Pediasure_
Amount/Schedule: _83mL/hr_
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: _____ ☐ 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 _0_   1200 _0_   1600 _0_

WOUND/INCISION

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

TUBES/DRAINS

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

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Kanyme Rodriquez Date: 8/26	Patient Age: 3y0 M Patient Weight: 14 kg 31 lbs
1. **Admitting Diagnosis and Pathophysiology** **(State the pathophysiology in own words)** Sleep apnea (airway colapse during sleep ANT	2. **Priority Focused Assessment You Will** **Perform Related to the Diagnosis:** · pain management surgical site bleeding
3. **Identify the most likely and worst possible** **complications.** infection / sepsis	4. **What interventions can prevent the listed** **complications from developing?** gargles antibiotics
5.**What clinical data/assessments are needed to** **identify these complications early?** VS (HR, temp, BP)	6. **What nursing interventions will the nurse** **implement if the anticipated complication** **develops?** admin antibiotics
7. **Pain & Discomfort Management:** **List 2 Developmentally Appropriate** **Non-Pharmacologic Interventions Related to Pain** **& Discomfort for This Patient.** 1. distraction - games, tv show 2. transition object - favorite blanket / stuffed animal	8. **Patient/Caregiver Teaching:** 1. keep child on pain meds at home 2. tonsils will scab & turn white x = infection 3. soft foods **Any Safety Issues identified:**

Abnormal Relevant Lab Tests	Current	Clinical Significance

CBC	Current	Significance
Metabolic Panel labs		
misc labs		

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: initiative vs guilt

1. took initiative w/ ordering lunch

2. playful

Piaget Stage: Preoperational

1. animism

2. Fear body mutilation

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

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL

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										120			120mL
Intake – PO Meds													

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

Calculate Maintenance Fluid Requirement (Show Work)	Actual Pt IV Rate
10 × 100 1,000 ·4 × 50 200 ———— 1200 24 5mL/hr	**Rationale for Discrepancy (if applicable)**

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

Calculate Minimum Acceptable Urine Output	Average Urine Output During Your Shift
168 mL / 24 hrs	

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) __6__
	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

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 _3_

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

Extremities:
☑Able to move all extremities
☑Symmetrically ☐Asymmetrically
Grips: Right _5_ Left _5_
Pushes: Right _5_ Left _5_
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 _____

Oxygen Saturation: _____

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 _3+_ L _3+_
Lower R _3+_ L _3+_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance:
clear, yellow

Stool Appearance: _soft, brown_
☐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: _____
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

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

Social/emotional bonding with family:
☑Present ☐Absent

IV ACCESS

Site: L _20g_ ☐INT ☐None
☐Central Line
Type/Location: _R AC_

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 _0_ 1200 _0_ 1600 _0_

WOUND/INCISION

☐None
Type: _____

Location: _____

Description: _____
Dressing: _____

TUBES/DRAINS

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