

Pediatric Floor Patient #1

assessed upon arrival - Discharged @ 1PM

| GENERAL APPEARANCE | CARDIOVASCULAR | PSYCHOSOCIAL |
|--|---|--|
| Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed | Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: | Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent |
| NEUROLOGICAL | ELIMINATION | IV ACCESS |
| LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Urine Appearance: <u>None yellow</u> Stool Appearance: <u>unable to assess</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy | Site: <u>left</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>AIC 229</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>none</u> |
| RESPIRATORY | GASTROINTESTINAL | SKIN |
| Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: ___ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size ___ @ ___ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>rt toe</u> Oxygen Saturation: <u>98</u> | Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> <u>L</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____ | Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: _____ Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration |
| | NUTRITIONAL | PAIN |
| | Diet/Formula: <u>BF</u> Amount/Schedule: <u>on demand</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 _____ |
| MUSCULOSKELETAL | MOBILITY | WOUND/INCISION |
| | <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____ | <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____ |
| | | TUBES/DRAINS |
| | | <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____ |

011000 H1077

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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 | | | | | | | | | | | | | |
| Intake - PO Meds | | | | | | | | | | | | | |
| IV INTAKE | | | | | | | | | | | | | |
| IV Fluid | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| IV Meds/Flush | | | | | | | | | 200 | | | | 750 |
| | | | | | | | | | 200 | 15 | | | 215 |
| Calculate Maintenance Fluid Requirement (Show Work) $10 \times 100 = 1000$ $10 \times 50 = 500$ $32 \times 20 = 640$ $1000 + 500 + 640 = 2140$ $\frac{2140}{24} = 89 \text{ mL/hr}$ | | | | | | | | | | | | | |
| Actual Pt IV Rate 92 mL/hr Rationale for Discrepancy (if applicable) Post opp, electrolyte imbalance | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | |
| Urine/Diaper | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| Stool | | | | | | | | | | 78 | | | 78 mL |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| Calculate Minimum Acceptable Urine Output 2 mL/hr 208 312 624 | | | | | | | | | | | | | |
| Average Urine Output During Your Shift 78 mL | | | | | | | | | | | | | |

| 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 |

Patient Age: 10
Weight: 52 kg

Student Name:
Date:
Abnor
Comp
W
P
T

IM5 Clinical Worksheet - Pediatric Floor

Student Name: Megan Alonzo
Date: 8/27/25

Patient Age: 10 y10
Patient Weight: kg

1. Admitting Diagnosis and Pathophysiology
(State the pathophysiology in own words)
• lft femor fx from MVA

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:
• Peripheral Nervous
• Pain

3. Identify the most likely and worst possible complications.
• bleeding post op
• infection post op

VS (BP O2 Resp)
4. What interventions can prevent the listed complications from developing?
• close monitoring of pt condition, VS, & labs
• Prophylactic antibiotics

5. What clinical data/assessments are needed to identify these complications early?
• O2 sat VS changes
• PLT RBC WBC

6. What nursing interventions will the nurse implement if the anticipated complication develops?
• Call the physician
• Place pressure
• begin antibiotic treatment

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

- 1. ice pack, Distraction from friends
- 2. ~~imagery~~ ~~imagery~~
Calm place or making the

8. Patient/Caregiver Teaching:
1. Watch incision for bleeding or oozing
2. if the site becomes red or inflamed call the dr
3. allow rest and recovery. do not place weight to affected area
Any Safety Issues identified:

| | |
|---|--|
| Student Name: wagen alorzo Date: 8/27/25 | Patient Age: 10 Patient Weight: 52 kg |
|---|--|

| Abnormal Relevant Lab Tests | Current | Clinical Significance |
|---|---------|-------------------------|
| Complete Blood Count (CBC) Labs | | |
| WBC | 11.74 | monitoring infection |
| RBC | 5.60↑ | monitoring bleeding |
| PLT | 525↑ | bleeding |
| Metabolic Panel Labs | | |
| ALT | 34 | liver function - sepsis |
| AST | 49↑ | liver function - sepsis |
| bilirubin | 0.3↓ | |
| Misc. Labs | | |
| Absolute Neutrophil Count (ANC) (if applicable) | 5.29 | infection control |
| 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 vs Inferiority

1. Patient was asleep (none observed)
- 2.

Piaget Stage: concrete operational

1. Patient was asleep (none observed)
- 2.

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

IVPB @ 1415 500 mg / 200 mL / hr

Ketorolac 30 mg (within recommended dose / >50kg
30mg/4hrs)