IM5 Clinical Worksheet – PICU

Student Name: Christine Pinili
Date: 9/2/25

Patient Age: 5
Patient Weight: 20.5kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

Mild Intermittent Asthma ; <2 days/w
airway inflammation caused by triggers

2. Priority Focused Assessment R/T Diagnosis:

Respiratory

3. Identify the most likely and worst possible complications.

Asthma exacerbations
infections
hypoxia
respiratory failure GERD

4. What interventions can prevent the listed complications from developing?

Avoid triggers, up to date on immunizations, regular excercise, med compliance, traveling with a rescue inhaler calm environment

5. What clinical data/assessments are needed to identify these complications early?

lung sounds peak flow
Respiratory status meter
Oxygen saturation
Labs / cultures

6. What nursing interventions will the nurse implement if the anticipated complication develops?

Rescue inhaler
Oxygen
peak flow meter
medications for infections

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

1. Air purifiers, dehumidifiers at home
2. Breathing techniques
pursed-lip
diaphragmatic "belly"

8. Patient/Caregiver Teaching:

1. keep a rescue inhaler at all times
2. Avoid triggers
3. Regular cleaning and ventilation of home

Any Safety Issues Identified:

airway obstruction
environmental factors - cautious

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

PICU

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 2mm

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: 10 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: 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: yellow clear

Stool Appearance: WNL

☐ 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: regular

Amount/Schedule: 75%

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: Left FA ☐ INT ☐ None ☐ Central Line
Type/Location: Peripheral

Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: D5

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: _____

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed							240						240 mL
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid					60	60	60						180 mL
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

10 x 100 = 1000 + 10 x 50 = 500 + 0.5 x 20

= 1,510 mL

1,510 / 24 = 63 mL/hr

Combined Total Intake for Pt (mL/hr)

240 + 180 = 420 mL

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							600						600 mL
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5 x 20.5 kg = 10.25 mL/hr

x 24 = 246 mL

Average Urine Output During Your Shift

600 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) 1
	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