

## IM5 Clinical Worksheet – PICU

<p><b>Student Name:</b> Jessica H Longoria <b>Date:</b> 9/2/2025</p>	<p><b>Patient Age:</b> 5 years old <b>Patient Weight:</b> 20.5 kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b> Hypoxia: Inadequate supply of oxygen to maintain body function.</p>	<p><b>2. Priority Focused Assessment R/T Diagnosis:</b> Respiratory Assessment</p>
<p><b>3. Identify the most likely and worst possible complications.</b>  If untreated, hypoxia can cause tissue/organ damage. Worst possible complication would include respiratory failure, cardiac arrest and or coma or death.</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b> Early intervention is key. Supply oxygen to maintain goal O2 stats (oxygen therapy); Monitor oxygen continuously; Perform respiratory assessments; Treat underlying asthma with medication (albuterol); Position patient to improve lung expansion; encourage rest.</p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b> Continual oxygen monitoring; respiratory assessment; Monitor of headache</p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> AGBs labs; administer supplemental oxygen, position (elevated head or encourage tripod position), encourage coughing and or clear secretions, monitor oxygen levels and assess respiratory, give medication for treatment of underlying asthma.</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. Distraction: Toys, videos, electronics</p> <p>2. Tactile Stimulation: massage, holding, rocking</p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <p>1. Teach breathing exercises (pursed lip breathing, deep cough, positioning)</p> <p>2. Follow treatment plan for underlying asthma (use of inhaler with albuterol medication)</p> <p>3. Recognize worsening symptoms (SOB, confusion, restlessness, sudden condition changes)</p> <p><b>Any Safety Issues Identified: Oxygen use safety (flammable, no use of open flames, avoid using oil, grease or vaseline nearby)</b></p>
<p><b>Please list any medications you administered or procedures you performed during your shift:</b> I performed a respiratory assessment, IV site assessment, Oxygen therapy, positioning patient for optimal lung expansion, verified medication of albuterol and oxygen.</p>	

**PICU**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> X Healthy/Well Nourished X Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> X Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> X Regular <input type="checkbox"/> Irregular X Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other <u>NA</u> <b>Edema:</b> <input type="checkbox"/> Yes X No Location <u>NA</u> <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> X < 2 sec <input type="checkbox"/> > 2 sec	<b>Social Status:</b> X Calm/Relaxed <input type="checkbox"/> Quiet X Friendly X Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> X Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> X Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> X Person X Place <input type="checkbox"/> Time/Event X Appropriate for Age <b>Pupil Response:</b> X Equal X Unequal X Reactive to Light X Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> X Able to move all extremities X 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 <b>EVD Drain:</b> <input type="checkbox"/> Yes X No Level <u>NA</u> <b>Seizure Precautions:</b> <input type="checkbox"/> Yes X No	<b>Pulses:</b> Upper R 3+ L 3+ Lower R 3+ L 3+ 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Site:</b> <u>LAC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>NA</u> <b>Appearance:</b> X No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen X Patent X Blood return <b>Dressing Intact:</b> X Yes <input type="checkbox"/> No <b>Fluids:</b> <u>60 mls/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> X Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished X Right X Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air X Oxygen <b>Oxygen Delivery:</b> X Nasal Cannula: <u>10</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size <u>NA</u> cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes X No Size <u>NA</u> Type <u>NA</u> Obturator at Bedside <input type="checkbox"/> Yes X No <b>Cough:</b> X Yes <input type="checkbox"/> No <input type="checkbox"/> Productive X Nonproductive <b>Secretions:</b> Color <u>NA</u> Consistency <u>NA</u> <b>Suction:</b> <input type="checkbox"/> Yes X No Type <u>NA</u> <b>Pulse Ox Site</b> <u>L Big toe</u> <b>Oxygen Saturation:</b> <u>99%</u>	<b>Urine Appearance:</b> <u>Clear/yellow</u> <b>Stool Appearance:</b> <u>Not observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale X Natural for Pt <b>Condition:</b> X Warm <input type="checkbox"/> Cool X Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> X < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input 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: <u>IV LAC</u> <b>Mucous Membranes:</b> Color: <u>clear</u> X Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
<b>Diet/Formula:</b> <u>Normal</u> <b>Amount/Schedule:</b> <u>NA</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes X No	<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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL X All <b>Brace/Appliances:</b> X None Type: <u>NA</u>	<b>Scale Used:</b> X Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> <u>NA</u> <b>Type:</b> <u>NA</u> <b>Pain Score:</b> 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u>
MOBILITY	WOUND/INCISION	TUBES/DRAINS
Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<b>X None</b> <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____	<b>X None</b> <input type="checkbox"/> <b>Drain/Tube</b> Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

**PICU**

<b>INTAKE/OUTPUT</b>													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed		120			60								180 mls
Intake – PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	60	60	60	60	60								300 mls
IV Meds/Flush		2		2									4 mls
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Combined Total Intake for Pt (mL/hr)</b>						
$(10 \times 100) + (10 \times 50) + (0.5 \times 20) \text{ mls} / 24 \text{ hours} = 63 \text{ mls/hr}$							96.8 mls/hour						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	10	10			30								50 mls
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$0.5 \text{ mls} \times 20.5 \text{ kg} / \text{hour} = 10.25 \text{ mls/hour}$							$50 \text{ mls} / 5 \text{ hours} = 10 \text{ mls/hour}$						

<b>Children's Hospital Early Warning Score (CHEWS)</b> (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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>1</u>
	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

## CHEWS Scoring and Escalation Algorithm

	0	1	2	3
<b>Behavior/Neuro</b>	<ul style="list-style-type: none"> <li>- Playing/sleeping appropriately <b>OR</b></li> <li>- Alert, at patient's baseline</li> </ul>	<ul style="list-style-type: none"> <li>- Sleepy, somnolent when not disturbed</li> </ul>	<ul style="list-style-type: none"> <li>- Irritable, difficult to console <b>OR</b></li> <li>- Increase in patient's baseline seizure activity</li> </ul>	<ul style="list-style-type: none"> <li>- Lethargic, confused, floppy <b>OR</b></li> <li>- Reduced response to pain <b>OR</b></li> <li>- Prolonged or frequent seizures <b>OR</b></li> <li>- Pupils asymmetrical or sluggish</li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>- Skin tone appropriate for patient</li> <li>- Capillary refill <math>\leq</math> 2 seconds</li> </ul>	<ul style="list-style-type: none"> <li>- Pale <b>OR</b></li> <li>- Capillary refill 3-4 seconds <b>OR</b></li> <li>- Mild tachycardia <b>OR</b></li> <li>- Intermittent ectopy or irregular HR (not new)</li> </ul>	<ul style="list-style-type: none"> <li>- Grey <b>OR</b></li> <li>- Capillary refill 4-5 seconds <b>OR</b></li> <li>- Moderate tachycardia</li> </ul>	<ul style="list-style-type: none"> <li>- Grey and mottled <b>OR</b></li> <li>- Capillary refill <math>&gt;</math> 5 seconds <b>OR</b></li> <li>- Severe tachycardia <b>OR</b></li> <li>- New onset bradycardia <b>OR</b></li> <li>- New onset/increase in ectopy, irregular HR or heart block</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>- Within normal parameters</li> <li>- No retractions</li> </ul>	<ul style="list-style-type: none"> <li>- Mild tachypnea/increased WOB (flaring, retracting) <b>OR</b></li> <li>- Up to 40% supplemental oxygen <b>OR</b></li> <li>- Up to 1L NC <math>&gt;</math> patient's baseline need <b>OR</b></li> <li>- Mild desaturations <math>&lt;</math> patient's baseline <b>OR</b></li> <li>- Intermittent apnea self-resolving</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate tachypnea/increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) <b>OR</b></li> <li>- 40-60% oxygen via mask <b>OR</b></li> <li>- 1-2 L NC <math>&gt;</math> patient's baseline need <b>OR</b></li> <li>- Nebs Q 1-2 hour <b>OR</b></li> <li>- Moderate desaturations <math>&lt;</math> patient's baseline <b>OR</b></li> <li>- Apnea requiring repositioning or stimulation</li> </ul>	<ul style="list-style-type: none"> <li>- Severe tachypnea <b>OR</b></li> <li>- RR <math>&lt;</math> normal for age <b>OR</b></li> <li>- Severe increased WOB (i.e. head bobbing, paradoxical breathing) <b>OR</b></li> <li>- <math>&gt;</math> 60% oxygen via mask <b>OR</b></li> <li>- <math>&gt;</math> 2 L NC more than patient's baseline need <b>OR</b></li> <li>- Nebs Q 30 minutes – 1 hour <b>OR</b></li> <li>- Severe desaturations <math>&lt;</math> patient's baseline <b>OR</b></li> <li>- Apnea requiring interventions other than repositioning or stimulation</li> </ul>
<b>Staff Concern</b>		- Concerned		
<b>Family Concern</b>		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> <li>- Continue Routine Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Notify charge nurse or LIP</li> <li>- Discuss treatment plan with team</li> <li>- Consider higher level of care</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>- Notify attending physician</li> <li>- Discuss treatment plan with team</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>

**A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE**  
Use SBAR communication

**Reference:** McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), <http://dx.doi.org/10.1016/j.pedn.2016.10.005>