

Lawson Sullivan
PICU

KJ
4/13/25

IMS Clinical Worksheet - PICU

KJ

Student Name: Lawson Sullivan Date: 4/13/25	Patient Age: 11y1 Patient Weight: 41.2kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Closed head injury w/o LOC Patient received blunt trauma on head and stayed ^{sedated}	2. Priority Focused Assessment R/T Diagnosis: Neurological
3. Identify the most likely and worst possible complications. LSAAT Pain • MOST likely ^{LS} contusion • Worst case is brain hemorrhage and damage	4. What interventions can prevent the listed complications from developing? • Multi-modal pain intervention • Monitor ICB nursing, S/S • bedrest • keep patient calm, quiet environment
5. What clinical data/assessments are needed to identify these complications early? • ICP, CBC, LMP • Pain Scale • CT, x-ray, etc, EEG	6. What nursing interventions will the nurse implement if the anticipated complication develops? • Mechanical Vent ^{LS} sedation • ICP monitor • IVF • Neurologic meds
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Use air mattress (specialty bed) 2. have parents at bedside if patient requests	8. Patient/Caregiver Teaching: 1. S/S bleeding, resp. distress 2. Official pain scale before pain 3. ^{LS} important comfort + consoling Any Safety Issues Identified: N/A
Please list any medications you administered or procedures you performed during your shift: Cetepime, IVP, ART line blood draw, pupillometer	

patient is sedated based off admit. diagnosis

Lambert Sullivan
PICU

KJ
4/3/25

* See
exam
sheet
for
fluids given

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													0					
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total					
IV Fluid													*					
IV Meds/Flush													*					
													1317.2 mL					
Calculate Maintenance Fluid Requirement (Show Work)										Combined Total Intake for Pt (mL/hr)								
10×100 10×50 $24.2 \times 20 = 2034 \text{ mL/day} \div 24 \text{ hr} = 86.8 \text{ mL/hr}$										54.8 <i>more due to varying fluids and hydration</i>								
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total					
Urine/Diaper	146	142	75	85	150	125	100	825	900	300	-	-	1644 mL					
Stool													8					
Emesis													8					
Other													4.5 mL JP + EO + OG suction					
Calculate Minimum Acceptable Urine Output										Average Urine Output During Your Shift								
$0.5 \times 49.2 \text{ kg} = 24.6 \text{ mL/hr}$ 590.4 mL/day										164.4 mL/hr 3945.6 mL/day								

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	
Total Score (points) 7 <i>PW Staff aware + Monitoring</i>	
Score 0-2 (Green) - Continue routine assessments	
Score 3-4 (Yellow) - Notify charge nurse or LP, 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	

IVF + IVP intake

	7	8	9	10	11	12	13	14	15	16	17	18
Di								7.4	9.2	11.1		12.9
Feet	0.98						6.90ml → 8.34ml	1.48/hr				total 64.5ml 7.2ml
Dur 1575202020		40ml/hr										40ml
NS 3970		50ml/hr					@ 300ml					30 55ml
NS with help							3ml 3ml					33ml

2 NS 50ml bottles
EEG continues

Acetaminophen 50ml
Pentobarbital 2ml/hr
Pentobarbital 2.3ml/hr

eVD drain + ICP placed
clamping suboccipital decompression
w/ Durapatex
+ flow a clot, but released pressure

Ancef 10ml + 10ml

Keppra 10ml + 5ml

Heq

NA Janexin for DI

Traumatic compression of brain
contusion left temporal lobe
Subdural hemorrhage
Subarachnoid hemorrhage

Patient is sedated

PICU

Lawson Sullivan KJ

9/3/15

Patient is sedated
UNRESPONSIVE

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <i>Patient is sedated</i> NEUROLOGICAL LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>L 4mm R 4mm</u> Fontanelles: <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>N</u> Left <u>N</u> Pushes: Right <u>N</u> Left <u>N</u> S: Strong <u>W</u> -Weak <u>N</u> -None EVD Drain: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Level <u>low</u> Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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: Upper R <u>2</u> L <u>2</u> Lower R <u>2</u> L <u>2</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None ELIMINATION Urine Appearance: <u>clear yellow</u> Stool Appearance: <u>normal</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy GASTROINTESTINAL 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 type="checkbox"/> Present X <u>4</u> quads <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0g tube</u> Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>OG tube</u> Location <u>into stomach</u> Inserted to <u>30</u> cm Suction Type: <u>intermittent</u> NUTRITIONAL Diet/Formulas: _____ Amount/Schedule: <u>NPO</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MUSCULOSKELETAL <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: <u>reflexive from stimuli</u> <input checked="" type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Applicances: <input checked="" type="checkbox"/> None Type: _____ MOBILITY <input type="checkbox"/> 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 checked="" type="checkbox"/> Bedridden	Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Frightened/Anxious Social/environmental/boarding with family: <input type="checkbox"/> Present <input type="checkbox"/> Absent IV ACCESS Site: <u>R UE, L UE, R IOP</u> <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line <u>PIC + ART</u> Type/Location: <u>R UE + ART</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>DSWS and 20 Kcal NS 3%</u> SKIN Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input type="checkbox"/> Warm <input checked="" 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 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>1 heel sac</u> Mucous Membranes: Color: <u>pink</u> <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration PAIN Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <u>WASS</u> Location: <u>5 Sacral on Sacral</u> Type: _____ Pain Score: 0800 _____ 1200 <u>5</u> 1600 <u>5</u> WOUND/INCISION <input type="checkbox"/> None Type: <u>scab on right knee</u> Location: _____ Description: _____ Dressing: <u>adherent</u> TUBES/DRAINS <input type="checkbox"/> None Drain/Tube Site: <u>Chondrosternum and JP</u> Type: <u>Right upper chest</u> Dressing: <u>dry sterile</u> Suction: <u>JP drain + intermittent SVP</u> Drainage amount: <u>small</u> Drainage color: <u>N</u>

11/5

