

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Lawson Sullivan Date: 9/2/25</p>	<p>Patient Age: 10 days old Patient Weight: 4.4 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) O₂ desaturation w/ feeding. When patient feeds, it ↓ O₂, prior to admit, Pt also had reflux, apnea, purple-shin, etc^{LS}</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Respiratory</p>
<p>3. Identify the most likely and worst possible complications. most likely is irritability due to hunger. Worst case is aspiration leading to pneumonia.</p>	<p>4. What interventions can prevent the listed complications from developing? <ul style="list-style-type: none"> • calm environment • proper positioning w/ feeding • monitor O₂ + Resp. status • small, frequent meals. </p>
<p>5. What clinical data/assessments are needed to identify these complications early? <ul style="list-style-type: none"> • temperament • Resp. breath sounds • CT to monitor lung • mood, consolability, + sleep/ feed pattern </p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? <ul style="list-style-type: none"> • have mom soothe baby • distraction therapy • pacifier • standard precautions • MAAM bottles to decrease flow • check vaccination • abx, O₂ therapy </p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <ol style="list-style-type: none"> 1. Pacifier, calm quiet restful environment 2. ^{pls} consoling, comforting, holding, singing, </p>	<p>8. Patient/Caregiver Teaching: <ol style="list-style-type: none"> 1. proper feeding positions 2. S/S of pneumonia and ↓ O₂ saturation 3. MAAM bottles <p>Any Safety Issues identified: N/A</p> </p>

Student Name: Lawson Sullivan

Patient Age: 10 days old

Date: 9/2/25

Patient Weight: 4.4kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
-----------------------------	---------	-----------------------

Complete Blood Count (CBC) Labs

Absolute Monocytes	6.94 ↑	slightly elevated, could be sign of infection

Metabolic Panel Labs

N/A

Misc. Labs

Absolute Neutrophil Count (ANC) (if applicable)	3.78-	normal, good immunity
Procalcitonin	0.11-	no systemic bacterial infection or inflammation
CRP	<2.9	no sign of systemic infection or inflammation

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: Trust vs. Mistrust

1. when baby cries receives help from family
2. immediately after crying and baby receives help baby is cooing and content

Piaget Stage: Sensori motor (Stage 1)

1. baby sucks on pacifier
2. baby reflexively grasps my finger on palmar placement.

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

N/A

Lawson Sullivan

S2

Pediatric Floor Patient #1

9/12/25
J.R., 10 days

INTAKE/OUTPUT																		
	07	08	09	10	11	12	13	14	15	16	17	18	Total					
PO/Enteral Intake													270 mL					
PO Intake/Tube Feed		90 mL			90 mL			90					N/A					
Intake - PO Meds																		
IV INTAKE													0					
IV Fluid													0					
IV Meds/Flush													0					
Calculate Maintenance Fluid Requirement (Show Work)													Actual Pt IV Rate					
$4.4 \times 100 = 440 \text{ mL/day} = 24 \text{ hr} = 18.3 \text{ mL/hr}$													N/A					
Rationale for Discrepancy (if applicable)																		
did not assess 1800													5 hr attend at 1700					
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total					
Urine/Diaper	57				57				26				140 mL					
Stool													0					
Emesis													0					
Other													0					
Calculate Minimum Acceptable Urine Output													Average Urine Output During Your Shift					
$4.4 \text{ mg} \times 100 = 440 \text{ mL/day}$													140 mL					
$4.4 \text{ mg/mL/hr} = 4.4 \text{ mL/hr} \times 24 \text{ hr} = 105.6 \text{ mL/day}$																		

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 <input checked="" type="checkbox"/>
Family Concern	1 pt - Concerned or absent <input checked="" type="checkbox"/>
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <input checked="" type="checkbox"/>
	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

Lawson Sullivan

9/2/03

52

Pediatric Floor Patient #1

J. Ro

patient is 10 days old
dialysis

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 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 type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>1</u> L <u>2</u> Lower R <u>1</u> L <u>2</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" 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"/> 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 type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input checked="" 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>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</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>Clear yellow</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <u>possible constipation</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>no BM in stool sheet</u>	Site: _____ <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input 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 type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input type="checkbox"/> Regular <input checked="" 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 type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input checked="" type="checkbox"/> Nasal Cannula: <u>0.2 L/min</u> <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input 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 <u>N/A</u> Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>big toe, left</u> Oxygen Saturation: <u>97.2%</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 type="checkbox"/> Present <u>4</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 _____ Inverted 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: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>Formula</u> Amount/Schedule: <u>90ml, baby schedule</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appiances: <input checked="" type="checkbox"/> None Type: _____	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: <u>N/A</u> Pain Score: _____ 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u>
MOBILITY	WOUND/INCISION	PAIN
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" 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	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Lewis, S.

Unit: S2

Pt. Initials: JR

Date: 4/2/15

Allergies: NKDA

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Primary IV Fluid and infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>NO IV given</u>	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
<u>NO DRUGS GIVEN IN 24 hr</u>							
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Lawson Sullivan

Unit: S2

Pt. Initials: LS

Date: 9/2/25

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

NS, isotonic, hydration, Na+K uss 555e, hypotension

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
heparin PF	anticoagulant	heparin lock for port	50 units IVP PRN	Yes	heparin lock does not require	<ul style="list-style-type: none"> bleeding thrombocytopenia osteoporosis 	<p style="text-align: center;">LS</p> <ol style="list-style-type: none"> call if you see any bluish or b- if you see you have the we may have to draw some blood to you have the make sure it's good (only if have to draw) hit your b- be sure to splash your hands to avoid getting sick this will help us give medicine through the line
Cefepime	febrile neutropenic cephalosporin (carb)	febrile neutropenic	40ml/hr 760 mg	50 mg/kg/hr add 50 mg 715 mg	40ml/hr 1g/50ml	<ul style="list-style-type: none"> C. diff neutropenia 	<ol style="list-style-type: none"> if you see your poop is green and watery call the doctor parents if you notice nido is acting weird call me wash your hands
							<ol style="list-style-type: none">
							<ol style="list-style-type: none">
							<ol style="list-style-type: none">