IM5 Clinical Worksheet – Pediatric Floor

Student Name: Alyssa Pagano
Date: 9/3/25

Patient Age: 10yr.
Patient Weight: 29.5 kg

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

Hemangioblastoma of Brain
- ☆4th ventricular vascular tumor-like lesion

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

- 7 ~~musculoskeletal~~ assessment (peripheral neurovascular)
- 7 neurology assessment
- 7 Gastrointestinal assess.

3. Identify the most likely and worst possible complications.

- ☆trachea mucus blockage/obstructions
- ☆potential paralysis

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

- ☆ can prevent any obstructions/ aspirations thru trach care & feeds
- ☆ can continue to move & mobilize joints & muscles

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

- ☆frequent airway & swallowing assessments (& suctioning)
- ☆ continual musculoskeletal assessments

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

- ☆frequent suctioning / raise HOB/ swallow assessments
- ☆ Working with Physical Therapy/ OT

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

1. Child life had bought a squishmallow for her - example of distraction Thru a favored object.
2. allow pt to do pre & post flushes for bolus feedings to promote a sense of control & pt enjoys it.

8. Patient/Caregiver Teaching:

1. frequent oral & Nasal suctioning PRN
2. Continue to swap eye patch from eye to eye for double vision
3. continue to help PT get moving

Any Safety Issues identified:

- aspiration

Abnormal Relevant Lab Tests	Current	Clinical Significance

☆ no concerning lab trends

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 v. Inferiority (School-aged)

1. Pt enjoyed helping us do our Pre & Post flushes through her G-tube during bolus feeds.
2. Pt was also very helpful when showing us how to properly secure our G-tube extender to help with feeds.

Piaget Stage: Concrete-operational stage (School-aged)

1. Pt understood cause & affect when helping do her pre & post flushes by ensuring the clamp was opened when need & closed right after
2. Pt understood that with her trach, she cannot speak as well as she would like, so she used her Ipad & Mouthed words to communicate.

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

no medications; & actually given by me, I observed my nurse; but I helped with her 10am bolus feed thru the kangaroo pump.

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL

Appearance: ☑ Healthy/Well Nourished ☑ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age: ☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless ☐ Sedated ☑ Unresponsive - trach
Oriented to: ☑ Person ☑ Place ☑ Time/Event ☑ Appropriate for Age
Pupil Response: ☑ Equal ☐ Unequal ☑ Reactive to Light ☑ Size _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed
Extremities: ☑ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right W Left S
Pushes: Right W Left S
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☑ Yes ☐ No (Depakote keppra)

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: ____ L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size ____ @ ____ cm
☑ Other: n/a
Trach: ☑ Yes ☐ No
Size _____ Type cuffed
Obturator at Bedside ☑ Yes ☐ No
Cough: ☐ Yes ☑ No ☐ Productive ☐ Nonproductive
Secretions: Color clear Consistency _____
Suction: ☑ Yes ☐ No Type manual
Pulse Ox Site n/a
Oxygen Saturation: %

Pulse: ☑ Regular ☐ Irregular ☑ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____
Edema: ☐ Yes ☑ No Location n/a ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☐ < 2 sec ☐ > 2 sec
Pulses:
Upper R 1+ L 1+
Lower R 1+ L 1+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
Stool Appearance: not assessed this AM ☐ 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 G-Tube
Location Umb Inserted to ____ cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Pediasure peptide kcal 1.0
Amount/Schedule: _____
Chewing/Swallowing difficulties: ☐ Yes ☑ No
P+P f w/ 30mL bolus @ 10/1/4/7 = total 380mL

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: Weak movement on R side but getting better

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

Social Status: ☑ Calm/Relaxed ☐ Quiet ☑ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family: ☑ Present ☐ Absent

IV ACCESS

Site: n/a ☐ INT ☑ None ☐ Central Line
Type/Location: n/a
Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: n/a

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: n/a
Mucous Membranes: Color: Pink ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☑ FLACC ☐ Faces
Location: n/a
Type: n/a
Pain Score:
0800 0 1200 ____ 1600 ____

WOUND/INCISION

☑ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☐ None
☑ Drain/Tube
Site: Umbilical/abdominal
Type: G-tube
Dressing: Stoma padding
Suction: Manual
Drainage amount: Secretions from site
Drainage color: Outside clear/reddish (minimal)

Pediatric Floor Patient #1

INTAKE/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO/Enteral Intake				880mL			446 mL			440 mL			1,320 mL
PO Intake/Tube Feed				440 mL									
Intake – PO Meds													

	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV INTAKE													
IV Fluid													
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

29.9kg

10 x 100 = 1000+
10 x 50 = 500+
95 x 20 = 190
1690 / 24hrs = 70.41 mL/hr

Actual Pt IV Rate n/a

Rationale for Discrepancy (if applicable) n/a

	07	08	09	10	11	12	13	14	15	16	17	18	Total
OUTPUT					240mL								240mL
Urine/Diaper	1 occ												
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5mL/kg/hr = 14.79 mL/kg/hr

Average Urine Output During Your Shift

240mL in Pullup (only observed 1)

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 (Trach)
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent

CHEWS Total Score

CHEWS Total Score	Total Score (points) 2
	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

Student Name: Alyssa Pagano Unit: Pedi-med surg Pt. Initials: DS Date: 9/3/25

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
n/a	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Ciprofloxacin-dexamethasone (Cipro-dex)	ABX	Prophylactic y trachea care	5 drops BID (Q12H)	yes	n/a	anaphylaxis	1. report if you notice trouble breathing 2. rash, swelling in the hands, face, 3. or mouth 4.
docusate sodium (colace)	laxative	stimulate the bowels	5mL PO QD	yes	n/a	n/a	1. may have rare common side 2. effects like cramping, diahrrea, nausea. 3. Take in the morning to prevent 4. getting up frequently at nighttime
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.