

Student Name: Malorie Garcia Unit: pedi Pt. Initials: _____ Date: 09/3

S Pt Initials: N,L Room: 372 DOB: 9/12/07 Admit Date: 8/30 Physician: _____
 Admit Wt: _____ Current Wt: 65.6 Ht: 164cm M F Consults (Ex: Speech, PT/OT, Surgery, Neuro) N/A
 Primary Dx: hematochezia
 Secondary Dx: blood in stool

B History appendectomy 8/2015 Allergies (reactions) Bee venom Isolation: Contact
dentary Surgeng 8/19 Code status FULL DNR/AND Restraints: N
 Advance directive: Y N Type: _____
 Fall risk N
 Vaccine- PNA Flu

A Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS  Vital Signs: BP/HR/RR/Temp/SpO2
116/61 99%
90
18
98.8

Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular  Pain 0
 Pain scale numeric
 Location N/A

Pulmonary: Breath sounds/Secretions Oxygen: _____ L O2 Accu checks: Frequency
 NC 100NRB VM Results N/A

GI: BS Last BM: NGT OGT Diet Skin: intact
Last night brown Wounds/Drainage N/A
formed Breakfast % eaten: 25% Lunch % eaten: N/A Staples /Drains
 Location

GU: Void Foley _____ FR Placed on: This morning 650ml clear, yellow

IV Peripheral INT IV 20 gauge Site (L)AC IV Fluid type: D5NS Rate: 125ml/hr Psych Social
 Central- type/site (subclavian/port/broviac) PICC@ _____ N/A

Intake Total: 210 mL Parenteral _____ Enteral _____ Pending orders (ex: CBC, specimen)
 Output Total: 650 mL Void _____ mL Emesis N/A mL N/A
 Balance: _____ mL (Positive or negative) What does this mean for your pt?

Na <u>137</u>	Cl <u>102</u>	Bun <u>12</u>	Gluc <u>126</u>	Mg <u>N/A</u>	Other <u>N/A</u>	Labs Pending: <u>N/A</u>	Hct <u>40.6</u>	Pit <u>308</u>	UA <u>N/A</u>	Diagnostic Test Results: CT CXR <u>N/A</u> MRI Echo
K <u>3.9</u>	Co <u>2.9</u>	Cr <u>1.00</u>	Ca <u>9.6</u>	Phos <u>N/A</u>	Other <u>N/A</u>		WBC <u>11.68</u>	Hgb <u>14.3</u>	Cultures <u>+ Camp Pyloribacter</u>	

ANC [WBC x (% Neutrophils + % Bands) x 10]

R ***Nursing Interventions & Teaching: (use your Critical Thinking Map)
 DC Plan. Is pt informed of plan? Y N 24 hour orders reviewed Day 1 Day 2
 What does the patient need when they are discharged? Shift goals: Met Unmet Revise
NO Nausea

Student Name: _____

Unit: _____

Pt. Initials: _____

Allergies: _____

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP - List diluent solution, volume, and rate of administration IVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Intervention (Precautions/Contraindications, Etc.)	Contraindications/Complications
				Is med in therapeutic range?	If not, why?				
GZITHRO-Mycin	Macrolid	Treat bacterial infection	150mg 1x daily	Yes		IVP - List diluent solution, volume, and rate of administration IVPB - List concentration and rate of administration	GI upset rash fever	1. avoid alcohol ↓ absorption 2. take w food if GI upset 3. dont take w antacids ↓ absor 4. finish whole dose	
Clorex- idime	Dental agent	Prevent gingivitis	15ml 2x daily	Yes		N/A	Staining of teeth	1. dont swallow - made to clean teeth 2. brush after, avoid taste issues	

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Malorie Garcia

Patient Age: 17

Date: 9/3

Patient Weight: 65.6kg

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

hematochezia is a term used to state blood in stool

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

focus hx, when, how, change abdomen, gi assessment

3. Identify the most likely and worst possible complications.

hemorrhoids, fissures, upper GI, lower GI bleed, excess blood loss, anemia, bacterial

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

hydrating the pt, avoid straining during bowel, ↑ fiber, no rectal suppositories

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

cbc, BMP, stool studies culture

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

monitor px, nausea, vitals, intake output

7. Pain & Discomfort Management:

List 2 Developmentally Appropriate

Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. positioning - rest side lying w/ knees flexed

2. deep breathing, music to distract px and help w/ nausea

8. Patient/Caregiver Teaching:

1. avoid NSAIDs to avoid more bleeding

2. ↑ fiber to help w stool movement
↑ fluid

3. ↓ alcohol, caffeine to ↓ GI tract irritation

Any Safety Issues identified: N/A

Abnormal Relevant Lab Tests	Current	Clinical Significance
WNL		

Complete Blood Count (CBC) Labs

Metabolic Panel Labs

Misc. Labs N/A

Absolute Neutrophil Count
(ANC) (if applicable)

Lab TRENDS concerning to Nurse? N/A

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: Identity vs role confusion

1. ~~Identity vs role confusion~~ Confusion regarding loss, and situation in the hospital

2. Very respectful, wanting to communicate how he feels

Piaget Stage: formal operational

1. knows that Zofran will help w his nausea

2. also knows to eat smaller clearer med to avoid

Please list any medications you administered or procedures you performed during your shift: gave Zofran, Z pack,

Pediatric Floor Patient #1

GENERAL APPEARANCE

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

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

PSYCHOSOCIAL

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

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive

Oriented to:

Person Place Time/Event
 Appropriate for Age

Pupil Response: Equal Unequal

Reactive to Light Size 3mm

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

IV ACCESS

Site: 20G INT None

Central Line

Type/Location: (L) AC

Appearance: No Redness/Swelling

Red Swollen

Patent Blood return

Dressing Intact: Yes No

Fluids: DSNS + 20K 125ml/hr

ELIMINATION

Urine Appearance: yellow/clear

Stool Appearance: brown firm

Diarrhea Constipation

Bloody Colostomy

SKIN

GASTROINTESTINAL

Color: Pink Flushed Jaundiced

Cyanotic Pale Natural for Pt

Condition: Warm Cool Dry

Diaphoretic

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: _____

Turgor: < 5 seconds > 5 seconds

Skin: Intact Bruises Lacerations

Tears Rash Skin Breakdown

Location/Description: _____

Mucous Membranes: Color: clear

Moist Dry Ulceration

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: _____

Trach: Yes No

Size _____ Type _____

Obturator at Bedside Yes No

Wheezes: Yes No

Productive Nonproductive

Color: _____

Effort: _____

Suction: Yes No Type _____

Pulse Ox Site (R) finger

Oxygen Saturation: 99

PAIN

Scale Used: Numeric FLACC Faces

Location: N/A

Type: _____

Pain Score:

0800 1200 _____ 1600 _____

NUTRITIONAL

Diet/Formula: reg/bland

Amount/Schedule: _____

Chewing/Swallowing difficulties:

Yes No

WOUND/INCISION

None

Type: _____

Location: _____

Description: _____

MUSCULOSKELETAL

Pain Joint Stiffness Swelling

Contracted Weakness Cramping

Spasms Tremors

Movement:

RA LA RL LL All

Brace/Appliances: None

Type: _____

Dressing: _____

TUBES/DRAINS

None

Drain/Tube

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

MOBILITY

Ambulatory Crawl In Arms

Ambulatory with assist _____

Assistive Device: Crutch Walker

Brace Wheelchair Bedridden

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) <u>0</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