

Student Name: Abby West
 Allergies: NKDA

Unit: RED Floor Pt. Initials: _____
 Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Date: 9/19/25

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVPB – 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?			
insulin Lispro	Pancreatics	Antidiabetic	0-15 units subq Per slide before meals	0.2-0.6 u/kg	yes	N/A	hypoglycemia	<ol style="list-style-type: none"> 1. Test BS before admin 2. Watch for hypo/hyperglycemia 3. advise notify ACP if 4. N/VD occur, therapy is long term
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.

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Student Name: Abigail West	Patient Age: 8 yr
Date: 9/9/25	Patient Weight: 68.9g

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Cortisol	0.6	↓ adrenal insufficiency
A1C	9.5	↑ Poor glucose control
glucose	218	↑ hyperglycemia
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?
 Poor glycemic control, risk for diabetes

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 vs inferiority

1. WAS nervous to eat in front of us because she thought it was her fault for the diabetes
2. Wanted to show grandma that she understands med administration

Piaget Stage: Concrete Operational

1. Understands that Pancreas is not producing insulin which causes BS to be elevated
2. Can follow step by step instructions

Please list any medications you administered or procedures you performed during your shift:
 insulin lispro 5 units

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/ Tube Feed				4ml									4mL
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/ Flush				5units									5units
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
68.5 kg $10 \times 100 = 1000$ $10 \times 20 = 500$ $68.5 \times 20 = 1370$ $\underline{2470}$							103 mL/hr N/A Rationale for Discrepancy (if applicable) N/A						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/ Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.5 \times 68.5 = 34.25 \text{ mL/hr}$							Pt flushed before we could measure						

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	
CHEWS Total Score	Total Score (points) _____
	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

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IM5 Clinical Worksheet – Pediatric Floor

Student Name: Abigail West Date: 9/9/25	Patient Age: 8 yr. Patient Weight: 68.9g
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) hyperglycemia	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: glucose monitoring, neuro assessment, hydration, VS
3. Identify the most likely and worst possible complications. likely: Dehydration, electrolyte imbalance, fatigue worst: DKA, seizure, coma	4. What interventions can prevent the listed complications from developing? Frequent glucose monitor, insulin as ordered, 1:10's education on SIS
5. What clinical data/assessments are needed to identify these complications early? blood glucose, urine ketones, electrolytes, neuro checks, VS	6. What nursing interventions will the nurse implement if the anticipated complication develops? Dehydration: IV fluids DKA: insulin/monitor electrolytes LOC: Airway
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction: games, music, drawing 2. relaxing: deep breaths, guided imagery	8. Patient/Caregiver Teaching: 1. importance of glucose monitoring 2. SIS hyper/hypo glycemia 3. Proper med admin Any Safety Issues identified: Risk of hypoglycemia w/ insulin Fall risk infection risk

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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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	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 <u> \ </u> Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location <u> \ </u> <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>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u> \ </u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> 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 EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level <u> \ </u> Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>yellow, clear</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>RAC</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>IV, RAC</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> \ </u>
RESPIRATORY ✓	GASTROINTESTINAL ✓	SKIN ✓
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u> \ </u> <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 checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: <u> \ </u> L/min <input type="checkbox"/> BiPap/CPAP: <u> \ </u> <input type="checkbox"/> Vent: ETT size <u> \ </u> @ <u> \ </u> cm <input type="checkbox"/> Other: <u> \ </u> Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u> \ </u> Type <u> \ </u> 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> \ </u> Consistency <u> \ </u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u> \ </u> Pulse Ox Site <u> \ </u> Oxygen Saturation: <u> \ </u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> 4 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u> \ </u> Location <u> \ </u> Inserted to <u> \ </u> cm <input type="checkbox"/> Suction Type: <u> \ </u>	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 checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" 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: <u> \ </u> 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>reg diet</u> Amount/Schedule: <u>X</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: <u> \ </u>	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u> \ </u> Type: <u> \ </u> Pain Score: 0800 <u>0</u> 1200 <u> \ </u> 1600 <u> \ </u>
MOBILITY ✓	WOUND/INCISION ✓	TUBES/DRAINS ✓
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u> \ </u> Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None Type: <u> \ </u> Location: <u> \ </u> Description: <u> \ </u> Dressing: <u> \ </u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: <u> \ </u> Type: <u> \ </u> Dressing: <u> \ </u> Suction: <u> \ </u> Drainage amount: <u> \ </u> Drainage color: <u> \ </u>