

Victoria Ramirez

9/10/25

PF-1

IM5 Clinical Worksheet – Pediatric Floor

| | |
|---|--|
| <p>Student Name: Victoria Ramirez Date: 9/10/25</p> | <p>Patient Age: 4 ♀ Patient Weight: 14.7 kg</p> |
| <p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) swallowed foreign object, travelled up esophagus. When a foreign object is swallowed, it can disrupt local organs, causing irritation & possible infection</p> | <p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Respiratory, GI, GU, watch for signs & symptoms of sepsis</p> |
| <p>3. Identify the most likely and worst possible complications. Foreign object travels down esophagus & block airway / trachea or infection</p> | <p>4. What interventions can prevent the listed complications from developing? X-ray to determine placement of foreign object & monitoring respiratory system</p> |
| <p>5. What clinical data/assessments are needed to identify these complications early? X-ray & possible CT to locate object. Good history of object & how it was swallowed</p> | <p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Prophylactic antibiotics & equipment to open airway / bronchodilator if object goes down airway</p> |
| <p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none">1. Music & reading books to distract from pain2. Give drink options child enjoys to ensure hydration & cold drink to soothe throat | <p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none">1. Have pt sit upright at least 30°. Watch for shivering & drooling.2. Drink adequate fluids, the more the better3. Avoid red fluids & drink. Monitor for bleeding <p>Any Safety Issues identified: Aspiration SOB Infection</p> |

Victoria R
9/10/25

Pediatric Floor Patient #1

| INTAKE/OUTPUT | | | | | | | | | | | | | |
|--|-----|----|----|-----|----|----|---|----|----|----|----|----|--------|
| PO/Enteral Intake | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| PO Intake/Tube Feed | | | | N/A | | | | | | | | | |
| Intake - PO Meds | | | | | | | | | | | | | |
| IV INTAKE | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| IV Fluid | N/A | | | | | | | | | | | | |
| IV Meds/Flush | | | X | | | | | | | | | | 7.4 mg |
| Calculate Maintenance Fluid Requirement (Show Work) | | | | | | | Actual Pt IV Rate | | | | | | |
| N/A | | | | | | | 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 | | | | N/A | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| Calculate Minimum Acceptable Urine Output | | | | | | | Average Urine Output During Your Shift | | | | | | |
| Not collected | | | | | | | → | | | | | | |
| $10 \times 100 = 1000$ $4.7 \times 50 = 235$ $1000 - 235 = 765$ $765 / 24 = 31.875$ | | | | | | | $1.235 / 24 = 49.4 \text{ ml/hr}$ | | | | | | |

| 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: <input checked="" type="radio"/> 0 1 2 3 |
| Cardiovascular | Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3 |
| Respiratory | Circle the appropriate score for this category: <input checked="" type="radio"/> 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 |

Victoria K.

9/10/25

Pediatric Floor Patient #1

| 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 _____ 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>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 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 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 checked="" 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>2mm</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 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 _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Urine Appearance: <u>clear</u> Stool Appearance: <u>Not observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy | Site: <u>226 RT</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <u>arm</u> Type/Location: <u>RT arm</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 type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____ |
| RESPIRATORY | GASTROINTESTINAL | SKIN |
| Respirations: <input checked="" type="checkbox"/> Regular <input 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 checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" 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 _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>RT pointer finger</u> Oxygen Saturation: <u>98%</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 checked="" type="checkbox"/> Present X <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted 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 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: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration |
| NUTRITIONAL | MUSCULOSKELETAL | PAIN |
| Diet/Formula: <u>regular diet</u> Amount/Schedule: _____ 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 type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____ | Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 _____ |
| 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 _____ 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: _____ Location: _____ Description: _____ Dressing: _____ | <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____ |

Victoria R.
9/10/25

Student Name: Victoria Ramirez
Date: 9/10/25
Patient Age: 4
Patient Weight: 14.7 kg

9/9/25

| Abnormal Relevant Lab Tests | Current | Clinical Significance |
|---|---------|--------------------------------------|
| Complete Blood Count (CBC) Labs | | |
| Absolute Neutrophils | 9.76 ↑ | Risk for infection |
| MPV | 8.8 ↓ | Bone marrow health ? Platelet health |
| Metabolic Panel Labs | | |
| chloride | 109 ↑ | Electrolyte balance, nerve/muscle fx |
| Misc. Labs | | |
| Absolute Neutrophil Count (ANC) (if applicable) | 9.76 ↑ | Risk for infection |

Lab TRENDS concerning to Nurse?
Not at the moment, will continue to monitor & encourage fluids.

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: Initiative vs. guilt

1. Strong imagination - IV dog cap
2. Starts playing with her toys but does not finish the games

Piaget Stage: Preoperational

1. Scared / fears increase with any medication
2. Very talkative, asks many imaginative questions

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

3 IV push medications, this was also my first time diluting medications.

Student Name: Victoria Ramirez

Unit: PFI

Pt. Initials: C.G.

Date: 9/10/25

Allergies: N/A Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

| 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? | | | |
| Famotidine | Antacid | Acid Reflux Prevention | 7.4mg BID IV over 2 mins | 0.5mg/kg qd Yes | | Divide with 2ml Famotidine & 8ml NS = 2mg/ml, admin over 2 minutes | Cough Dizziness Breathlessness Bleeding gums, stools, urine | 1. DO NOT exceed prescribed dose 2. Monitor for bleeding, report immediately if seen 3. Take with food if GI upset occurs 4. Continue to take post-discharge to prevent GI upset |
| Acetaminophen | Analggesic | Throat Pain | 217.6 mg qd PO | 10-15mg/kg/dose Yes | N/A | | GI upset N/V Liver toxicity | 1. Take with food to prevent GI upset 2. Admin only if needed & within your parameters 3. DO NOT exceed prescribed dose to prevent liver & GI issues 4. Check swallow before taking |
| Ondansetron | Anti-Nausea | Prevent Nausea | 8mg qd PO | 4mg Td Yes | N/A | | Headache Constipation Dizziness Fatigue ↑ HR | 1. Monitor the whole body, may cause ↑ HR 2. Stay in bed if dizziness occurs 3. Sit up slowly if trouble breathing occurs 4. Take as prescribed for prevention of nausea & vomiting |
| | | | | | | | | 1. 2. 3. 4. |
| | | | | | | | | 1. 2. 3. 4. |