

IMS Clinical Worksheet - PICU Tuesday

Student Name: Zakeia Brown Date: 9/9/2025	Patient Age: 15yo Patient Weight: kg 64.4kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Myocardial stroke Hyperthyroidism	2. Priority Focused Assessment R/T Diagnosis: HR, BP,
3. Identify the most likely and worst possible complications. Stroke, CVA, Apnea, SOB weight loss, N, V thyroid storm	4. What interventions can prevent the listed complications from developing? Taking meds, O ₂ ,
5. What clinical data/assessments are needed to identify these complications early? Lab value - CBC BMP VS - HR Hx - NIV, dx of Hyperthyroidism	6. What nursing interventions will the nurse implement if the anticipated complication develops? airway patency, antiemesis meds, Eating
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Art therapy love to draw 2. music therapy is in band	8. Patient/Caregiver Teaching: 1. Take med, get Rx refilled before running out 2. to avoid stroke 3. diarrhea increase fluids diarrhea increase fluids Any Safety Issues Identified: heart attack stroke seizure
Please list any medications you administered or procedures you performed during your shift: watch med given hydrocortisone 100mg 0.5ml ibuprofen 50mg/ml 25mg/0.5ml	

Fever, SOB, pain in neck
4 x d

PICU

GENERAL APPEARANCE

Appearance: Healthy/Well Nourished
 Neat/Clean Emaciated Unkept

Developmental age:
 Normal Delayed

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive

Oriented to:
 Person Place Time/Event
 Appropriate for Age

Pupil Response: Equal Unequal
 Reactive to Light Size 2-3
 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

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

Cough: Yes No
 Productive Nonproductive

Secretions: Color _____
Consistency _____

Suction: Yes No Type _____

Pulse Ox Site R index finger

Oxygen Saturation: 99.1

CARDIOVASCULAR

Pulse: Regular Irregular
 Strong Weak Thready
 Murmur Other _____

Edema: Yes No Location _____
 1+ 2+ 3+ 4+

Capillary Refill: < 2 sec > 2 sec 2 sec

Pulses:
Upper R 3 L 3
Lower R 3 L 3
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow clear

Stool Appearance: brown dark

Diarrhea Constipation
 Bloody Colostomy

iron supplements

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 _____
Location _____ Inserted to _____ cm
 Suction Type: _____

NUTRITIONAL

Diet/Formula: General

Amount/Schedule: _____

Chewing/Swallowing difficulties:
 Yes No

MUSCULOSKELETAL

Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasms Tremors

Movement:
 RA LA RL LL All

Brace/Appliances: None
Type: _____

MOBILITY

Ambulatory Crawl In Arms
 Ambulatory with assist _____

Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

PSYCHOSOCIAL

Social Status: Calm/Relaxed Quiet
 Friendly Cooperative Crying
 Uncooperative Restless
 Withdrawn Hostile/Anxious

Social/emotional bonding with family:
 Present Absent

IV ACCESS

Site: R AC INT None
 Central Line

Type/Location: _____

Appearance: No Redness/Swelling
 Red Swollen
 Patent Blood return

Dressing Intact: Yes No

Fluids: None

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: _____

Mucous Membranes: Color: _____
 Moist Dry Ulceration

PAIN

Scale Used: Numeric FLACC Faces

Location: 0 none

Type: 0

Pain Score:
0800 0 1200 0 1600 0

WOUND/INCISION

None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

None

Drain/Tube

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

PICU

INTAKE/OUTPUT													Total
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	
PO Intake/Tube Feed						100							
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						100							
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)						Combined Total Intake for Pt (mL/hr)							
<p>64.4kg $10 \times 100 = 1000$ $10 \times 50 = 500$ $20 \times 44.4 = 888$</p>						<p>1000 500 888 <hr/> $2,388$</p> <p>199 mL/hr</p> <p>100/hr</p>							
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 (64.4) =													

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

IM5 Clinical Worksheet – Pediatric Floor

Wed

<p>Student Name: <u>Zakeia Brown</u> Date: <u>9/10/2025</u></p>	<p>Patient Age: <u>13yo</u> Patient Weight: <u>67</u> kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Anaphylaxis from Zosyn</u> <u>Swelling throat, eyes, face</u></p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>airway, DW, fluid status</u> <u>gained 7 lbs in 1 day, RR</u> <u>O₂ SAT</u></p>
<p>3. Identify the most likely and worst possible complications. <u>RR issue</u> <u>Death</u></p>	<p>4. What interventions can prevent the listed complications from developing? <u>Epi, Benadrib,</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early? <u>Hx</u> <u>any known allergies</u> <u>Intubation - low</u> <u>Sensory</u></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>Admin O₂, Epi, benadrib</u> <u>intubation</u></p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <u>1. video games</u> <u>13yo loves Xbox - competitive</u> <u>2. phone - games</u></p>	<p>8. Patient/Caregiver Teaching: <u>1. Epi pen, always let doc.</u> <u>Know you're allergic to zosyn</u> <u>2. emergency bracelet</u> <u>3. Stool softener to help poop</u> Any Safety Issues identified: <u>Constipation</u> <u>Resp depress.</u></p>

Pediatric Floor Patient #1

<p>GENERAL APPEARANCE</p> <p>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</p>	<p>CARDIOVASCULAR</p> <p>Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready 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 checked="" type="checkbox"/> > 2 sec Pulses: _____ Upper R <u>93</u> <u>1</u> <u>3</u> Lower R <u>93</u> <u>1</u> <u>3</u> 4+ Bounding <u>3</u> Strong <u>3</u> 2+ Weak 1+ Intermittent 0 None</p>	<p>PSYCHOSOCIAL</p> <p>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 checked="" type="checkbox"/> Absent <u>Waddy to go</u></p>
<p>NEUROLOGICAL</p> <p>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 type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ 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>3</u> Left <u>3</u> Pushes: Right <u>3</u> Left <u>3</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</p>	<p>ELIMINATION</p> <p>Urine Appearance: <u>Yellow</u> Stool Appearance: <u>None</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p>IV ACCESS</p> <p>Site: _____ <input type="checkbox"/> INT <input checked="" 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 checked="" type="checkbox"/> No Fluids: <u>KLR</u></p>
<p>RESPIRATORY</p> <p>Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored</p>	<p>GASTROINTESTINAL</p> <p>Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X _____ quads <input 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: _____</p>	<p>SKIN</p> <p>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 type="checkbox"/> < 5 seconds <input checked="" 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</p>
<p>BREATH SOUNDS:</p> <p>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 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: _____</p>	<p>NUTRITIONAL</p> <p>Diet/Formula: <u>General diet</u> Amount/Schedule: <u>75%</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>PAIN</p> <p>Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: <u>0</u> <u>1200</u> <u>0</u> <u>1600</u> <u>0</u></p>
<p>TRACH: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" 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 _____ Oxygen Saturation: _____</p>	<p>MUSCULOSKELETAL</p> <p><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 checked="" type="checkbox"/> None Type: _____</p>	<p>WOUND/INCISION</p> <p>Type: <u>None</u> Location: _____ Description: _____ Dressing: _____</p> <p>TUBES/DRAINS</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>
<p>MOBILITY</p> <p><input 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</p>		

PEIS the 108 BP 125/40 Temp 98.1 MAP 92
 Ate _____ Drink _____ Output _____
 URINE POOP

Pediatric Floor Patient #1

		INTAKE/OUTPUT																					
		07	08	09	10	11	12	13	14	15	16	17	18	Total					Total				
PO/Enteral Intake																							
Intake - PO Meds																							
IV INTAKE																							
IV Fluid																							
IV Meds/Flush																							
Calculate Maintenance Fluid Requirement (Show Work)		71.6 kg $10 \times 100 = 10000$ $10 \times 50 = 5000$ $20 \times 50 = 1000$ $1040 = 212 \text{ mL/hr}$ 212 mL/hr																					
Actual Pt IV Rate		2540																					
Rationale for Discrepancy (if applicable)																							
Urine/Diaper		07	08	09	10	11	12	13	14	15	16	17	18	Total									
Stool																							
Emesis							NA	NA	NA														
Other																							
Calculate Minimum Acceptable Urine Output		$0.5 \times 71.6 = 35.8$																					
Average Urine Output During Your Shift																							

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					
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					
CHEWS Total Score					

Clipboard Font Paragraph Styles

Calibri (Body) 11 A A Aa A

B I U x₂ x² A A

Normal No Spacing Heading 1

Editing Dictate Add-ins Editor Copilot



	and schedule	administration		
Ciprofloxacin-dexamethasone	5 drops in left ear TID	IVPB- List concentration and rate of administration		Treats ear infection
Ondansetron	4mg IV PRN			Treats Nausea and vomiting
Ampicillin-sulbactam	1,475mg IVPB q6hrs	NaCl- 100ml. 50mg/kg		Treats infection

1. Appropriate use: For otic use only; not intended for injection or ophthalmic use.
 2. Prior to installation, suspension should be warmed in hands to prevent dizziness.
 3. Discontinue at first sign of tendon inflammation or pain.
1. Headache can occur take with a full glass of water.
 2. Dizziness can occur, get up slowly and/or use your call light.
 3. Caution with patients who have a heart abnormalities
1. Monitor for Jaundice. Place in sun and call doctor.
 2. May cause severe Diarrhea be sure to drink plenty of fluids with electrolytes.
 3. Watch for any rashes or blisters call doctor

Adult Geriatric Medication Worksheet - Current Medications & IV from 12pm prior day to 12pm current day

Allergies: NKA

Primary IV fluid and rate:

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):

Acetaminophen	440mg q 6hrs IVP	15mg/kg -10mg/ml	Pain/Fever reducer	<ol style="list-style-type: none"> 1.Do Not exceed more 4,000mg could cause liver damage. 2.If pain/fever gets worse please call doctor. 3.May cause some Nausea and vomiting. Use call light
Famotidine	20mg po TID		Suppress gastric acid secretion	<ol style="list-style-type: none"> 1.May cause some GI upset, be sure to increase fluids and possible stool softener. 2.May cause agitation 3.May cause a headache can take Tylenol and/or Motrin.

Student Name:	Patient Age:
Date:	Patient Weight: kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	19.92	Only 1 lab draw
RBC	6.12	
Hemo	39 -	was 45 went down
Metabolic Panel Labs		
platelets	289	normal
BUN	12	=
Creatinine	0.100	=
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	18.32	
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: identity v role confusion

1. No behavior observed, very quiet kid

2.

Piaget Stage: formal operation

1. Future looks like when he get out of the hospital

2. Ready to be home w/ friends of school.

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

Miralax