

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Mario Sanchez</u> Date: <u>9/9/25</u>	Patient Age: <u>8 y/o</u> Patient Weight: <u>60.5 kg</u>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Admitted Diagnosis → hypoglycemia</u>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>watch urine ketos</u> <u>monitor labs for ketones</u> <u>monitor B/S</u>
3. Identify the most likely and worst possible complications. <u>most likely diagnosis of type 1 diabetes must be consistent w/ diagnosis + health of type 1 diabetes.</u>	4. What interventions can prevent the listed complications from developing? <u>compliance w/ diabetic regimen.</u> <u>monitoring ketos / what you eat.</u>
5. What clinical data/assessments are needed to identify these complications early? <u>get B/S, A1C, history of family</u>	6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>give insulin meds before meal + before bed.</u> <u>get B/S, A1C</u>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <u>1. stuff animal for Discomfort / details</u> <u>2. device management (IPad)</u>	8. Patient/Caregiver Teaching: 1. Watch B/S, 2. give insulin / teach ultralogic insulin, 3. teach what foods are good + not for B/S Any Safety Issues Identified: <u>teach proper insertion of their insulin</u>

Student Name: *Maria Sanchez*
Date: *9/9/25*

Patient Age: *8 y/o*
Patient Weight: *63.5 kg*

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
<i>N/A</i>		
<i>N/A</i>		
Metabolic Panel Labs		
<i>N/A</i>		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
<i>AAC</i>	<i>9.5 P</i>	<i>Ketones in the urine</i>
<i>Glucose</i>	<i>212 P</i>	<i>B/S is high</i>
Lab TRENDS concerning to Nurse?		
<i>Ketones in urine.</i>		

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:

- 1. industry vs inferiority*  *no transitional object*
- 2. creative expression*

Piaget Stage: *Concrete operational stage*

- 1. Reversibility*
- 2. less egocentric*

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

Administration of insulin short acting given before meals & at bed.

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							N/A
Intake - PO Meds						N/A							N/A
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						N/A							N/A
IV Meds/Flush						N/A							N/A
Calculate Maintenance Fluid Requirement (Show Work) W/A Discharged no maintenance fluid.							Actual Pt IV Rate N/A NPO / fluid restrictions						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						250							250 mL
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output $49.2 \times .05 \times 6 = 147.6 \text{ mL}$							Average Urine Output During Your Shift 250 mL						

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 1
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>1</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

Pediatric Flour 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 type="checkbox"/> < 2 sec <input checked="" type="checkbox"/> > 2 sec Pulses: Upper R <u>12</u> L <u>12</u> Lower R <u>12</u> L <u>12</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 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>3mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input 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 _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>Dark tea color</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Dist Forearm</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Tube/Location: <u>Forearm</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>N/A</u>
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 type="checkbox"/> Right <input 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 <input checked="" type="checkbox"/> 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>N/A</u> 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 <u>N/A</u> Consistency <u>N/A</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>Finger</u> Oxygen Saturation: _____	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> q <u>hr</u> <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 type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Bruises <input type="checkbox"/> Rash <input type="checkbox"/> Lacerations <input type="checkbox"/> Cool <input type="checkbox"/> Dry Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input 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: <u>N/A</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Carb w/patch</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>N/A</u> Type: <u>N/A</u> Pain Score: 0800 _____ 1200 _____ 1600 <u>0</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramp or <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: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Dressing: _____
	MOBILITY	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 <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Maria Sanchez

Unit: PEDI Floor

Pt Initials: EG

Date: 9/12/15

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IV - 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 injection	Anti-Diabetics	hyperglycemia	1 unit / 50mg/dl subq 0-15 units 4 times daily before meals	total units/kg/day Yes		N/A Sub-Q	severe hypoglycemia	1. severe hypoglycemia 2. Glycemic control 3. hypotension 4. hepatic impairment
								1. 2. 3. 4.
Dextrose 10% (D10W) bolus	Nutrients	hypoglycemia and nutrients	2ml 1500ml/hr PRN	no drug abstract Yes N/A	IVPB 1,500ml/hr		can cause blindness	1. watch for extravasation (leaky admin) 2. hypoglycemia prevention 3. hypotension 4. infection
								1. 2. 3. 4.
acetaminophen	Analgesics non-narcotic	Pain	90mg 21.4ml 694mg oral	925mg 4-6hs Yes N/A	PO N/A		hepatic impairment skin rash	1. acetaminophen 2. hepatic impairment 3. skin rash 4. swelling from allergic reaction

PRN QNS

Student Name: Mario Sanchez

Unit: Pedi Floor

Pt. Initials: PK

Date: 9/9/15

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

Allergies: NKDA

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?			
Ketorolac (injection)	Analgesic Anti-inflammatory	Anti-inflammatory	15mg/ml IV, Q6hr	0.5mg/kg dose	YES		Acute Myocardial infarction	1. Hyperkalemia 2. hepatic impairment 3. Acute MI 4. Gastrointestinal effect
								1. 2. 3. 4.
Ondansetron (injection)	Antiemetic	Nausea, Vomiting	Zojine IV, PRN	Under 1 hour per dose	YES		Gastrointestinal Constipation	1. Constipation 2. Headache 3. QT Prolongation 4. Hypersensitivity
								1. 2. 3. 4.
								1. 2. 3. 4.

IM5 Clinical Worksheet – PICU

Student Name: <i>Mario Sanchez</i> Date: <i>9/10/25</i>	Patient Age: <i>11 y/o</i> Patient Weight: <i>49.2kg</i>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <i>trauma to the head. Head trauma closed head injury w/out loss of consciousness</i>	2. Priority Focused Assessment R/T Diagnosis: <i>LOC, ICP, V/S,</i>
3. Identify the most likely and worst possible complications. <i>to much pressure applied on brain, want to surgery to take out piece of skull to reduce pressure for brain until swelling/fluid is drained. After putting piece of skull back after brain is no longer under so much pressure.</i>	4. What interventions can prevent the listed complications from developing? <i>decreasing pressure Monitor V/S Monitor body for breakdown</i>
5. What clinical data/assessments are needed to identify the complication? <i>V/S, LOC, Labs</i>	6. What nursing interventions will the nurse implement if the anticipated complication develops? <i>give bolus of 3% Saline call doctor if needed.</i>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. <i>Music therapy</i> 2. <i>Mom's touch</i>	8. Patient/Caregiver Teaching: 1. <i>careful / gentle with skull when piece is taken out after surgery</i> 2. <i>watch V/S continuously</i> 3. <i>wait for swelling to go down to see what state she'll be going home in.</i> Any Safety Issues Identified: <i>Watch cranium with skull being cut out, until placed back in.</i>
Please list any medications you administered or procedures you performed during your shift: <i>I prepared Lorazepam and cefazolin, and Levofloxacin</i>	

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						1.5	1.5	1.5	1.5	1.5	1.5		9 mL
Intake - PO Meds													N/A
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							40ml	40ml	40ml	40ml	40ml	40ml	280
IV Meds/Flush						4ml	5ml	5ml					41 mL
													130 mL
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)						
$49.2 \times 0.5 \times 6 = 147.6$ $16 \times 100 = 1000$ $10 \times 90 = 900$ $29.2 \times 20 = 584 = 2084 \text{ mL/Day}$							$80 + 41 + 9 = 130 \text{ mL/hr}$ $250 \text{ mL} \div 6 \rightarrow 41.66 \text{ mL/hr}$						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper								90ml					90 mL
Stool													N/A
Emesis													N/A
Other													N/A
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$49.2 \times 0.5 \times 6 = 147.6 \text{ mL}$							90 mL						

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) <u>6</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

PICU

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 type="checkbox"/> Normal <input type="checkbox"/> Delayed <u>W/A</u>	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <u>leg/heel</u> <input type="checkbox"/> 1+ <input checked="" 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>2</u> L <u>2</u> Lower R <u>2</u> L <u>2</u> 4+ Bounding 3+ Strong <input checked="" type="checkbox"/> Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <u>W/A</u> <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 type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <u>N/A 2-2.5</u> Pupil Response: <input type="checkbox"/> Equal <input checked="" type="checkbox"/> Unequal (Reaction to light) <u>L=3.75</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Grips: Right <u>N</u> Left <u>N</u> Palsor: Right <u>N</u> Left <u>N</u> S=Strong W=Weak N=None EVD Drain: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Urine Appearance: <u>tea color</u> Stool Appearance: <u>W/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Rt arm</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>PICC</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>yes</u>
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 type="checkbox"/> Right <input 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 checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input checked="" 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 checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>N/A</u> Consistency _____ Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site: <u>Rt toe</u> Oxygen Saturation: <u>96%</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 type="checkbox"/> Active <input checked="" 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>N/A</u> Location <u>Stomach</u> Inserted to _____ cm <input checked="" 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 checked="" type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input checked="" 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: <u>N/A</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MOBILITY	NUTRITIONAL	PAIN
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <u>N/A</u> <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	Diet/Formula: <u>N/A tube</u> Amount/Schedule: <u>LS/WC</u> Chewing/Swallowing difficulties: <u>N/A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>N/A</u> Type: <u>N/A</u> Pain Score: 0800 _____ 1200 <u>N/A</u> 1600 <u>N/A</u>
MUSCULOSKELETAL	WOUND/INCISION	TUBES/DRAINS
<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 <u>N/A</u> Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: <u>neck brace</u>	<input type="checkbox"/> None Type: <u>Head trauma</u> Location: <u>side of head</u> Description: <u>surgery hole out skull</u> Dressing: _____	<input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>Vagina</u> Type: <u>Catheter</u> Dressing: _____ Suction: _____ Drainage amount: <u>90ml</u> Drainage color: <u>tea color</u>

Student Name: Mario Sanchez

Unit: PTCU

Pt Initials: KS

Date: 9/10/25

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

Allergies: NKDA

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?			
Artificial tears Ophthalmic ointment	Ophthalmic Absent	Lubrication + hydration	both eyes Q4hrs	YES YES NO		N/A	Temporary blurriness	<ol style="list-style-type: none"> Temporary blurriness eye irritation severe eye pain sensitivity to light
Cefepime	cephalosporin	Antibiotic	2000 mg IV, Q8hrs	50 mg/kg/dose YES N/A		IVP - 100mg + 20ml sterile water	Superinfection	<ol style="list-style-type: none"> Neurotoxicity Clostridioides difficile infection major sensitivity reactions Elevated INR
Levetiracetam	Anti convulsants	Antiseizure agent	1000mg 100mg/ml IV	YES YES NO		IVPB 100mg/ml	CNS Depression	<ol style="list-style-type: none"> BP increased vomiting nervous system depression w/draw should not be discontinued
Lorazepam	Anti anxiety	Anxiolytic	2mg IV PRN Q2hr	YES YES N/A		IVP - NS equal volume steady rate 2-5ml/hr	addiction CNS affects	<ol style="list-style-type: none"> addiction w/draw can cause slurred speech hepatic impairment Respiratory disease
Dextrose 5% and sodium chloride 0.9% - 100ml	minerals + electrolytes	Electrolyte supplement	40ml/hr IV continuous	YES YES N/A		IVPB continuous 40ml/hr	bradycardia chest pain	<ol style="list-style-type: none"> Chest Pain Skin Rash Abdominal distress hypersensitivity