

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: Torrey Hogan Date: 9/16/2025</p>	<p>Patient Age: 23 months Patient Weight: 28lbs 12.7 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>GATA2 syndrome:</u> causes hematologic, immunologic, lymphatic issues. Presents benign abnormalities. <u>MECOM syndrome:</u> regulates TGF-b signaling pathways used in hemopoietic proliferation & differentiation. Results in bone marrow suppression or failure. <u>Chromosome KMT2A:</u> a gene that plays a role in early gene expression, regulation of gene function, & forms protein pathways that could lead on oncology symptoms.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Assessments were for post- op Bone Marrow Aspiration (BMA). VS were completed Q5minutes until the Aldrete score was at an 8 or higher. We were in the patient’s room for an hour, poor baby was so sleepy. She was on Blow-By O2 for 15 minutes until she was taken off to assess independent breathing. Pain assessment using FLACC, but no medications were given r/t the score. Lastly, preventing infection was key for this patient considering her ANC was 200. She was not placed on precautions or in a positive pressure room bc she was being discharged that day.</p>
<p>3. Identify the most likely and worst possible complications.</p> <p>BMA will indicate leukemia, ITP, or chronic benign neutropenia (which is what the physician suspected was the dx). Since the patient is immunocompromised, she is at an increased risk for a life-threatening infection. The common cold could be considered lethal.</p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p>Positive pressure rooms Strict hand-hygiene Taking temperature regularly for fever, give Tylenol PRN for fever, reporting S/S of infection to physician, prophylactic antibiotics until culture returns. Aldrete score above an 8</p>
<p>5. What clinical data/assessments are needed to identify these complications early? Lab monitoring (ANC, neutrophils, WBC, RBC, etc.) Frequent VS (temp; fever)</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Strict HH, antibiotics as prescribed, prevent further spread of infection, place a mask on patient when she leaves the room, & educate the importance of following neutropenic precautions to family members.</p>

Student Name: Torrey Hogan Date: 9/16/2025	Patient Age: 23 months Patient Weight: 28lbs 12.7 kg
---	--

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Mother holding the child in comfort positions 2. Transitional objects (mickey mouse stuffed animal & pink princess blanket)	8. Patient/Caregiver Teaching: 1. Wear a mask in public, avoid large crowds, avoid public spaces & other sick children 2. Follow neutropenic precautions: wash fruits & veggies, prevent the risk of infection, limit exposure to pets & fresh flowers, etc. 3. CBC lab blood draws will be needed Q2-3 months, report fever to the physician Any Safety Issues identified: Risk of infection r/t neutropenia
--	--

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
gb	12.1	Although normal, lab is significant to monitor for use of Tylenol & bone marrow suppression (will decrease cell levels)
PLT	300	Normal, but should be monitored r/t bone marrow suppression & increased risk of bleeding
WBC	5.59 (low)	R/t neutropenia & places the patient at risk for infection
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	200	< 1500 = monitor risk of infection < 500 = high risk of infection
Lab TRENDS concerning to Nurse?		
WBC count trending down from 4/17/25 (16.51)		

Student Name: Torrey Hogan Date: 9/16/2025	Patient Age: 23 months Patient Weight: 28lbs 12.7 kg
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: Autonomy vs shame & doubt 1. Patient could not stand bananas yesterday, but today they are her favorite food 2. Patient wanted to help put the Band-Aid on her IV site, which we allowed her to. Piaget Stage: Preoperational Thinking 1. Transition object used for comfort 2. Did not want to be separated from her mom after she woke up from sedation, her mom was the only familiar face to her.	
Please list any medications you administered or procedures you performed during your shift: N/A	

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input 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	Pulse: <input 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 type="checkbox"/> Yes <input type="checkbox"/> No Location N/A <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input 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	Pulses: Upper R 3+ L 3+ Lower R 3+ L 3+ 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	IV ACCESS
LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input 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 Pupil Response: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size 3mm 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	ELIMINATION	Site: 24G R AC <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: N/A 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 type="checkbox"/> No Fluids: No fluids given through IV
	Urine Appearance: clear, yellow, no odor Stool Appearance: brown, soft, foul smelling <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation	SKIN

<input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right S Left S Pushes: Right S Left S S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy GASTROINTESTINAL Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input type="checkbox"/> Present X4 quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Type ----- Location ---- Inserted to ---- cm <input type="checkbox"/> Suction Type: -----	Color: <input 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 type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input 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: 24G R AC Mucous Membranes: Color: pink <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
RESPIRATORY Respirations: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) none <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 type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: 1 L/min Blow- By o2 given for 15 minutes until awake <input type="checkbox"/> BiPap/CPAP: ----- <input type="checkbox"/> Vent: ETT size---- @----cm <input type="checkbox"/> Other: ----- Trach: <input type="checkbox"/> Yes <input type="checkbox"/> No Size ---- Type ---- Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color ----- Consistency ----- Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type ----- Pulse Ox Site: R pointer finger Oxygen Saturation: 98%	NUTRITIONAL Diet/Formula: general diet Amount/Schedule: ----- Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _N/A Type: N/A Pain Score: 0800__NA__ 1200=0 1600=0
	MUSCULOSKELETAL <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 None 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: -----	WOUND/INCISION <input type="checkbox"/> None Type: 24G R AC, BMA insertion sight Location: R AC, R lower back Description: No redness, swelling, discharge Dressing: transparent, dry, intact. Surgical dressing placed on R lower back
	MOBILITY <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist ----- Assistive Device: None <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	TUBES/DRAINS <input type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: ----- Type: ----- Dressing: ----- Suction: ----- Drainage amount: ----- Drainage color: -----

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													
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate: N/A						
10 x 100 = 1000							Rationale for Discrepancy (if applicable)						
2.7 x 50 = 135													
1135 mL/ 24hrs													
47mL/ hr													

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						
13mL/hr							N/A						
152mL/ 12hrs (shift)													
304mL/ 24hrs													

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) 1
	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