Student Name: Andrea Fabela Date: 9-17-25	Patient Age: 4 yr. Patient Weight: 23.1 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Mastoiditis on right side - bacterial infection that has spread from middle ear to the mastoid bone. (behind the ear)	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Assessing behind the ear for any edema, drainage, color, temp.
3. Identify the most likely and worst possible complications. Can lead to surgical procedure Myringotomy (tympanostomy tubes) ↳ small incision in eardrum to drain fluid from middle ear	4. What interventions can prevent the listed complications from developing? Assessing back of ear w/ proper skin care Antibiotics to prevent further infection ↳ taking full dose
5. What clinical data/assessments are needed to identify these complications early? Recent or recurrent ear infections ↳ common precursor for mastoiditis Fevers Otoscopic exam ↳ looking for color, fluid, bulging	6. What nursing interventions will the nurse implement if the anticipated complication develops? Admins. prescribed antibiotics ₹ monitoring s/s like pain/fever monitoring WBC Assessing Mastoid bone (skin care)
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Warm compress on affected ear 2. Keeping ear dry, rest ₹ hydration	8. Patient/Caregiver Teaching: 1. Taking full dose of antibiotics 2. Pain management 3. Ear care (keep warm, dry, position to sleep) Any Safety Issues identified: treat asap.

| Student Name: Andrea Fabela | Patient Age: 4 yr. |
| Date: 9-17-25 | Patient Weight: 23.1 kg |

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hematocrit (↓)	34.9	Due to inflammation
Platelet Count (↑)	445	
Metabolic Panel Labs		
Albumin (↓)(↓)	3.4	All due to inflammatory/infection
Total Protein (↑)	8.1	response
Bilirubin (↓)	0.3	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
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: Industry vs. Inferiority

1. ! excelling in sports (likes to try new sports)

2. Confidence: he feels capable of completing tasks & be successful

Piaget Stage:

1. Preoperational stage   Concentration (do not disturb when watching tv)

2. Egocentric - doing his own thing, minding business ↳playing on tablet

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

Ampicillin - Subactan (unasyn)
   1.5g sodium chloride 0.9% 50ml

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 3mm
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
Oxygen Saturation:

CARDIOVASCULAR

Pulse: ☐Regular ☐Irregular
☑Strong ☐Weak ☐Thready
☐Murmur ☐Other
Edema: ☐Yes ☑No Location
☐1+ ☐2+ ☐3+ ☐4+
Capillary Refill: ☑<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: Clear, yellow
Stool Appearance: Solid
☐Diarrhea ☐Constipation
☐Bloody ☐Colostomy

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: Regular Diet
Amount/Schedule: eating on own
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: LA Palmar ☐INT ☑None
☑Central Line
Type/Location: AC 22g
Appearance: ☑No Redness/Swelling
☐Red ☐Swollen
☐Patent ☐Blood return
Dressing Intact: ☑Yes ☐No
Fluids:

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:
Type:
Pain Score:
0800 ____ 1200 ____ 1600 0

WOUND/INCISION

☑None
Type:
Location:
Description:
Dressing:

TUBES/DRAINS

☑None
☐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								150	150				300 mL
Intake – PO Meds													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid									50				50 mL
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

$10 \times 100 = 1,000$
$10 \times 50 = 500$
$3.1 \times 20 = 62$
$\overline{1,562\,mL} \div 24\,hr = 65.1\,mL/hr$

Actual Pt IV Rate

50mL/hr

Rationale for Discrepancy (if applicable)

also receiving fluid PO

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

$0.5mL/23.1kg/hr = 11.55\,mL/hr$

Average Urine Output During Your Shift

did not go to restroom during my 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

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

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type		Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic ☐ Hypotonic ☐ Hypertonic ☐		N/A	N/A	N/A

Student Name: Andrea Fabela	Unit: PEDI FLOOR	Patient Initials: ROOM #62 & #66	Date: 9/17/2025	Allergies: NKA	

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Ampicillin-sulbactam (UNASYN)	Antiobiotic	For infection	1.5g Sodium Chloride, 0.9% 50 mL, IV every Q6hr	Yes Click here to enter text.	Rate: 100mL/hr	V/D, abdominal pain, loss of appetite, skin rash	1. Nurse: monitoring WBC to see if antibiotic is getting rid of infection 2. Nurse: Monitor for further S/S of infections, like fever, chills, fatigue, recurrent rash behind the ear (with this pt) . 3. Making sure to take full dose of antibiotics including at home (parent education) 4. Teaching: within first 24 hrs on med will need a new tooth brush
Acetaminophen (Tylenol)	analgesics	Pain	352 mg PO Q6hrs	Yes Click here to enter text.	N/A	Hypersensitive reaction, skin rash, hives, itching	1. Assessing patients pain level before adminstering medication with proper pain scale 2. Assessing weight to make sure giving correct dose based on patients weight 3. Have parents report any abnormal reactions like vomiting, or SOB 4. Nurse: reassess pain within 30 mins to

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

Student Name: Andrea Fabela	Unit: PEDI FLOOR	Patient Initials: ROOM #62 & #66	Date: 9/17/2025		Allergies: NKA	

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
							see if med worked
ROOM #62 did not have any meds given due to being discharged	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adopted: August 2016