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IM5 Clinical Worksheet - Pediatric Floor

Student Name: Ashtyn Ponce Date: 9/10/16	Patient Age: 2 y10 Patient Weight: 8.9 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Hypoxia, FTT post anesthesia tonsillectomy + adenoidectomy	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Respiratory Assessment
3. Identify the most likely and worst possible complications. worsening hypoxia, trouble breathing. low O ₂ or SpO ₂ dropping	4. What Interventions can prevent the listed complications from developing? Supply supplemental oxygen w/ different raise HOB more secure mask wake her up, orient her and get her to take some deep breaths
5. What clinical data/assessments are needed to identify these complications early? O ₂ - sat blue on fingertips, mucous membranes listlessness, irritable increased BP & RR	6. What nursing interventions will the nurse implement if the anticipated complication develops? supply higher oxygen levels, notify charge nurse - respiratory therapist
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. distraction - when she was able to focus on the TV she calmed down a lot more 2. keeping parent within reach - she did much better when her mom was holding her in bed	8. Patient/Caregiver Teaching: 1. mom: early signs of hypoxia 2. how to utilize distraction methods so the little girl could keep her oxygen 3. mask on how to suction the daughters mouth to prevent aspiration Any Safety Issues Identified: - we wanted her to get PO fluids in but she was still swollen after surgery - fluid being held in her mouth / cheeks ↳ risk for aspiration

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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 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 type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input checked="" type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input checked="" 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 checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input 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 checked="" type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>U</u> Pushes: Right <u>W</u> Left <u>W</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>yellow</u> Stool Appearance: <u>soft</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>hand</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>L Per. 72 hand</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: _____
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 type="checkbox"/> Room Air <input checked="" 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 checked="" type="checkbox"/> Other: <u>simple mask 2L</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>L toe</u> Oxygen Saturation: <u>90%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <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 checked="" 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: <u>red/pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>thin, soft</u> Amount/Schedule: <u>as indicated</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>mouth/throat</u> Type: <u>difficulty swallowing</u> Pain Score: 0800 _____ 1200 <u>6</u> 1800 <u>4</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"/> 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 <input checked="" type="checkbox"/> <u>hip abductor - she wears a</u> Type: <u>hip abductor - not present</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input checked="" 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: _____

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Student Name: Ashlyn Ponce Date: 9/11/25	Patient Age: 3m0 Patient Weight: 5.2 kg
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Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	3.06	(3.10-4.50) acute blood loss, ↓ circulating O ₂
Total Hemoglobin	9.1	(10.0-14.0) ↓ O ₂ delivery to cells
Hematocrit	27.4	(38.0-46.0) acute blood loss, ↓ O ₂
Metabolic Panel Labs		
absolute monocytes	1.07	(0-0.80) reaction from inflammation, infection?
AST (SGOT)	10	(20-40) good / adequate liver f'n
Bilirubin Total	0.2	(0.6-1.4) below normal liver f'n / clearance
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	3.56	(1.0-9.0) healthy immune system
Lab TRENDS concerning to Nurse?		
creatinine <0.2 low muscle mass (malnutrition?) FT7		

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 and Doubt (18mth-3yrs)

1. saying no when we gave her the option to drink or not.
2. was constantly fighting against us putting on her oxygen mask. would rip it off as soon as we were able to secure it

Piaget Stage: Preoperational

1. continued to be against any help after teaching her the importance of why we're trying to help her (oxygen, feedings)
2. automatic reaction to take things off her body. She wasn't irritated by the BP cuff, O₂ reader, or O₂ mask until myself or nurse started messing w/ it. Then she attempted to take them off.

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

suctioning mouth secretions,
flushed femoral PICC line

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INTAKE/OUTPUT														
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total	
PO Intake/ Tube Feed						2mL			2mL					
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							
$8.1 \times 100 = 810 \text{ mL/day}$ 37.1 mL/hr							NA Rationale for Discrepancy (if applicable)							
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total	
Urine/ Diaper														
Stool														
Emesis						1								
Other														
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift							
17 mL/hr							none							

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>4</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

Student Name: Ashtyn Price

Unit: Ed. Floor 2

Pt. Initials: A.M.

Date: 9/14/25

Allergies: NEBA

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IV - 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.)
				Is med in therapeutic range?	If not, why?			
<u>Famotidine</u>	<u>antihistaminic</u>	<u>post surgery, decrease abral intake can increase gastric secretion</u>	<u>BID 0.5mg/kg 4mg/100ml oral</u>	<u>0.5mg/kg</u>	<u>yes</u>	<u>NA</u>	<u>arrhythmias, constipation, diarrhea, nausea, neuroephrina, convulsions, dizziness</u>	<u>1. take w/ meals and at bed time to promote the drugs effect 2. may cause dizziness - help her get up to walk around - walk close to her 3. try to increase fluid intake and fiber foods to minimize constipation 4. report dark, tarry stools, fever, rash</u>
<u>dexamethasone</u>	<u>anti-inflammatory corticosteroid</u>	<u>prevent n/v</u>	<u>12hrs BID 4mg/100ml IVPB injection</u>	<u>0.5-2mg/kg</u>	<u>yes</u>	<u>NA</u>	<u>hypertension, calcium, hypokalemia, anorexia, malice, thrombocytopenia</u>	<u>1. avoid grapefruit juice 2. may cause dizziness - have parents help 3. can cause immunosuppression - keep her away from sick family, friends inform her of break, travel, stress 1. and avoid alcohol</u>