

IM5 Clinical Worksheet - PICU

<p>Student Name: Ashlyn Ponce Date: 9/17/25</p>	<p>Patient Age: 2 yr/0 Patient Weight: 19.2 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Came in w/ leukemia. After chemo, his body started breaking down tumor cells too fast and those contents were dumped into his blood.</p>	<p>2. Priority Focused Assessment R/T Diagnosis: very edematous - peripheral circulation (pedal pulses, cap. refill) neuromuscular r/t hypocalcemia</p>
<p>3. Identify the most likely and worst possible complications. Most likely - get calcium levels up, correct electrolyte balances w/ dialysis and fluids Worst complication - complete liver failure r/t analysis and hepatomegaly ↓Ca - airway obstruction, brain injury, seizures, arrhythmias, death</p>	<p>4. What interventions can prevent the listed complications from developing? - give boluses of calcium gluconate and calcium chloride to catch up Ca. levels - prevent infection - contact precautions - monitor ascites, peripheral vasculature - skin care and comfortable positioning</p>
<p>5. What clinical data/assessments are needed to identify these complications early? - Close/frequent monitoring of calcium levels - daily I&O's, daily wts, abdominal measurements - close/frequent monitoring of LFTs, bilirubin for liver function</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? emergent situation: seizure precautions, crash cart close, correct calcium levels, maintain airway neuro checks, low Na, direct vs, paracentesis</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. frequent position changes - so edematous 1. and lethargic - will not move on his own - skin integrity maintained 2. R.O.M exercises to maintain mobility, work those muscles massage? sore from bed all day</p>	<p>8. Patient/Caregiver Teaching: 1. low Na diet to help reduce fluid build up 2. S/S of low Ca: muscle cramps, paresthesia, tetany, seizures, ↓BIP, arrhythmias, 3. irritability, confusion important not to have visitors who are sick, no fresh fruits, no live vaccines Any Safety Issues Identified: no</p>
<p>Please list any medications you administered or procedures you performed during your shift: measured tray of food each, bed bath linen change vitals</p>	

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL		
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	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <u>ABDOMEN</u> <input type="checkbox"/> 1+ <input checked="" type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <u>ADAMANT</u> 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>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input 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		IV ACCESS		
LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input checked="" 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 checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3m</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>M</u> Left <u>M</u> Pushes: Right <u>M</u> Left <u>N</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	<th data-bbox="534 619 958 661">ELIMINATION</th>	ELIMINATION	Site: <u>R ARM</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line + <u>junction port access</u> Type/Location: <u>IL6</u> <u>analysis</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>dextrose 5% w/NaCl 30ml/hr</u> <u>w/ calcium gluconate</u>	
<th data-bbox="106 1008 534 1050">RESPIRATORY</th> <td data-bbox="534 619 958 766"> Urine Appearance: <u>DARK YELLOW</u> Stool Appearance: <u>DARK BROWN</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy </td> <td data-bbox="958 766 1372 1081"> <th data-bbox="958 766 1372 808">SKIN</th> </td>	RESPIRATORY	Urine Appearance: <u>DARK YELLOW</u> Stool Appearance: <u>DARK BROWN</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<th data-bbox="958 766 1372 808">SKIN</th>	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 checked="" type="checkbox"/> Left 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: _____ 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 _____ Consistency _____ Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>L Toe</u> Oxygen Saturation: <u>90%</u>	<th data-bbox="534 766 958 808">GASTROINTESTINAL</th>	GASTROINTESTINAL	<th data-bbox="958 1081 1372 1123">PAIN</th>	PAIN
<th data-bbox="106 1344 534 1386">NUTRITIONAL</th> <td data-bbox="534 840 958 1176"> Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" 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 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: _____ </td> <td data-bbox="958 1186 1372 1270"> Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u> </td>	NUTRITIONAL	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" 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 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: _____	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u>	
<th data-bbox="106 1512 534 1554">MUSCULOSKELETAL</th> <td data-bbox="534 1176 958 1344"> Diet/Formula: <u>normal as tolerated</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td data-bbox="958 1270 1372 1354"> <th data-bbox="958 1270 1372 1312">WOUND/INCISION</th> </td>	MUSCULOSKELETAL	Diet/Formula: <u>normal as tolerated</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<th data-bbox="958 1270 1372 1312">WOUND/INCISION</th>	WOUND/INCISION
<th data-bbox="106 1680 534 1722">MOBILITY</th> <td data-bbox="534 1344 958 1680"> <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input checked="" type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" 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: _____ </td> <td data-bbox="958 1354 1372 1438"> <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____ </td>	MOBILITY	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input checked="" type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" 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: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	
<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 checked="" type="checkbox"/> Bedridden	<th data-bbox="958 1438 1372 1480">TUBES/DRAINS</th>	TUBES/DRAINS	<input checked="" type="checkbox"/> None <input type="checkbox"/> 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		0
PO Intake/Tube Feed														3ml
Intake - PO Meds					3ml									
IV INTAKE														Total
IV Fluid					30ml	30ml	30ml	30ml	30ml	30ml	30ml			210
IV Meds/Flush							3ml		3ml					6
														216
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)							
$10 \times 100 = 1,000$ $9.2 \times 50 = 460$ $1,440 \text{ mL/day} \quad 6 \text{ mL/hr}$							216 mL (5hrs) $\approx 43.8 \text{ mL/hr}$							
OUTPUT														Total
Urine/Diaper						3ml								3ml
Stool														
Emesis														
Other														3ml
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift							
$0.5 \times 19.2 = 9.6 \text{ mL/hr}$							$7.8 < 3 \text{ mL/hr}$							

7-24
11-11430ml

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 <input checked="" type="radio"/> 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>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

Unit: ASntnyn Ponce

Unit: PLCV

Pt. Initials: L.P.

Date: 9/17/25

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

NPDA

Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP - List diluent solution, volume, and rate of administration	NVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)	
			Is med in therapeutic range?	If not, why?					
NAD 30mg/hr N Gliclazide	Isotonic/Hypotonic/Hypertonic	<u>isotonic</u>	Rationale for IVF <u>admin for calcium gluconate compatability</u>	Lab Values to Assess Related to IVF <u>Ca²⁺ Nat</u>	Contraindications/Complications <u>hyperglycemia (DM1) increased LVP</u>				
								1.	
								2.	
								3.	
								4.	
								1.	
								2.	
								3.	
								4.	
								1.	
								2.	
								3.	
								4.	

NO MEDS GIVEN BY ME