

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 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	Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" 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 Withdrawn 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 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 checked="" type="checkbox"/> Size <u>2mm</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 checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</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	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	Site: <u>L AC</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ 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>None</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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>None</u> Oxygen Saturation: <u>98%</u>	Urine Appearance: _____ Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	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>Clear</u> <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	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 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 checked="" 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: _____	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>1100</u> 1200 1600
	MUSCULOSKELETAL	WOUND/INCISION
	Diet/Formula: <u>Normal Diet</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ 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: _____

Admit: 9/11/2025 (Roswell)

<p>Student Name: Jessica Longoria Date: 9/11/2025</p>	<p>Patient Age: 6 years old Patient Weight: 23.1 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Mastoiditis of the right side. The mastoid bone is filled with air spaces and connected to the middle ear. So this is infection or inflammation of the mastoid bone.</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Pain assessment; Ear inspection; Assessment of hearing; Neurological assessment.</p>
<p>3. Identify the most likely and worst possible complications. Mastoiditis can cause infection to spread into the brain, resulting in severe neurological symptoms. The protective membranes surrounding the brain and spinal cord (meninges) could become infected and inflamed.</p>	<p>4. What interventions can prevent the listed complications from developing? Administer prescribed antibiotics. Control of bacteria infection is priority and most important. Encouragement of vaccinations. Pain management, encourage and promote hydration and rest.</p>
<p>5. What clinical data/assessments are needed to identify these complications early? Pain assessment. Prompt and constant monitoring for complications such as hearing loss, facial nerve involvement or intracranial spread. Signs of fever and spread of redness and swellingness of right ear.</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Administer prescribed antibiotics. Assess and monitor LOC, pupil response, headache, stiff neck, or fever. Assess and monitor for increase ICP. Prevent spread of infection (aseptic technique). Provide support care.</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Apply a warm compress behind the right ear (mastoid area) for 10-15 minutes several times a day. 2. Distraction Techniques: He had his iPad and was watching videos and playing interactive games.</p>	<p>8. Patient/Caregiver Teaching: 1. Medication Management: Antibiotics must be given on time and completed in full. Pain management. 2. At home monitoring for signs and symptoms of increase infection. 3. At home comfort measures: warm compresses, pain medications, elevation, hydration or quiet activities. Any Safety Issues identified: None.</p>

Student Name: Jessica H Longoria	Patient Age: 6 years old
Date: 9/17/2025	Patient Weight: 23.1 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
Most of the patients labs were a little elevated but not by much at all; due to recent infection/inflammation but not concerning.		

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. Physical Development: Patient showed his competitiveness while wrestling with his dad.

2. Emotional Development: when asked simple questions directly, patient would seek parents approval before and after answering. When we woke him up for VS, he immediately looked for parents.

Piaget Stage: Preoperational / Concrete Operational stage

1. Simple explanations: He didnt really understand a bacterial caused his ear infection but stated he had something wrong with his ear causing him pain.

2. Reversibility: He vocalized that his ear felt "normal" again. He stated "it wasnt big anymore", "it didnt hurt", and that "he still had his ear".

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

I was able to do a full assessment on patient. I was able to administer patients IV antibiotics. I charted and assessed vital signs, in and out fluids.

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					55ml								55ml
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate Pt. was initially at 65ml/hr						
$100 \times 10 = 1000$ $50 \times 10 = 500$ $3.1 \times 20 = 62$ $\frac{1562 \text{ mL}}{24 \text{ hrs}} = 65 \text{ mL/hr}$							Rationale for Discrepancy (if applicable) N/A because calculated fluid is eq matches ordered rate.						
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						
$0.5 \times 23.1 \text{ /hr} = 11.55 \text{ mLs/hr}$							Input / Output: Patient was not on strict I/O's. Patient said he was urinating and having bowel movement.						

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: <input checked="" type="radio"/> 0 1 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>0</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: Jessica Longoria

Unit: PFI

Pt. Initials: HG

Date: 9/17/2025

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?			
# 606 Ampicillin - Sulbactam (unasyn)	Antibiotic, Penicillin	Bacterial Infections	1.5g / 500mg IV Q 6 hours	100-200 mg/kg/day	No Location of infection is crucial	IVPB: 1500mg/50ml Rate: 100 ml/hr	Diarrhea Rash Yeast infections C. Dif	1. IV Site assessment: pain, redness, swelling, infiltration. 2. GI Assessment: take with probiotics. 3. Superinfection: thrush/yeast. 4. Signs for hypersensitivity: BP, tachycardia, respiratory distress.
# 606 Acetaminophen Dextrose 5% Sodium D5NS1KCL20	Electrolyte Supplement	Fluid maintenance & prevention of hypokalemia	65ml/hr Continuous	65ml/hr Yes NA			Hyperkalemia Hyponatremia Hypernatremia Hyperglycemia	1. Fluid overload: edema, distention, hypertension, crackles in lungs 2. IV site assessment: infiltration, red, pain, swelling. 3. Electrolyte shifts: K ⁺ , Na ⁺ , Cl ⁻ , HCO ₃ ⁻ 4. Blood glucose monitoring.
# 602 Lansoprazole (Prevacid)	Proton Pump Inhibitors	Treatment of Symptomatic Gastroesophageal reflux disease	30mg PO 3.45mg/kg PO Dialy Oral Suspension	0.5-1mg/kg/daily Yes NA			Symptoms of reflux Increase risk of infection Nutrient Malabsorption	1. GI Monitoring: N/V/D 2. Assess for med effectiveness: Spitting up or vomiting. 3. Assess weight: growth is increasing. 4. Give med before feeding.
# 602 Simethicone (Mylcon)	Gas Retention	Relief of Pressure, fullness and discomfort of GI gas.	40mg 20mg Dose 0.5ml Oral Q 4 times Suspension	20mg Q 4 times a day Yes NA			Mild diarrhea or constipation (GI effects) Allergic reaction is very rare	1. Evaluate med effectiveness 2. Assess abdominal distention, sounds and GI function. 3. Administer safely and after meals. 4. Seek medical attention for S/S of allergic reaction.