

## IM5 Clinical Worksheet – Pediatric Floor

<p><b>Student Name:</b> Crystal mendoza  <b>Date:</b> 9-23-25</p>	<p><b>Patient Age:</b> <del>30 months</del> 4y10  <b>Patient Weight:</b> <del>10 kg</del> 27.5kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology</b>          (State the pathophysiology in own words)</p> <p><b>CROUP:</b> Inflammation of the larynx, trachea and bronchi due to a viral or recent upper respiratory infection</p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b></p> <p style="text-align: center;">Respiratory Assessment</p>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <p>• Respiratory distress          is most likely to occur and worst possible complication is respiratory failure.</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <p>Interventions:</p> <ul style="list-style-type: none"> <li>- cool air environment</li> <li>- continue to assess respiratory</li> <li>- position patient comfortable for breath.</li> <li>- administer racemic epinephrine if needed</li> </ul>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <p>LOOK for</p> <ul style="list-style-type: none"> <li>- Increase inspiratory sound</li> <li>- LOOK for signs like retractions</li> <li>- O<sub>2</sub> sats decreasing</li> <li>- Lung sounds</li> </ul>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <ul style="list-style-type: none"> <li>- Administer O<sub>2</sub> to help</li> <li>- Continue to monitor O<sub>2</sub> sats</li> <li>- IV fluids</li> <li>- Racemic epinephrine if needed</li> </ul>
<p><b>7. Pain &amp; Discomfort Management:</b>          List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</p> <ol style="list-style-type: none"> <li>1. Encourage rest to help keep them calm and relaxed to focus on breathing</li> <li>2. Having a cool mist humidifier to help breathing and distract patient with the air and colors from humidifier.</li> </ol>	<p><b>8. Patient/Caregiver Teaching:</b></p> <p>continue to observe child's respiratory status.</p> <ol style="list-style-type: none"> <li>1. Respiratory status.</li> <li>2. KEEP environment cool</li> <li>3. hydrate and nutrition              Important to keep patient healthy and help with secretions</li> </ol> <p><b>Any Safety Issues identified:</b></p> <p style="text-align: center;">None at this time</p>

**Pediatric Floor Patient #1**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <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 _____ <b>Edema:</b> <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+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> 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	<b>Social Status:</b> <input checked="" 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 <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>Clear, yellow</u> <b>Stool Appearance:</b> <u>unable to assess</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ <b>Appearance:</b> <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> _____
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> 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 <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>0 Finger</u> <b>Oxygen Saturation:</b> <u>98%</u>	<b>Abdomen:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<b>Color:</b> <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 <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <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: _____ <b>Mucous Membranes:</b> Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
<b>Diet/Formula:</b> <u>general</u> <b>Amount/Schedule:</b> _____ <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> <u>NO pain</u> <b>Type:</b> _____ <b>Pain Score:</b> <u>0</u> 0800 _____ 1200 _____ 1600 _____
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <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 <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ <b>Dressing:</b> _____ <b>Suction:</b> _____ <b>Drainage amount:</b> _____ <b>Drainage color:</b> _____

Student Name: Crystal Mendoza		Patient Age: 4y10
Date: 9-23-25		Patient Weight: 27.5kg 27.5kg
Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
NO labs on file		
Metabolic Panel Labs		
NO labs on file		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
NO labs on file		
Lab TRENDS concerning to Nurse?		
None at this time.		

**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: Initiative vs Guilt**

- Pt. displayed initiative during her meal time when she refused help from parent to eat. She wanted to do it herself.
- Tried to get Pt. to respond and build trust, when she didn't respond back, parents looked at her and seemed like she felt guilt

**Piaget Stage: Preoperational Period**

- patient asked "why" when I did my assessment and played peek-a-boo. Nurse tickled pt. and they asked "why"
- felt mom had more gaterade because it was in a bigger cup

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

1. Cefazidime (Abx) ↳ 190mg 3.8mL/hr	2. Racemic epinephrine 2.25% nebulizer solution 0.5mL q2
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**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						30ml							30ml
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b> $10 \times 100 = 1000$ $10 \times 50 = 500$ $7 \times 20 = 140$ $= 1640$							<b>Actual Pt IV Rate</b> NO IV running  <b>Rationale for Discrepancy (if applicable)</b>						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						200				100			300
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b> $330\text{mL/day}$							<b>Average Urine Output During Your Shift</b> $300\text{mL}$						

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>0 0 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

## 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
No current fluids running	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name:		Unit:	Patient Initials:		Date:	Allergies:	
Crystal Mendoza		Pediatric floor	RH		9/23/2025	NKDA	
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.)
Ceftazidime	Antibiotic	Treatment for UTI	190 mg q8 through syringe	Choose an item. Yes	N/A	Diarrhea, upset stomach, vomiting	1. Assess stools for possible diarrhea 2. Importance of finishing full course of antibiotics. 3. Report sudden change in mood, lethargic, decreased urine, could indicate electrolyte imbalance. 4. If a rash or hive appear, report could indicate allergic reaction.
Racemic Epinephrine	Adrenergic Bronchodilator	Asthma exacerbation	0.5ml q2 HHN	Choose an item. yes	N/A	Increased HR, nausea, vomiting, trouble sleeping	1. Monitor O2 and admin supplemental O2 if needed. 2. keeping room cool to help with breathing 3. monitor mucous membranes for dryness. 4. encourage fluids to avoid dehydration.

## Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
  - a. I got to see a patient with possible seizures, viral infections, suicide ideation and an infected cyst.
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
  - a. I was expecting to see more pre-school aged patients however, I saw a variety of age groups throughout my time in the ED. The youngest I saw was an 8-month-old and oldest was a 16-year-old.
3. Was your overall experience different than what you expected? Please give examples.
  - a. My overall experience was different than I expected because I was thinking it would be very fast paced, there wasn't a lot of patients coming in which was great, but I was thinking I was going to walk in and see so many people doing various tasks.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
  - a. I saw growth and development in triage when we had a 8-month-old, I got to see the process of weighing them and getting with recumbent length. Along with that I got to see the difference in how the nurses approached different ages. In the treatment room I only got to see them treat one patient and the verbal language was consistent with the age of the adolescent.
5. What types of procedures did you observe or assist with?
  - a. I don't remember the name of the procedure, but I got to observe the doctor cut and drain an infected cyst on an adolescent patient with a local anesthetic.
6. What community acquired diseases are trending currently?
  - a. The trending acquired disease that is being seen in the ED is mainly stomach bugs and viral infections.
7. What community mental health trends are being seen in the pediatric population?
  - a. In the pediatric population, the current mental health trend that is being seen is depression and suicidal ideation.
8. How does the staff debrief after a traumatic event? Why is debriefing important?

- a. They all gather around and take a moment of silence and share feelings with one another. It is important to have a moment to debrief to better care for others and give them the same care and attention needed to help them feel better.
9. What is the process for triaging patients in the PED?
- a. The process for triaging patients begins by registering the patient and having the nurse bring them back and gather some history and vital signs, if rooms available they will place them in a room and give a brief history to the nurse that will be caring for them.
10. What role does the Child Life Specialist play in the PED?
- a. I unfortunately did not get to see the child life specialist interact with the patients in the ED but during the procedure of removing the cyst from the adolescent patient, the nurse was distracting him by asking him about his football activities and other activities that he enjoys. It was so cool to see how much more relaxed the patient got once he began talking to the nurse.