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) ____0____
	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 Floor Patient #1

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 3 mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☑ Able to move all extremities
☑ Symmetrically ☐ Asymmetrically
Grips: Right _W_ Left _S_
Pushes: Right _W_ 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 _3r_ L _3r_
Lower R _3r_ L _3r_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _yellow_
Stool Appearance: _Not observed_
☐ 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: _General_
Amount/Schedule: _TPN 75 mL/hr_
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: _____ ☐ INT ☐ None
☑ Central Line
Type/Location: _R arm brachial_
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: _TPN_

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: _pink_
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: _Abd_
Type: _____
Pain Score: _0_
0800 _____ 1200 _0_ 1600 _____

WOUND/INCISION

☐ None
Type: _Trocar_
Location: _LLQ, midline, L anterior hip_
Description: _Surgical incision_
Dressing: _____

TUBES/DRAINS

☑ None
☐ Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: Binjoy Kabua   **Unit:** PD medsurg   **Pt. Initials:** AA   **Date:** 10/29/25

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

Allergies: Lactulose

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
TPN 75 mL/hr	Isotonic/ Hypotonic/ (Hypertonic)	maintain fluid balance. Provide nutrition & meds	Electrolytes. Glucose, Renal functions, triglycerides	Hyperglycemia. electrolyte imbalance. hypertriglyceridemia

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? / 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, Interven (Precautions/Contraindications, Etc.)
acetaminophen Suspension	Analgesic & antipyretic	Relieves mild to moderate pain	15mg/kg (361.5mg) PO, PRN pain	361.5mg. Yes	N/A	Hepatotoxicity (OD or prolonged use) Rare: N/V, rash	1. Assess pain bf and after 2. Check liver function /hx of liver disease 3. Educate caregiver on proper dosing 4. monitor S/s of overdose /adverse reactions
Pantoprazole	Proton Pump Inhibitor (PPI)	Reduces stomach acid production	1mg/kg IV, Qday	Yes	10 mL of 0.9% NaCl administered over 2 mins	HA, diarrhea, nausea, abd pain	1. Check for allergy /Assess liver function 2. Observe for hypotension or dizziness 3. Ensure line compatibility 4. Teach reporting of SE
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Binjay Kabua **Date:** 10/29/2025	**Patient Age:** 12 yo **Patient Weight:** 24.1 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Pt adm with hyponatremia secondary to nausea and vomiting. When you vomit, you lose stomach fluids that contain sodium, chloride and water. This direct loss of sodium lowers the body's sodium level	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Neuro, Cardiovascular, Musculoskeletal, GI and GU
3. Identify the most likely and worst possible complications. Most likely: dehydration/hypovolemia, electrolyte imbalance worsening, and GI irritation Worse Possible: hyponatremia encephalopathy, cerebral edema, and seizure	**4. What interventions can prevent the listed complications from developing?** Strict I/O monitoring, daily weights, administer antiemetics, oral rehydration solutions, IV fluid therapy, assess neuro status frequently
5.What clinical data/assessments are needed to identify these complications early? Vitals signs (BP, HR, RR), I/O, daily weights, urine specific gravity, skin turgor and mucous membranes, muscle strength and tone, LOC, laboratory data (BUN, creatinine, Na, serum osmolality)	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Stay with patient, monitor neuro status continuously, prepare to administer fluids, seizure precautions, reduce stimuli, monitor vital signs frequently,
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Distracting stimulation: electronic activities 2. Sensory comfort items such as weighted blanket or fidget toy	**8. Patient/Caregiver Teaching:** 1. **How to recognize signs of pain in autism – irritability, withdrawal, self-stimulatory actions or avoiding touch** 2. **Use of visual pain tools or communication aids (faces chart, PECS board, tablet app)** 3. **Comfort and calming strategies to use at home to reduce anxiety and help manage pain naturally** **Any Safety Issues identified: Risk for injury from sensory overload or agitation**

Student Name: Binjay Kabua Date: 10/29/2025	Patient Age: 12 yo Patient Weight: 24.1 kg	

Abnormal Relevant Lab Tests	Current	Clinical Significance	
Complete Blood Count (CBC) Labs			
WBC	16.54	Elevated – indicates infection	
RBC	3.25	Low – less oxygen delivery to tissues	
platelet	438	Slightly elevated – affects clotting	
Metabolic Panel Labs			
ALT (SGPT)	94	Elevated – indicates liver cell injury	
AST (SGOT)	64	Elevated – indicates liver or muscle cell injury	
Na	0.4	Slightly low – not too concerning	
Misc. Labs			
Absolute Neutrophil Count (ANC) (if applicable)	14.10	Elevated – infection, or inflammation	
Absolute lymphocytes	1.17	Low – indicated mild stress on immune system or early infection stage	
Absolute immature granulocytes	0.21	Elevated - infection	
Lab TRENDS concerning to Nurse?			
H&H, WBC, ANC, platelet, AST, ALT, triglycerides, UA (ketones)			

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. **Seeking accomplishments: refuse to walk if unsure or is anxious about unfamiliar task**

2. **Preference for tasks he can succeed in: rather play video games on his phone than trying to walk because success is predictable.**

Piaget Stage: Concrete operational

1. **Logical thinking about concrete tasks: can understand step-by-step instructions**

2. **Difficulty with abstract thinking: "walking is good for recovery" may not be motivating unless tied to something concrete and immediate**

Student Name: Binjay Kabua Date: 10/29/2025	Patient Age: 12 yo Patient Weight: 24.1 kg
Please list any medications you administered or procedures you performed during your shift: Did not administer any medications or perform any procedures (only help ambulate pt)	

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													
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						75	75	75	75	75	75		450
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)	Actual Pt IV Rate 75mL/hr
10x100=1000. 1000+500+82 = 1582/24hrs=65.9mL/hr. 10x50=500 4.1x20=82	**Rationale for Discrepancy (if applicable)** Not enough PO intake to sustain fluid status

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						X1	X1		X1				
Stool						X1	X1						
Emesis													
Other													

Calculate Minimum Acceptable Urine Output 0.5x24.1=12.05mL/hr.	**Average Urine Output During Your Shift** Not observed – did not weigh, mom @bedside and did care. Output report per mom

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED? Ankle fx, suicidal ideation, cyst, cold, seizure, and pinkie fx

2. The majority of the patients who came into the PED were from which age group? Was this what you expected? School age and adolescents, yes

3. Was your overall experience different than what you expected? Please give examples. Yes, I came into it expecting more action but overall was a good learning experience. I got to assist in a reduction and got to see a cast being put on, which was interesting and way different than how I thought it's normally put on.

4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? **School-age (6–12 yrs):** Likes to help, understands step-by-step instructions, responds to honest explanations and distraction. **Adolescent (13–18 yrs):** Seeks independence, understands consequences, needs privacy, responds to respectful communication and involvement in decisions.

5. What types of procedures did you observe or assist with? Closed reduction – assisted by helping hold leg while surgeon put on cast

6. What community acquired diseases are trending currently? Rhino, strep, and "stomach bug"
7. What community mental health trends are being seen in the pediatric population? Anxiety, depression, SI

8. How does the staff debrief after a traumatic event? Why is debriefing important? Staff debrief after a traumatic event by reviewing what happened, discussing emotional reactions, and identifying lessons learned. This process is important to provide emotional support, reduce stress, and improve team communication and patient care.

9. What is the process for triaging patients in the PED? Utilize ESI (Emergency Severity Index) program which is a five-level triage system used in emergency departments to quickly identify how urgent a patient's condition is and how many resources they may need. Patients are assessed for life-threatening issues first, then assigned a level from 1 (most urgent) to 5 (least urgent), which helps ensure the sickest patients are treated first and improves overall ED efficiency.

10. What role does the Child Life Specialist play in the PED? Help comfort and prepare child for procedures.