

## IM5 Clinical Worksheet – Pediatric Floor

<b>Student Name:</b> Edward Rodriguez <b>Date:</b> 10/30/2025		<b>Patient Age:</b> 4 y/o <b>Patient Weight:</b> 18.9 kg			
<b>1. Admitting Diagnosis and Pathophysiology</b> (State the pathophysiology in own words) Appendicitis is when the appendix gets blocked and infected. It cause pain near the belly button that moves to the lower right belly. It can also cause fever, nausea, and loss of a appetite.		<b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b> Abdominal assessment - Pain, tenderness, rebound, rigidity Vital signs - Fever, HR, BP GI assessment - Nausea/vomiting Appetite changes, Bowel habits			
<b>3. Identify the most likely and worst possible complications.</b> Most likely - Perforation, abscess, Infection Sepsis Worst possible - Generalized Peritonitis, Septic shock, Intestinal obstruction		<b>4. What interventions can prevent the listed complications from developing?</b> Early assessment and vitals - prevent rupture, peritonitis Remove appendix - prevent perforation, abscess Antibiotics - prevent abscess, sepsis Monitor labs - prevent sepsis, electrolyte imbalance NPO IVF - prevent surgical complications			
<b>5. What clinical data/assessments are needed to identify these complications early?</b> Vital signs - HR, BP, RR - Infection, Shock, sepsis Abdomen - Pain, tenderness, distention - perforation, peritonitis GI system - Nausea, bowel sounds - ileus, obstruction Labs - WBC, PCR, cultures - Abscess, sepsis Systemic - LOC, urine output - shock, sepsis		<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> Peritonitis - NPO, IV fluids, antibiotics, semi-fowlers, prep for surgery Abscess - Antibiotics, drainage prep, sterile care Sepsis/shock - O2, fluids, antibiotics, monitor output, notify provider			
<b>7. Pain &amp; Discomfort Management:</b> List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.  1. Toys, stories (Distraction)  2. Parental presence (comforting), Holding hand, gentle touch, calm voice		<b>8. Patient/Caregiver Teaching:</b>  1. Keep incision clean and dry, observe for redness, swelling, drainage, foul odor 2. Hand hygiene before touching incision 3. Gentle activity as tolerated, avoid rough play or heavy lifting. Rest is important to promote healing  Watch for fever, worsening abdominal pain, vomiting, lethargy. Notify provider if any of these occur <b>Any Safety Issues identified:</b> Risk of infection - proper wound care and hygiene Risk of falls or injury - may be weak or dizzy post-surgery Risk of complications from delayed recognition - warning signs for peritonitis or sepsis			
<b>Abnormal Relevant Lab Tests</b>		<b>Current</b>		<b>Clinical Significance</b>	

No documented Labs

<b>Student Name:</b>	<b>Patient Age:</b>
<b>Date:</b>	<b>Patient Weight:</b> kg

Complete Blood Count (CBC) Labs		

Metabolic Panel Labs		

Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?

**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

- Sought comfort from mother during assessment and stress
- Refusing to wiggle toes while smiling / assertion of independence and testing boundaries

**Piaget Stage:**

- Patient had a stuffed kitten that she whispered to during assessment - animism
- Complied with assessment but cried during drain flush → egocentric thinking, reacts to present experience

**Please list any medications you administered or procedures you performed during your shift:**  
Famotidine IV  
JP Drain 5 mL Saline flush

Edward Rodriguez

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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 checked="" 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 type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Reactive to Light <input 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>Yellow</u> <b>Stool Appearance:</b> <u>Brown, Solid</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>Left Anterior</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>Peripheral IV / left anterior</u> <b>Appearance:</b> <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>Dextrose 5% and sodium chloride 0.9% with KCl 10mEq/L</u>
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 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>Left Index Finger</u> <b>Oxygen Saturation:</b> <u>97%</u>	<b>Abdomen:</b> <input checked="" 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 checked="" 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 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	PAIN
	<b>Diet/Formula:</b> <u>Clear liquids</u> <b>Amount/Schedule:</b> <u>90ml Q2</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> 0800 <u>0</u> 1200 _____ 1600 _____
	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 <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: _____	<input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____
	MOBILITY	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 type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>left lower quadrant</u> Type: <u>collapsible closed device / JP drain</u> <b>Dressing:</b> <u>Clean, Dry, Intact</u> <b>Suction:</b> _____ <b>Drainage amount:</b> <u>No drainage noted</u> <b>Drainage color:</b> <u>sero sanguineous</u>

1/24/2015  
1/24/2015

Oral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
Intake/Tube Feed													
Intake - PO Meds													
<b>IV INTAKE</b>													
IV Fluid	58	58	58	58									232
IV Meds/Flush				5ml									9.72
				4.72									
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$10 \times 100 = 1000$ <del>124</del> $8.9 \times 50 = 445$ $1445 \text{ mL} / 24 \text{ hr} = 60.2 \text{ mL/hr}$							$58 \text{ mL/hr}$ <b>Rationale for Discrepancy (if applicable)</b>						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						

NO  
ant part  
documented

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
<b>CHEWS Total Score</b>	
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

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Student Name: Edward Rodriguez

Unit: PF

Pt. Initials: \_\_\_\_\_

Date: 10-30-23

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

Allergies: AKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS with KCL 20meq/L 58ml/hr	Isotonic/Hypotonic/Hypertonic	Help meet nutrition and hydration needs	Blood Glucose, NA, K, BUN, Creat, H <sub>2</sub> O, Serum Osmolality	Hypoglycemia, electrolyte imbalance, hypernatremia, severe renal failure, electrolyte imbalance, hyponatremia

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?	if not, why?			
Acetaminophen	Analgesic Antipyretic	Reduce fever Relieve mild to moderate pain	285mg IV Q6HS	189 - 284 µg/ml NO but just slightly above Significant pain or fever provides slightly in range	Volume - 28.5 ml Rate of administration - 114 ml/hr (over 15 minutes)	N/V, Rash, Liver Damage, Allergic reaction	1. Monitor temperature before and after administration 2. Ensure Adequate hydration to support liver function 3. Be sure to report signs of N/V, jaundice, dark urine - could be signs of liver toxicity 4. Administer on schedule for optimal pain/fever control	
Famotidine	H2 receptor antagonist	Reduce stomach acid Promote healing of acid-related GI conditions	9.45mg IV 2x daily	9.45 - 18.9 µg/ml NO slightly below start at lower dose to minimize side effects	Volume - 4.72 ml	Headache, Dizziness, Constipation, diarrhea, N/V	1. Assess for heart burn, pain, vomiting, bleeding to evaluate effectiveness 2. Ensure hydration and nutrition to support GI healing 3. Report any rash, swelling, trouble breathing immediately - allergic reaction 4. Avoid giving other acid-reducing or mediating at the same time	
Piperacillin-Tazobactam	Extended-spectrum penicillin + beta-lactamase inhibitor	Treat serious bacterial infections Broad spectrum antibiotic	1888mg IV Q8HS	152 - 180 µg/ml Yes	Diluted with NS Volume - 23.6 ml Administer over 30 min	Diarrhea, N/V, Fever, Headache, Allergic reaction, C. Diff infection	1. Monitor fever, WBCs, cultures, and symptoms to assess effectiveness 2. Be sure to report any rash, difficulty breathing, persistent diarrhea - could be allergic reaction or infection 3. Be sure to complete full course of treatment even if symptoms improve to fully eliminate infection 4. Observe BUN, Creatinine, urine output	
							1. 2. 3. 4.	
							1. 2. 3. 4.	