IM5 Clinical Worksheet – Pediatric Floor

Student Name: Brandon Barreras **Date:** 10/28/25	**Patient Age:** 10 y/o **Patient Weight:** 32.2kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Acute Apendicitis: The appendix gets blocked typically from dialation, causing severe pain in the RLQ which can lead to the appendix rupturing	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Abdominal Assessment
3. Identify the most likely and worst possible complications. Worst: Ruptured Apendix/Sepsis	**4. What interventions can prevent the listed complications from developing?** Surgery: Removal of appendix before rupture
5.What clinical data/assessments are needed to identify these complications early? Vital Signs - shows pain/infection s/s Ultrasound of abdomin	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Call physician Ensure pt has minimal pain (meds)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Guided imagry to distract from pain 2. Video games - Nintendo switch	**8. Patient/Caregiver Teaching:** 1. Do not put pressure on RLQ to avoid rupturing appendix 2. Post surgery, keep incision clean to prevent infection 3. You want to take medication scheduled to ensure pain stays @ a minimum **Any Safety Issues identified:** No issues identified. pt went to surgery

Student Name: BRANDON BARRERAS Date: 10/28/25	Patient Age: 10 y/o Patient Weight: 32.2 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?		
NO LABS TAKEN @ HOSPITAL, PT WAS TRANSFER		

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 V. INFERIORITY

1. PT DEMONSTRATED SELF-CONFIDENCE WHILE TRANSLATING TO MOTHER

2. PT DEMONSTRATED DESIRE FOR ACHIEVEMENT BY GOING TO RESTROOM ON OWN

Piaget Stage: CONCRETE COGNITIVE

1. PT DEMONSTRATED NON-EGOCENTRIC ATTITUDE TOWARD MOTHER BY ASKING IF SHE WAS OKAY OR NEEDING THINGS.

2. PT UNDERSTOOD CAUSE & EFFECT WHEN REFERING TOWARDS @ SURGERY.

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

NO MEDICATIONS ADMINISTERED

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						70mL	70mL	70mL					210
IV Meds/Flush									10mL				10
													220

Calculate Maintenance Fluid Requirement (Show Work)

32.2Kg
100 x 10 = 1000
50 x 10 = 500
20 x 12.2 = 244

1744 mL/DAY

Actual Pt IV Rate 70mL/HR

Rationale for Discrepancy (if applicable)

SURGERY

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper									125mL				125mL
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5 x 32.2 = 16.1/HR

386.4 mL/DAY

Average Urine Output During Your Shift

125mL/HR

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 _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☒ Closed
Extremities:
☒ Able to move all extremities ☒ Symmetrically ☐ Asymmetrically
Grips: Right _____ Left _____
Pushes: Right _____ Left _____
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_____ L_____
Lower R_____ L_____
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _____
Stool Appearance: _____
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☐ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☐ Present X ____ 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: NPO
Amount/Schedule: _____
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: (L) AC 24g
Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: _____

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: _____
☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☒ Numeric ☐ FLACC ☐ Faces
Location: RLQ - APPENDIX
Type: STABBING
Pain Score:
0800 ____ 1200 2 1600 ____

WOUND/INCISION

☐ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

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

BOTH PTS WENT TO SURGERY, COULD NOT PERFORM ASSESSMENT.
↑ FULL