IM5 Clinical Worksheet – PICU

Student Name: BRANDON BARRERAS **Date:** 10/29/25	**Patient Age:** 6 Y/O **Patient Weight:** 26.1 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) DYSPNEA : RHINOVIRUS /ENTEROVIRUS ; PT IS HAVING DIFFICULTY BREATHING B/C THE LUNGS/BODY IS NOT GETTING PROPER OXYGEN DURING INHALATION	**2. Priority Focused Assessment R/T Diagnosis:** RESPIRATORY
3. Identify the most likely and worst possible complications. RESPIRATORY DISTRESS PNEUMONIA	**4. What interventions can prevent the listed complications from developing?** · SUPPLIMENTAL OXYGEN · IS BREATHING TECHNIQUES (INCENTIVE SPIROMETER) · COUGHING OUT MUCOUS
5. What clinical data/assessments are needed to identify these complications early? · RESPIRATORY RATE · O2 · ACCURATE I&O	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** · HIGH FLOW OXYGEN · SUCTION @ BEDSIDE · POTENTIAL CRASH CART FROM RESPIRATORY DISTRESS
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. STUFFED ANIMAL DEMONSTRATION ON IV INSERTION /OXYGEN USAGE 2. GUIDED IMAGERY DURING MEDICATION ADMINISTRATION	**8. Patient/Caregiver Teaching:** 1. COUGH OUT SECRETIONS 2. KEEP OXYGEN ON & TAKE DEEP BREATHS 3. GET OUT OF BED & WALK TO ENCOURAGE THE REMOVAL OF SECRETIONS **Any Safety Issues Identified:** NO SAFETY ISSUES IDENTIFIED. PT HAD PROPER OXYGEN USAGE /ELEVATED BED
Please list any medications you administered or procedures you performed during your shift: NO MEDICATIONS GIVEN. ONLY PERFORMED A PHYSICAL ASSESSMENT.	

PICU

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 S Left S
Pushes: Right S 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: 10 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: 94%

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 3 L 3
Lower R 3 L 3
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: YELLOW
Stool Appearance: DID NOT SEE
☐ 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: _____
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: ② AC ☒ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☒ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: N/A

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: _____
Type: _____
Pain Score:
0800 _____ 1200 _____ 1600 _____

WOUND/INCISION

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

TUBES/DRAINS

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

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						160mL							
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)	Combined Total Intake for Pt (mL/hr)
26.1KG 1622 mL/day 100 x 10 = 1000 50 x 10 = 500 20 x 6.1 = 122	160mL

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
313.20 mL/day	0mL DID NOT URINATE DURING SHIFT

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) 2
	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