Kaithyn Foster
Patient A.H

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished X Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age: X Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive
Oriented to: X Person X Place X Time/Event X Appropriate for Age
Pupil Response: X Equal ☐ Unequal X Reactive to Light ☐ Size 3mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
X Able to move all extremities
X Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pushes: Right S Left S
S=Strong W=Weak N=None
EVD Drain: ☐ Yes X No Level N/A
Seizure Precautions: ☐ Yes X No

RESPIRATORY

Respirations: X Regular ☐ Irregular ☐ Retractions (type) N/A ☐ Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X **Room Air** ☐ **Oxygen**
Oxygen Delivery:
☐ Nasal Cannula: N/A L/min
☐ BiPap/CPAP: N/A
☐ Vent: ETT size N/A @ N/A cm
☐ Other: N/A
Trach: ☐ Yes X No
Size N/A Type N/A
Obturator at Bedside ☐ Yes X No
Cough: ☐ Yes X No ☐ Productive ☐ Nonproductive
Secretions: Color N/A
Consistency N/A
Suction: ☐ Yes X No Type N/A
Pulse Ox Site fingers
Oxygen Saturation: ↓ 99%

CARDIOVASCULAR

Pulse: X Regular ☐ Irregular X Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other N/A
Edema: ☐ Yes X No Location N/A ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 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: clear i yellow
Stool Appearance: brown i shake-like
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: X Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: X Yes ☐ No
Vomiting: ☐ Yes X No
Passing Flatus: ☐ Yes X No
Tube: ☐ Yes X No Type N/A
Location N/A Inserted to N/A cm
☐ Suction Type: N/A

NUTRITIONAL

Diet/Formula: clear liquid
Amount/Schedule: N/A
Chewing/Swallowing difficulties:
☐ Yes X No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: X None
Type: N/A

MOBILITY

X Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist N/A
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed ☐ Quiet X Friendly X Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family: X Present ☐ Absent

IV ACCESS

Site: Right AC X INT ☐ None ☐ Central Line
Type/Location: 20 gauge
Appearance: X No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: D5 NS + 20 mEq KCl

SKIN

Color: X Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale X Natural for Pt
Condition: X Warm ☐ Cool ☐ Dry ☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: X Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: N/A
Mucous Membranes: Color: N/A
X Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: X Numeric ☐ FLACC ☐ Faces
Location: abdomen (RUQ)
Type: mild discomfort
Pain Score:
0800 N/A 1200 N/A 1600 3/10

WOUND/INCISION

X None
Type: N/A
Location: N/A
Description: N/A
Dressing: N/A

TUBES/DRAINS

X None
☐ **Drain/Tube**
Site: N/A
Type: N/A
Dressing: N/A
Suction: N/A
Drainage amount: N/A
Drainage color: N/A

Patient A.H.

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Kaitlyn Foster **Date:** 10/28/2025	**Patient Age:** 14 years **Patient Weight:** 62.8 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Cholelithiasis - hard deposits that form in the gallbladder (gallstones)	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** abdominal focused assessment
3. Identify the most likely and worst possible complications. most likely: abdominal pain, cholecystitis worst possible: gallbladder rupture, sepsis	**4. What interventions can prevent the listed complications from developing?** • maintain NPO status to rest gallbladder • administer antibiotics & pain meds as prescribed • monitor for signs of infection
5. What clinical data/assessments are needed to identify these complications early? • monitor vital signs for changes (↑HR, fever) • assess abdomen for tenderness, guarding, distention	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** • administer pain meds, provide comfort measures • administer antibiotics, monitor for sepsis
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Relaxation techniques - deep breathing and guided imagery 2. Distraction - video games & movies	**8. Patient/Caregiver Teaching:** 1. Explain cause of cholelithiasis and the treatment plan 2. educate on dietary modifications 3. potential side effects of meds **Any Safety Issues identified:** Pain management, risk for dehydration with NPO status, risk for infection post-procedure

Patient A.H.

Student Name: Kathryn Foster **Date:** 10/28/2025	**Patient Age:** 14 years **Patient Weight:** 62.8 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
no abnormal CBC lab values!		
Metabolic Panel Labs		
Chloride	109 ↑	can be indicative of dehydration or kidney problems
ALT	90 ↑	elevated level indicates liver damage or inflammation
AST	36 ↑	elevated level indicates liver damage or inflammation
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
not applicable		
Lab TRENDS concerning to Nurse?		
no lab values were 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: Identity vs. Role Confusion

1. patient wanting to wear her personal clothes - superhero/comic PJ pants
2. spending a lot of time on her phone - staying connected to friends

Piaget Stage: Formal Operational

1. forming a plan for managing medications at home
2. asked questions regarding discharge plans

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

no medication or procedures were performed or administered during my shift to this patient

Kaitlyn Foster
Patient A.H.

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						0	120	0	120	0	0		240 mL
Intake – PO Meds						0	0	0	0	0	0		0 mL

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						100	100	100	100	0	0		400 mL
IV Meds/Flush						100	0	0	0	0	0		100 mL

Calculate Maintenance Fluid Requirement (Show Work)

10 x 100 = 1000
10 x 50 = 500 + + = 2356/24 = 98 mL/hr
42.8 x 20 = 856

Actual Pt IV Rate

100 mL/hr

Rationale for Discrepancy (if applicable)

not applicable

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						0	0	0	0	0	0		0 mL
Stool						0	0	0	0	0	0		0 mL
Emesis						0	0	0	0	0	0		0 mL
Other						0	0	0	0	0	0		0 mL

Calculate Minimum Acceptable Urine Output

62.8 kg x 0.5 mL = 31.4 mL/hr

Average Urine Output During Your Shift

0 mL/hr (no output 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) 1
	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

Student Name: Kaitlyn Foster **Unit:** PED floor 3 **Pt. Initials:** A.H. **Date:** 10/28/25

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

Allergies: No known drug allergies

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS + KCl 20 100mL/hr	(Isotonic) Hypotonic/ Hypertonic	Standard fluid for peds	potassium & electrolytes	high potassium, renal impairment

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, Interventions (Precautions/Contraindications, Etc.)
acetaminophen (ofirmev)	non-opioid analgesic	pain treatment	1,000 mg IVPB Q6 PRN	yes	10 mg/mL 400 mL/hour (15min)	constipation, sweating, apetite loss	1. BBW: hepatotoxic; report liver problems 2. BBW: do not exceed prescribed dose, can damage liver. 3. liver. 4. can interact w/ blood thinners, report other meds
ondansetron (zofran)	5-HT$_3$ receptor agonist	nausea treatment	8mg IVP PRN Q6	yes	undiluted 2mg/mL (4mL) 2-5 minutes	headache, fatigue, dizziness	1. can affect your heart, report irregular HR 2. We will keep HOB elevated until nausea subsides 3. may cause headache, please report pain 4. will check abdominal distention before & after
piperacillin-tazobactam (zosyn)	antibiotic	infection prevention	3.375mg IVPB Q6	yes	3.375g/100mL 200mL/hr (30 minutes)	diarrhea, insomnia, nausea	1. nephrotoxic, report kidney problems 2. bone marrow supression, report frequent infections 3. impaired hemostasis, report uncontrolled bleed 4. contraindicated for steven-johnson syndrome
							1. 2. 3. 4.
							1. 2. 3. 4.

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Adopted: August 2016

Student Name: Kaitlyn Foster **Unit:** PED floor 3 **Pt. Initials:** L.A. **Date:** 10/28/25

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

Allergies: No known drug allergies

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS+KCl 20 36mL/hr	(Isotonic) Hypotonic/ Hypertonic	Standard fluid for Peds	Potassium & electrolytes	high potassium, renal impairment

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acetaminophen (ofirmev)	non-opiod analgesic	pain control	IV syringe 135mg Q6	yes	10 mg/mL 54mL/hr	constipation, sweating, apetite loss	1. BBW: hepatotoxic; report liver problems 2. BBW: do not exceed prescribed dose, can 3. damage liver 4. can interact w/ blood thinners, report other med
piperacillin-tazobactam (zosyn)	antibiotic	infection prevention	832mg IVPB Q8	yes	40 mg/mL 20.8mL/hr	diarrhea, insomnia, nausea	1. nephrotoxic, report kidney problems 2. bone marrow supression, report frequent infection 3. impaired hemostasis, report uncontrolled bleeds 4. contraindicated for steven-johnson syndrome
							1. 2. 3. 4.
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