

Luke 1:37
For nothing will be impossible with God.

Student Name: Yam Talamantes Unit: PE1 Pt. Initials: YH Date: 10-26-25

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

Allergies: No known allergies

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---------------------------------|-------------------|-------------------------------------|---------------------------------|
| D5 NS + KCl 20 | Isotonic/ Hypotonic/ Hypertonic | | - Potassium | |

| 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? | | | |
| Piperacillin Tazobactam (Zosyn) | Penicillin | Bacterial Infection | 3.976g IV Q 6 | Yes | NaCl 0.9% 200 ml/hr over 30 min | - Rash - Diarrhea - Kidney - Toxicity | 1. Incompatible w/ Lactated Ringers 2. Monitor renal & hepatic function 3. Watch for signs of superinfection 4. Take bill count every 4 hours |
| Acetaminophen (Oprmcv) | Analgesic | Mild Pain Fever | 1,000mg IV Q 6 PRN | Yes | 400 ml/hr over 15 min. | - Hepatotoxicity - N/V | 1. Assess pain/fever before administer 2. Monitor LFTs 3. Avoid alcohol 4. Check daily dose (don't exceed 4,000mg) |
| Dextrose 5% & NaCl 0.9% + KCl 20 | Minerals & Electrolytes | Fluid & Electrolyte Replacement | 100 ml/hr IV Continuous | Yes | | - Fluid overload - Water Toxicity | 1. Do NOT administer undiluted or in IV push - may cause fatal cardiac arrest 2. Monitor for infiltration 3. Monitor for phlebitis 4. Assess for edema, crackles S&S |
| Ondansetron (Zofran) | Antiemetics | Nausea & Vomiting | 8mg IV Q 6 PRN | Yes | | - Headache - Constipation - Diarrhea | 1. Assess N/V, bowel sounds 2. Slow IVB to ↓ risk of bradycardia 3. Report irregular heartbeat, dizziness 4. Assess hydration status |
| | | | | | | | 1. 2. 3. 4. |

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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 | | | 4,500 | | | | | | | | | | 4,500 | | | | | |
| Intake - PO Meds | | | | | | | | | | | | | | | | | | |
| IV INTAKE | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total | | | | | |
| IV Fluid | 100 | 100 | 100 | | | | | | | | | | 300 | | | | | |
| IV Meds/Flush | | | | | | | | | | | | | | | | | | |
| Calculate Maintenance Fluid Requirement (Show Work) $62.8 \times 70 = 4,396$ $10 \times 100 = 1,000$ $10 \times 50 = 500$ $42.8 \times 20 = 856$ $2,356 \div 24 = 98.2 \text{ ml/hr}$ | | | | | | | | | | | | | | Actual Pt IV Rate 100 ml/hr Rationale for Discrepancy (if applicable) | | | | |
| OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total | | | | | |
| Urine/Diaper | | | | | | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | |
| Calculate Minimum Acceptable Urine Output $72 = 62.8 \times 0.5 = 31.4 \text{ ml/hr}$ | | | | | | | | | | | | | | Average Urine Output During Your Shift $\text{urine output was not measured}$ | | | | |

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) <u>0</u> |
| | 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: Allyzaya Talamantes
Date: 10-28-23

Patient Age: 14
Patient Weight: 62.8 kg

| Abnormal Relevant Lab Tests | Current | Clinical Significance |
|---|-------------|---|
| Complete Blood Count (CBC) Labs | | |
| CBC Labs checked and are normal | | Helps assess overall health and detect infections, inflammation, or anemia |
| Metabolic Panel Labs | | |
| CNC Labs checked and are normal | | Indicates electrolyte and acid-base balance to determine if infection or inflammation is bacterial or viral |
| Misc. Labs | | |
| Absolute Neutrophil Count (ANC) (if applicable) | <u>3.09</u> | evaluates body's ability to fight infection |

Lab TRENDS concerning to Nurse?

- There are no lab trends concerning to the 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. showed interest in developing her own style, opinion and friendships
2. Talked about future goals and career interest, showed a sense of personal identity

Piaget Stage: Formal Operational Stage

1. could think abstractly
2. Used logical reasoning to solve problems and make decisions independently.

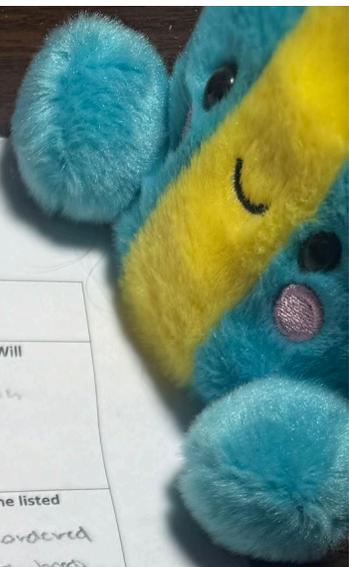
Please list any medications you administered or procedures you performed during your shift:

- Acetaminophen (Ofirmen) IV syringe (10 mg/ml) 50 mg
- Famotidine (Pepcid) 40 mg/5ml
- assisted with Lab draws and UA

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IM5 Clinical Worksheet – Pediatric Floor

| | |
|--|---|
| Student Name: hiii Talamantes Date: 10-28-25 | Patient Age: 14 Patient Weight: 62.8 kg |
| 1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Cholelithiasis - gallstones form in the gallbladder when bile has too much cholesterol or bilirubin. These stones can block bile flow causing pain & nausea. | 2. Priority Focused Assessment You Will Perform Related to the Diagnosis: - R/O abdominal pain - L.I. / lab/diagnostic |
| 3. Identify the most likely and worst possible complications. Likeli: Cholecystitis Worst: Peritonitis or Pancreatitis | 4. What interventions can prevent the listed complications from developing? - Keep patient NPO as ordered - Give IV fluids and med as prescribed - Monitor pain & vital signs - Encourage low fat diet (which eating veggie) |
| 5. What clinical data/assessments are needed to identify these complications early? - Vitals (Temp, HR, BP) - Worsening pain or tenderness - Monitor Lab results (WBC, Liver enzymes) | 6. What nursing interventions will the nurse implement if the anticipated complication develops? - Notify provider immediately - Maintain NPO, start IV fluids, give abx as ordered |
| 7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Position for comfort (Schiw-Fowler's) 2. Deep breathing or relaxation exercises | 8. Patient/Caregiver Teaching: 1. Low Fat Diet 2. Take meds as prescribed 3. Report Fever or severe pain Any Safety Issues identified: - Risk for infection - Risk for falls |



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Pediatric Floor Patient #1

| GENERAL APPEARANCE | CARDIOVASCULAR | PSYCHOSOCIAL |
|--|--|---|
| Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed | Pulse: <input 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 _____ Edema: <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+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>+</u> L <u>+</u> Lower R <u>+</u> L <u>+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None | Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input 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 type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent |
| NEUROLOGICAL | ELIMINATION | IV ACCESS |
| LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>2 mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input 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 EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Urine Appearance: <u>yellow, cloudy, odor</u> Stool Appearance: <u>brown, smooth</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy | Site: <u>Right VAC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>Peripheral</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DSW, IVAC</u> |
| RESPIRATORY | GASTROINTESTINAL | SKIN |
| Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input 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 Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site _____ Oxygen Saturation: _____ | Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input checked="" type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>HUG</u> Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____ | Color: <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 Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <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: _____ Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration |
| NUTRITIONAL | MUSCULOSKELETAL | PAIN |
| Diet/Formula: <u>NPO → MHI</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____ | Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____ |
| WOUND/INCISION | TUBES/DRAINS | |
| <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____ | <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____ | |



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Student Name: Mimi Talahahtes Unit: _____ Pt. Initials: SA Date: 10-16-15

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

Allergies: No known Allergies

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---------------------------------|-------------------|-------------------------------------|---------------------------------|
| None | Isotonic/ Hypotonic/ Hypertonic | | | |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Therapeutic Range? | IVP – List diluent solution, volume, and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|--------------------------------|------------------------------|------------------------------|---|---|---|--|--|
| | | | | Is med in therapeutic range? If not, why? | | | |
| Bevacizumab (Avastin) | Ophthalmic Anti-body | Monoclonal Antibody | 0.25mg intraocular once a month | Yes | | -WDR -Redness -Swelling | 1. Monitor IOP before & during 2. Assess UA for protein 3. Delay if pt has recent surgery 4. Watch for bleeding signs at administration sites |
| Chlorothiazide (Diuril) | Diuretics | Hypertension | 2mg/kg/day x 1.2mg oral Q12 | Yes | | -Hypokalemia -Hypotension -Diarrhea | 1. Monitor electrolytes (Na, K, C) 2. Check dietary limit 3. Get I/Os 4. Monitor BP |
| Medium Chain Triglyceride | Nutrients | Nutritional Supplement | 1ml oral Q6 | Yes | | -GI upset -Excessive weight gain | 1. Assess GI tolerance 2. Assess stools 3. Monitor weight gain 4. Mix properly at 1:1:1 |
| Pediatric multivitamin w/ iron | Multi-Vitamin | Vitamin & mineral supplement | 0.5ml oral Q12 | Yes | | -Constipation -Dark stools -GI upset (N/V) | 1. 2. Nothing Found 3. 4. |
| NaCl | Minerals & Electrolytes | Electrolyte Replacement | 1mEq/kg x 1.32kg oral | Yes | | -Fluid overload -Hypotension -Phlebitis | 1. Monitor I/O & weight 2. Assess for cracks 3. Assess for irritability 4. Assess for edema |

Q12

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Student Name: Alli Talamante

NICU Disease Process

| | | |
|-----------------|---|--|
| D.O.B. | <u>7-24-25</u> | APGAR at |
| | birth <u>6</u> | |
| Gestational Age | <u>24 weeks</u> | Adjusted Gestational Age <u>37⁶</u> |
| Birthweight | <u>1</u> lbs. <u>5.5</u> oz. / <u>150</u> grams | <u>610</u> grams |

Disease Name: NECK

What is happening in the body?

Inflammation and death of intestinal tissue due to poor blood flow and immature gut. Bacteria invade the damaged intestine → gas, infection, and possible perforation.



What am I going to see during my assessment?

- Abdominal Distention, Tenderness
- Bloody stools
- Feeding Intolerance, Vomiting
- Lethargy, Instable Temperature



What tests and labs would I expect to see? What are those results?

Electrolytes since taking NaCl

Sodium - 140

Chloride - 109

Calcium - 10.1

Magnesium - 1.4

What medications and nursing interventions or treatments will you anticipate?

- antibiotics, IV fluids, TPN, Acetaminophen
- NG/OG tube → decompress stomach
- NPO

Please write up any medications given or any medications that your patient is on using a separate medication sheet.



How will you know that your patient is improving?

- decreased distension and stable abdomen
- Tolerate feedings again
- Normal vital signs
- No blood in stool or infection signs



What are the primary risk factors for this diagnosis?

- Prematurity, Low Birth Weight
- Formula Feeding
- Hypoxia, rapid feed advancement



What are the long-term complications?

- Short Bowel Syndrome
- Growth and feeding problems
- Intestinal Structure
- Developmental Delays