Macy Nanz

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED? a lot of psych pts that were attempting to harm themselves

2. The majority of the patients who came into the PED were from which age group? Was this what you expected? 11-17yo, no i expected to see younger children

3. Was your overall experience different than what you expected? Please give examples. it was slower than expected, there were no crazy traumas like seen on TV

4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? by the way we addressed/talked to the pt

5. What types of procedures did you observe or assist with? injured hip from wrestling, IV start, CT scan

6. What community acquired diseases are trending currently? my nurse said they are starting to get flu trickling in

7. What community mental health trends are being seen in the pediatric population? a lot of patients w/ anxiety/depression that were trying to harm themselves

8. How does the staff debrief after a traumatic event? Why is debriefing important? they said they closd the ER after a major trauma to regroup

9. What is the process for triaging patients in the PED? rank them by #, and then get vitals and send them to a room based on importance/severity

10. What role does the Child Life Specialist play in the PED? giving them coloring books/ using distraction to keep them calm/ entertained

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Macy Nanz **Date:** 11/4	**Patient Age:** 11 yo **Patient Weight:** 38 kg kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) B lymphoblastic malignancy	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** general appearance + VS + respirory/cardiac monitoring for s/s of infection
3. Identify the most likely and worst possible complications. Infection risk leading to sepsis	**4. What interventions can prevent the listed complications from developing?** strict hand hygiene, use sterile technique, keep pt in private room, prevent bleeding
5. What clinical data/assessments are needed to identify these complications early? fever, VS, CBC for WBC count, mucous membranes, urine + stool	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** notify provider, antibiotics, antipyretics
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. watch movies, play video games, listen to music or talk to him 2. Guided Imagrey	**8. Patient/Caregiver Teaching:** 1. wash hands often, avoid crowds 2. no fresh fruts, veggies 3. contact HCP right away if fever spikes **Any Safety Issues identified:** take meds exactly as perscribed, no OTC meds

| Student Name: | | | Patient Age: | |
| Date: | | | Patient Weight: | kg |

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	2.91	infection
Hmg	9.2	bleeding
HCt	25.6	bleeding
Metabolic Panel Labs		
BUN	21	kidney function
Na	136	electrolyte balances
K	3.9	↓
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?

monitor WBCs for infection

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 vs Inferiority

1. Shows interest in hobbies / skills; enjoyed watching superman

2. pushed flush thru port- liked the autonomy

Piaget Stage:

1. understands rules / consequences of getting meds vs not getting them

2. remembers proper hand washing steps

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

N/A

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							88mL/hr			49mL/hr			
IV Meds/Flush							10mL flush			10mL flush			

Calculate Maintenance Fluid Requirement (Show Work)

$10 \times 100 = 1000mL$

$10 \times 50 = 500mL$ $1860mL/day = 77mL/hr$

$18 \times 20 = 360$

Actual Pt IV Rate 88 mLs/hr

Rationale for Discrepancy (if applicable)

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper										500mLs			500mL
Stool													
Emesis													
Other													

only documented one in chart

Calculate Minimum Acceptable Urine Output

$38(0.5) = 19$ mLs/hr

Average Urine Output During Your Shift
500mLs

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 3mm
Fontanel: (Pt < 2 years) ☐Soft ☐Flat
☒Bulging ☐Sunken ☐Closed
Extremities: >lymphoblastic
☒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: _____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 _Rt toe_
Oxygen Saturation: _99%_

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 _3r_ L _3r_
Lower R _3r_ L _3r_
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _yellow/clear_
Stool Appearance: _brown, formed_
☐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: _normal diet_
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: _picc line_ ☐INT ☐None
☐Central Line
Type/Location: _Lt arm_
Appearance: ☒No Redness/Swelling
☐Red ☐Swollen
☐Patent ☐Blood return
Dressing Intact: ☒Yes ☐No
Fluids: _90 mL/hr D5NS_

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 _0_

WOUND/INCISION

☐None
Type: _dehisced port_
Location: _Lt upper chest_
Description: _red/scabbed_
Dressing: _Tegaderm dsg_

TUBES/DRAINS

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