

Student Name: Alli Jalamanico

Unit: P.O.D. W&D SUP (1 Pt. Initials: KE

Date: 11-5-25

Allergies: NO KNOWN ALLERGIES

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

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	- Pt needs to ↑ fluid intake	- Creatinine - BUN	- Fluid volume overload		
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?	IVPB - List concentration and rate of administration		
Acetaminophen (Tylenol)	Analgesic	Pain	650mg PO Q6	Yes		- Hepatotoxicity - Rash - N/V	1. Do not exceed 4,000mg/day 2. Monitor liver function test (AST, ALT) 3. Assess pain level and temp before administration 4. Avoid alcohol - liver toxicity
Topiramate (Topamax)	Anti-Convulsants	Seizure Control, prevent kidney stones	100mg PO BID	Yes		- Drowsiness - Dizziness - Tingling	1. Encourage ↑ fluid intake to prevent kidney stones 2. Do NOT stop med abruptly 3. Monitor weight and appetite 4. Monitor cognitive status, dizziness or rash
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Isiah Talamantes</u> Date: <u>11-5-25</u>	Patient Age: <u>14 y/o</u> Patient Weight: <u>79.6kg</u>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>Kidney stones. Minerals and salts become concentrated and crystallized, forming stones in kidney or urinary tract.</u>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: - <u>UTI</u> - <u>Abdominal</u>
3. Identify the most likely and worst possible complications. <u>most likely</u> - <u>UTI</u> - <u>Nephrolithiasis</u> <u>worst possible</u> - <u>Hydronephrosis</u> - <u>Sepsis</u>	4. What interventions can prevent the listed complications from developing? - <u>Increase fluid intake</u> - <u>Monitor I/O</u> - <u>Take antibiotics as prescribed</u>
5. What clinical data/assessments are needed to identify these complications early? - <u>Vital signs (Temp, BP)</u> - <u>Urinalysis</u> - <u>Monitor Kidney Function (BUN, CREATININE)</u> - <u>Report decreased urine output</u>	6. What nursing interventions will the nurse implement if the anticipated complication develops? - <u>Notify physician immediately</u> - <u>Maintain IV fluids as ordered</u> - <u>Administer abx for infection</u>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. <u>Apply warm compress to affected flank area</u> 2. <u>Encourage relaxation and slow deep breathing exercises</u>	8. Patient/Caregiver Teaching: 1. <u>Drink 2-3 L of fluids daily</u> 2. <u>Limit foods high in oxalate (nuts, spinach, tea)</u> 3. <u>Take full course of antibiotics even if pain stops</u> Any Safety Issues identified: - <u>Fall risk due to pain or dizziness from medication</u>

Student Name: laili Tablanates  
Date: 11-5-25

Patient Age: 14  
Patient Weight: 71.6kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.3 ↑	↑ WBC may indicate infection
Hgb	13.9 ↓	↓ Hgb may suggest blood loss due to hematuria
Hct	41.9	Asses for anemia or blood loss/hydration status
Metabolic Panel Labs		
Creatinine	1.00	↑ levels indicate impaired kidney function
BUN	8	↑ levels indicate ↓ kidney filtration or dehydration
Calcium	8.9 ↓	↑ levels may indicate calcium based stone formation
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	12.80 ↑	helps detect and monitor for infection

Lab TRENDS concerning to Nurse?

↑ WBC and ↑ ANC - possible developing infection, monitor for fever, chills or changes in urine output.

#### 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. Expresses desire for independence

2. Engages in peer activities

Piaget Stage: Formal Operational

1. Thinks logically and can understand cause and effect

2. Wants to discuss treatment plan and ask mature questions

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

Pediatric Floor Patient #1

		INTAKE/OUTPUT												Total
PO/Enteral Intake		07	08	09	10	11	12	13	14	15	16	17	18	
PO Intake/Tube Feed														240ml
Intake - PO Meds														
IV INTAKE		07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid								100	100	100	100	100		500ml
IV Meds/Flush														
Calculate Maintenance Fluid Requirement (Show Work)								Actual Pt IV Rate						
$10 \times 100 = 1,000$ $10 \times 90 = 900$ $90.6 \times 20 = 1,812$								$100 \text{ ml/hr}$ Rationale for Discrepancy (if applicable)						
								$2,692 \div 24 = 112.2 \text{ ml/hr}$						
OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper														
Stool														
Emesis							750			750				500ml
Other														
Calculate Minimum Acceptable Urine Output								Average Urine Output During Your Shift						
$76.9 \times 0.5 = 39.8 \text{ ml/hr}$								$85 \text{ ml/hr}$						

**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: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <input type="radio"/> 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

<b>GENERAL APPEARANCE</b> Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>CARDIOVASCULAR</b> Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input 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>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>PSYCHOSOCIAL</b> 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
<b>NEUROLOGICAL</b> 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 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>2mm</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	<b>ELIMINATION</b> Urine Appearance: <u>Cloudy yellow</u> Stool Appearance: <u>NOT observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>Blood in urine</u>	<b>IV ACCESS</b> Site: <u>R axillary</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <input type="checkbox"/> None Type/Location: <u>peripheral IV</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>D5 NS + KCl 20</u>
<b>RESPIRATORY</b> Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" 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: <u>98%</u>	<b>GASTROINTESTINAL</b> 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>u</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: _____	<b>SKIN</b> 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
<b>NUTRITIONAL</b> Diet/Formula: <u>General</u> Amount/Schedule: <u>100%</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>MUSCULOSKELETAL</b> <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: _____	<b>PAIN</b> Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: <u>1/27 - 0</u> 0800 1200 1600
<b>WOUND/INCISION</b> <input type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	<b>MOBILITY</b> <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<b>TUBES/DRAINS</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>umbilical</u> Type: <u>umbilical catheter</u> Dressing: _____ Suction: _____ Drainage amount: <u>250 ml</u> Drainage color: <u>cloudy, bloody, yellow, no odor</u>