

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input checked="" type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" 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 <u>N/A</u> Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location <u>N/A</u> <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>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</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 Withdrawn 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>3mm</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 checked="" 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 <u>N/A</u> Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>yellow; clear</u> Stool Appearance: <u>brown; snake-like</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>right hand</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>N/A</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>none</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>N/A</u> <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: <u>N/A</u> L/min <input type="checkbox"/> BiPap/CPAP: <u>N/A</u> <input type="checkbox"/> Vent: ETT size <u>N/A</u> @ <u>N/A</u> cm <input type="checkbox"/> Other: <u>N/A</u> Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>N/A</u> Type <u>N/A</u> Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>N/A</u> Consistency <u>N/A</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>N/A</u> Pulse Ox Site: <u>left index finger</u> Oxygen Saturation: <u>95%</u>	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 <input checked="" type="checkbox"/> <u>4</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 type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>N/A</u> Location <u>N/A</u> Inserted to <u>N/A</u> cm <input type="checkbox"/> Suction Type: <u>N/A</u>	Color: <input checked="" 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: <u>N/A</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>regular diet</u> Amount/Schedule: <u>N/A</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>no pain</u> Type: <u>no pain</u> Pain Score: 0800 <u>0/10</u> 1200 <u>N/A</u> 1600 <u>N/A</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<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: <u>N/A</u>	<input checked="" type="checkbox"/> None Type: <u>N/A</u> Location: <u>N/A</u> Description: <u>N/A</u> Dressing: <u>N/A</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>N/A</u> Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: <u>N/A</u> Type: <u>N/A</u> Dressing: <u>N/A</u> Suction: <u>N/A</u> Drainage amount: <u>N/A</u> Drainage color: <u>N/A</u>

Kathryn Foster
Patient: A.S.

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	10 mL	472 mL		0	0	0							482 mL
Intake - PO Meds	0	0	10 mL	0	0	0							10 mL
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	0	0	0	0	0	0							0 mL
IV Meds/Flush	0	0	0	0	0	0							0 mL
Calculate Maintenance Fluid Requirement (Show Work)							Combined Total Intake for Pt (mL/hr)						
$10 \text{ kg} \times 100 = 1000$ $10 \text{ kg} \times 50 = 500$ $10.7 \text{ kg} \times 20 = 214$ $500 + 214 = 714$ $714 \div 24 = 29.75$ $1000 + 29.75 = 1029.75$ mL/hr							$482 \text{ mL} + 10 \text{ mL} = 492 \text{ mL}$ $492 \text{ mL} / 6 \text{ hr} = 82 \text{ mL/hr}$						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	0	0	0	0	700 mL								700 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							Average Urine Output During Your Shift						
$0.5 \times 30.7 \text{ kg} = 15.35 \text{ mL/hr}$							$700 / 6 = 116.67 \text{ mL/hr}$ (700/6)						

= 492 mL

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>1</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

IM5 Clinical Worksheet – PICU

Student Name: Kaitlyn Foster Date: 11/05/25	Patient Age: 13 years old Patient Weight: 30.7kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Type I Diabetes: insufficient insulin production leading to ↑ B&N levels	2. Priority Focused Assessment R/T Diagnosis: assess blood glucose levels, symptoms of hyperglycemia, and signs of ketoacidosis
3. Identify the most likely and worst possible complications. most likely: hypoglycemia and diabetic ketoacidosis worst possible: severe hypoglycemia leading to unconsciousness or DKA	4. What interventions can prevent the listed complications from developing? regular monitoring of blood glucose, administering insulin as prescribed, educating pt/family of signs and symptoms of high or low sugar levels.
5. What clinical data/assessments are needed to identify these complications early? regular blood glucose monitoring, urine tests for ketones, and monitoring for symptoms	6. What nursing interventions will the nurse implement if the anticipated complication develops? hypoglycemia: provide fast-acting carbohydrates and recheck blood glucose levels DKA: provide IV fluids, insulin therapy, and monitor vital signs and electrolyte levels
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. use of distraction techniques, such as games or music, during insulin injections 2. relaxation techniques, such as deep breathing, to manage anxiety	8. Patient/Caregiver Teaching: 1. importance of blood glucose monitoring and how to do so correctly 2. recognizing signs and symptoms of hyper/hypoglycemia 3. information on dietary management Any Safety Issues Identified: Ensure patient has access to emergency glucagon for severe hypoglycemia
Please list any medications you administered or procedures you performed during your shift: <div style="text-align: center; padding: 10px;"> Did not administer any medications or perform any procedures </div>	

Student Name: Kaitlyn Foster

Unit: PICU

Pt. Initials: A.S.

Date: 11/05/2025

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
No Fluids ordered	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

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?			
sertraline (zoloft)	SSRI	anxiety management	75mg PO daily	yes	N/A	nausea, diarrhea, headache	1. Do not stop abruptly, can cause withdrawal like symptoms 2. Impaired platelet aggregation, report uncontrolled bleeding 3. BBW: potential ↑ in suicidal ideation
calcium carbonate (tums)	antacid	neutralize stomach acid	1,000mg PO daily	yes	N/A	headache, gas, n/v, constipation	1. use caution if history of kidney disease, can cause toxicity 2. avoid ceftriaxone, increased risk of end organ failure 3. avoid use if suspected digoxin, can lead to heart failure
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Kaitlyn Foster

Unit: PICU

Pt. Initials: D.P.

Date: 11/05/25

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

Allergies: Latex

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
No fluids	Isotonic/ Hypotonic/ Hypertonic			

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?			
		No Medications			Administered –		1. 2. 3. 4.
							1. 2. 3. 4.
					Patient sent to		1. 2. 3. 4.
					Surgery		1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.