

Student Name: ZANEY MAMMION

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)

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

Unit: PEDI FLOOR

Pt. Initials: ET

Date: 11/04/2025

DSNS + 20 KCL (14ml/hr)

Circle IVF Type

Isotonic/Hypotonic/Hypertonic

Rationale for IVF

dehydration, electrolyte imbalance

Lab Values to Assess Related to IVF

glucose, K⁺, Na⁺
(serum electrolytes)

Contraindications/Complications

hypertensive, AKI, K⁺ present in PMA urine, fluid overload, hyperglycemia.

Appropriate Nursing Assessment, Teaching, Interventions (precautions/contraindications, Etc.)

1. assess for allergies to PCN/cephalosporins

2. monitor bowel functions

3. watch for signs of allergic reaction

4. Monitor temperature (signs of infection)

1. monitor blood glucose

2. monitor BP and daily weights

3. watch CNHsol levels

4. DO NOT STOP ABEMPTLY!

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?				
Ceftriaxone	Third-generation cephalosporin	prophylactic treatment for bacterial infections	ESD mg/kg (40 mg/ml) (log. umg) 4-24 mL IV daily (50 mg)	yes		/	/	<ul style="list-style-type: none"> diarrhea rash vain e/v site rare: anaphylaxis 	<ol style="list-style-type: none"> 1. assess for allergies to PCN/cephalosporins 2. monitor bowel functions 3. watch for signs of allergic reaction 4. Monitor temperature (signs of infection)
Hydrocortisone	Corticosteroid	adrenal insufficiency	[0.5mg/ml] 8mg/6ml IV Q8	yes		/	/	<ul style="list-style-type: none"> hyperglycemia fluid retention/edema HTN irritability GI upset 	<ol style="list-style-type: none"> 1. monitor blood glucose 2. monitor BP and daily weights 3. watch CNHsol levels 4. DO NOT STOP ABEMPTLY!

IM5 Clinical Worksheet – Pediatric Floor

Student Name: ZANEY Thompson Date: 11/04/2025	Patient Age: 6 wks. Patient Weight: 3.37 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) - Congenital Adrenal Cortical hyperplasia - a genetic disorder where the adrenal glands cannot produce enough cortisol and aldosterone. To compensate the body over produces ACTH, causing enlarged adrenal glands.	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: - Fluid + Electrolyte Status (Hydration) - daily weights - I+Os [STRICT] - dehydration
3. Identify the most likely and worst possible complications. - The most likely complication is dehydration due to electrolyte imbalance. - The worst possible complication would be Adrenal Crisis; which is a medical emergency.	4. What interventions can prevent the listed complications from developing? - Administering hydrocortisone as ordered to replace the missing cortisol. - Maintain IV fluids w/ electrolytes → D5NS + KCL - Continuous vital signs - STRICT I + Os and daily weights
5. What clinical data/assessments are needed to identify these complications early? - Labs: BMP (looking @ Na, K, glucose) - Urine Output (< 1 mL/kg/hr) - Signs of dehydration	6. What nursing interventions will the nurse implement if the anticipated complication develops? <input type="checkbox"/> Adrenal crisis? → IV/IM hydrocortisone STAT <input type="checkbox"/> Bolus IV fluids per order → dehydration
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.	8. Patient/Caregiver Teaching:
1. Swaddling ↳ provides security and lowers stress levels	1. Parents must be able to recognize signs of adrenal crisis
2. Non-nutritive sucking (pacifier) with sweet-leaf occasionally ↳ soothes, decreases pain, and keeps baby content while NPO for hours.	2. CAH is lifelong → patient will need daily steroid replacement
	3. Med Admin: NEVER skip steroids and to give "stress" doses during illness, fever, or stress.
	Any Safety Issues identified: <input type="checkbox"/> RISKS for adrenal crisis when steroids are delayed, skipped, or improperly administered.

Student Name: Zaney Thompson
Date: 11/04/2025

Patient Age: 6 wks.
Patient Weight: 3.39 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?

No abnormal labs

K⁺ @ 10 in ED in odessa but has been corrected since then.

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: TRUST vs MISTRUST

1. Cries to express needs (feeding, comfort, etc.) → establishing bond with mom
2. Turns toward mom's voice and is comforted by her touch

Piaget Stage: sensorimotor

1. Baby follows close objects with his eyes
2. Trying to put hands in his mouth

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

- Ceftriaxone
- Hydrocortisone

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" 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 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 _____ 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>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 type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input checked="" 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 type="checkbox"/> Person <input type="checkbox"/> Place <input 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 _____ Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input checked="" 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>clear, yellow</u> Stool Appearance: <u>none observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> Foot <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>24g</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 + 20 KCL @ 14 mL/hr</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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>bulb</u> Pulse Ox Site: <input checked="" type="checkbox"/> Foot Oxygen Saturation: <u>96.1</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 X <u>4</u> quads <input 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: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input 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 checked="" type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>diaper rash</u> Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>formula, breastmilk</u> Amount/Schedule: <u>Q3</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <input type="checkbox"/> N-PASS Location: _____ Type: <u>agitated, crying</u> Pain Score: <u>5</u> 0800 <input checked="" type="checkbox"/> 1200 _____ 1600 _____
	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 type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<input 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 checked="" type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Pediatric Floor Patient #1

NPO since midnight 3am INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	_____												0
Intake - PO Meds													0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	14mL	14mL	14mL	14mL	14mL								70mL
IV Meds/Flush			4.24mL		6mL								10.24mL
													80.24mL TOTAL
Calculate Maintenance Fluid Requirement (Show Work)						Actual Pt IV Rate							
$3.39\text{kg} \times 100 = 14.125 \rightarrow 14\text{mL/hr}$ 24hrs.						14mL/hr Rationale for Discrepancy (if applicable)							
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	94g												94mL
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output \rightarrow 5hrs						Average Urine Output During Your Shift							
$1\text{mL/kg/hr} \rightarrow 3.39\text{mL/hr}$ $1 \times 3.39 \times 5 = 16.95 \approx 17\text{mL per my shift (5hrs)}$ $1 \times 3.39 \times 12 = 40.68 \approx 41\text{mL per 12 hour shift}$						94mL $94 \div 5\text{hours} = 18.8\text{mL per hour}$ ✓							

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 <u>2</u> 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: 0 <u>1</u> 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>3</u> - yellow
	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