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:
☑ Able to move all extremities
☑ Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
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 Right index finger
Oxygen Saturation: 96%

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

ELIMINATION

Urine Appearance: Clear yellow
Stool Appearance: Liquid, watery
☑ 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: Regular diet
Amount/Schedule: No 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Social Status: ☑ Calm/Relaxed ☐ Quiet ☑ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious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: Left anterior antecubital ☐ INT ☐ None ☐ Central Line Palmar
Type/Location: Peripheral IV
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☑ Patent ☑ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: Dextrose 5% and NS 0.9% with KCL 20mEq/L 45ml/hr

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: Red rash located on the LL[illegible]
Mucous Membranes: Color: Pink
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces
Location: Left lower abdomen
Type: aching
Pain Score:
0800 ____ 1200 ____ 1600 2

WOUND/INCISION

☐ **None**
Type: Surgical Incisions
Location: LUQ, umbilical, LLQ
Description: Clean, Dry, No drainage, [illegible]
Dressing: Transparent film / Gauze, [illegible]

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

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						93	93	93	45	45	45		414mls
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

54.5kg

10 X 100 = 1000 +
10 X 50 = 500 +
34.5 X 20 = 690 =
2190mL/24hrs

$\frac{2190 mL/hr}{24 hr} = 91.25 mL/hr$

Actual Pt IV Rate

1200 - 93mL/hr / 1500 - 45mL/hr

Rationale for Discrepancy (if applicable)

Fluid requirment was decreased, excess fluids were no longer needed

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper		X1	X1		X1		X1	X1	X1				6 occurrences
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

Unmeasured

Average Urine Output During Your Shift

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

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Edward Rodriguez
Date: 11-5-2025

Patient Age: 13
Patient Weight: 54.5 kg

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

Dx: Acute appendicitis with perforation and localized peritonitis

Patho: Appendicitis happens when the appendix is blocked, causing inflammation and infection. If it ruptures, bacteria and pus leak into nearby tissues, leading to localized peritonitis.

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Abdominal assessment - Pain location, intensity, distention, tenderness, bowel sounds.

Monitor VS - Temperature, Heart rate, blood pressure

3. Identify the most likely and worst possible complications.

Most likely - Abcess formation, pocket of pus may develop around the ruptured appendix due to infection

Worst possible - Sepsis, infection can spread to the blood stream, leading to life-threatening systemic infection.

4. What interventions can prevent the listed complications from developing?

IV antibiotics - Destroy bacterial infection and prevent spread

strict aseptic technique during procedures - prevent new Pathogens that can worsen infection.

monitor VS - Early detection of infection or sepsis

Abdominal status - Identify early abcess formation or worsening peritonitis

Maintain IV fluids and electrolytes - Prevent dehydration and support healing

5.What clinical data/assessments are needed to identify these complications early?

1. Vital Signs - temperature ↑, HR ↑, BP ↓, RR ↑
2. Abdominal assessment - increased pain, rigidity, distention, absent, hypoactive bowel sounds
   Changes in pain pattern
3. Labs - ↑ WBC count, blood cultures (infection, sepsis) electrolytes
4. Output/Hydration - urine output (Checking perfusion, hydration) Dehydration (skin turgor, dry mucous membranes)

6. What nursing interventions will the nurse implement if the anticipated complication develops?

Abcess develops - Notify healthcare Provider, Prepare patient for abscess drainage, continue IV antibiotic therapy, Maintain aseptic technique, Monitor VS

Sepsis develops - Notify provider immediately, Administer IV fluids, Monitor VS frequently, Monitor urine output, Oxygen therapy

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Positioning for comfort - side lying knees slightly bent to reduce abdominal tension
2. Distraction - listening to music, playing video games, using a tablet

8. Patient/Caregiver Teaching:

1. Signs of infection - watch for fever, increasing abdominal pain, redness, swelling, drainage from incision, report immediately
2. Activity and Positioning - avoid strenuous activity, comfortable positions to reduce pain
3. Medication adherence - take prescribed medications (antibiotics, pain meds) exactly as prescribed

Any Safety Issues identified:

1. Risk of injury from impaired mobility
2. Risk of Medication errors
3. Risk of infection

Abnormal Relevant Lab Tests	Current	Clinical Significance

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

Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs C-Reactive Protein - 11.3 - Pre-OP/No Post-OP Lab documented		
Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to 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. The patient stated he "loved playing NBA 2K" when asked what his favorite game was. This demonstrates personal likes and identity.

2. The patient was eager to get out of bed and walk with out being prompted showing a desire for self control and self-direction

Piaget Stage: Formal operations

1. Patient complied with assessments without hesitation, anticipated outcomes, and followed steps logically (Problem solving, planning)

2. Patient was able to communicate interests and preferences clearly when asked about them. (Abstract thinking, reasoning)

Please list any medications you administered or procedures you performed during your shift:
Gave Acetaminophen for mild pain

Pediatric Floor Patient #1

Edward Rodriguez

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
   Suicidal (unwanted) Pt, Arm fracture, Pts with unexplained fevers, Pt with possible infected foot from previous injury
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? Adolescents. Yes, especially when considering increased drug use and risk for self harm in today's youth.
3. Was your overall experience different than what you expected? Please give examples.
   My overall experience was calmer than I'd expected. In my experience, when compared to the pediatric ED, the main hospital ED is busier and experiences a more fast-paced flow
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? Communication and non-pharmacologic techniques were utilized properly for each individual patient.
5. What types of procedures did you observe or assist with? Starting IVs, obtaining blood cultures, Administering medications, assisted nurse with applying a splint.
6. What community acquired diseases are trending currently?
   Salmonella, Rhinovirus, Entero virus, Para influenza, Flu, strep throat, E. coli
7. What community mental health trends are being seen in the pediatric population?
   Suicidal Ideation
8. How does the staff debrief after a traumatic event? Why is debriefing important?
   "Code lavender" - Faculty has a group discussion about what occured in detail to help uncover what the group did best and what could be improved. This helps release trauma and stress of the situation.
9. What is the process for triaging patients in the PED?
   Gather patient information, Call the Pt into the room, take height and weight, Take Patient Story, Base line vitals, Allergies,
10. What role does the Child Life Specialist play in the PED?
    Education on certain procedures and utilizing the appropriate distraction techniques based on the specific developmental level of a patient