Nurse: Ally

Rooms: 54, 73

IM5 Clinical Worksheet – Pediatric Floor

#54

56990

Student Name: Spencer Jackson **Date:** 11/4/25	**Patient Age:** 14 month **Patient Weight:** 8.6 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) umbilical hernia repair colostomy reversal	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** GI, Pain,
3. Identify the most likely and worst possible complications. infection pain	**4. What interventions can prevent the listed complications from developing?** Abx, pain meds, distraction
5.What clinical data/assessments are needed to identify these complications early? -temp -pain -HR -RR	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Abx flagyl + zosyn
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. music, ~~toy~~, pacifier 2. toy, pacie	**8. Patient/Caregiver Teaching:** 1. baths 2. wound care 3. ask surgery info **Any Safety Issues identified:**

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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 _____

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

Great Grip

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 toe left

Oxygen Saturation: 98

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 2+ L 2+

Lower R 2+ L 2+

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow

Stool Appearance: brown

☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☒ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded

Bowel Sounds: ☒ Present X 2 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: _____

fluffy stool

NUTRITIONAL

Diet/Formula: formula

Amount/Schedule: _____

Chewing/Swallowing difficulties:

☐ Yes ☒ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☒ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors IV infiltrated

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 arm ☐ INT ☐ None

☐ Central Line

Type/Location: _____

Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☒ Patent ☐ Blood return

Dressing Intact: ☒ Yes ☐ No

Fluids: _____

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

Dry lips

PAIN

Scale Used: ☐ Numeric ☒ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:

0800 0 1200 _____ 1600 _____

WOUND/INCISION

☐ None

Type: left closed surgical

Location: ~~right~~ lower ab

Description: red, dry, clean

Dressing: 4x4 gauze + tape

TUBES/DRAINS

☒ None

☐ Drain/Tube

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Pediatric Floor Patient #1

NPO

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	54ml	54	54	54	54	54							324
IV Meds/Flush	17.5	9.3											26.8
													350.8

Calculate Maintenance Fluid Requirement (Show Work)

868 X 50 x 50 x 24 x 10

36.17 mL/hr

Actual Pt IV Rate 54 m/hr

Rationale for Discrepancy (if applicable)

NPO

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper		3											
Stool		2											
Emesis													
Other													
		102 mL											102 mL

Calculate Minimum Acceptable Urine Output

8.68 x 1 mL x hour

8.68 mL/hr

Average Urine Output During Your Shift

17 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: (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) 1
	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

Student Name: Sunar J
Date: 11/4/25

Patient Age: 4 mo
Patient Weight: 8.6 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
platelet	414	↑
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	9.06	↑ infection possible
Lab TRENDS concerning to Nurse?		
ANC trending up, spiking occassional fever		

11. Growth & Development:
***List the Developmental Stage of Your Patient For Each Theorist Below.** (trust vs mistrust sensorimotor)
***Document 2 OBSERVED Developmental Behaviors for Each Theorist.**
***If Developmentally Delayed, Identify the Stage You Would Classify the Patient:**

Erickson Stage:

1. infant cried, and then was fed (trust vs mistrust)
2. the baby relaxed + got sleep while being held + rocked after his bath (so sweet)

Piaget Stage:

1. he was grasping my hand during bath
2. he was turning his head towards direction of sound

Please list any medications you administered or procedures you performed during your shift:
ofirmev (acetaminophen) replaced dressing
flagyl
zosyn

Student Name: Spencer J Unit: Pedi Floor Pt. Initials: _____ Date: _____

Allergies: NKDA

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
D5NS 20mEq K 54mL/hour	Isotonic/ Hypotonic/ Hypertonic	↓K + Fluid loss	Potassium	–

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)
Ofirmev	for antipyretic analgesic	pain, fever	IV 15mg/kg q6H 15min	✓	over 15 min	N/V ↑liver enzyme hepatotxic	1. Assess pain before admin 2. monitor liver function 3. teach caregivers to avoid giving too much 4. watch urine color
flagyl	abx	antibiotic	30mg/kg/D q6 30min	✓	over 30 min	GI upset rash	1. check allergy to penicillins 2. check WBC & fever for improvement 3. watch for rash 4. report diarrhea
Zosyn	abx	antibiotic	300mg/kg/day 1 hour infusion	✓	over 1 hour	metallic taste GI upset	1. Assess GI symptoms 2. neuro status 3. teach urine may turn brown 4. Warn check WBC & fever
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Student Name: Spencer J 11-5-25

#22

NICU Disease Process Map

D.O.B. 10/25/25

APGAR at birth 1 min = 6
5 min = 8

Gestational Age 32 wk

Adjusted Gestational Age 33 wk 4 day

Birthweight 3 lbs. 997 oz./ 1750 grams

Disease Name: apnea of prematurity

What is happening in the body?

a lungs are underdeveloped due to prematurity. this baby was having periods of apnea with desat of O_2.

What am I going to see during my assessment?

during my assessment, the baby was on the up trend. I did not note any periods of apnea, and he didn't desat while I was there.

What tests and labs would I expect to see? What are those results?

constant O_2 monitoring, and then speech path came to check suck, swallow, breathe coordination

What medications and nursing interventions or treatments will you anticipate?

O_2, respiratory assess, cafcit

Please write up any medications given or any medications that your patient is on using a separate medication sheet.

How will you know that your patient is improving?

↑ O_2 sats consistently

better feeding

What are the primary risk factors for this diagnosis?

↓ O_2

bradycardia

resp distress

What are the long-term complications?

↓ O_2 for extended period can inhibit growth, development, feeding, and brain function

Student Name: Spencer Unit: NICU Pt. Initials: _____ Date: _____

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

Allergies: NKDA

NICU

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? / Is med in therapeutic range? / If not, why ?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
~~caffeine~~ Caffeine	Anorexant Stimulant	↑ BP ↑ RR	20mg/mL oral Daily	✓	~~blank~~	tachycardia restless tremors	1. vitals before admit 2. observe breathing 3. teach caregivers accurate dosing 4. watch for S/S of toxicity
Vit D-3	vitamin	nutritional growth	400 units/mL PO Daily	✓	~~blank~~	constipation N/V	1. Assess nutritional intake 2. watch electrolytes 3. admin with feeds 4. teach correct dosing
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.