IM5 Clinical Worksheet – PICU

Student Name: Deajha Downey **Date:** 11-5-25	**Patient Age:** 10 m.o **Patient Weight:** 11.9 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words.) hernia repair, suprapubic catheter placement	**2. Priority Focused Assessment R/T Diagnosis:** respiratory, abdomen, I+O's, pain, and VS
3. Identify the most likely and worst possible complications. most likely: pain + discomfort, decreased urine output/cather blockage, infection worst: sepsis, bladder injury, Peritonitis, post op resp. depression	**4. What interventions can prevent the listed complications from developing?** strict hand hygiene + sterile catheter care, monitor I+O's, maintain catheter patency, monitor for s/s of infection, manage pain.
5. What clinical data/assessments are needed to identify these complications early: VS: ↑ temp, ↑ HR, fever = infection daily weights, urine: cloudy, low volume, blood-tinged. I+O trends, inspect incision/cath, bowel sounds, abdominal distention	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** notify provider of abnormal VS or ↓ urine output, obtain urine culture if infection suspected, antibiotics, flush catheter, IVF, support airway
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. rocking, swaddling 2. pacifer, distraction w/ toy/ music	**8. Patient/Caregiver Teaching:** 1. proper suprapubic cath care 2. report s/s of infection 3. urine appearance + drain patterns **Any Safety Issues Identified:** fall risk infection risk
Please list any medications you administered or procedures you performed during your shift: No meds or procedures	

PICU

N/A: 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									32	32	32		96
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

1000mL = 10x100

95mL = 1.9x50

1000mL + 95mL = 1095mL

Combined Total Intake for Pt (mL/hr)

96/3 = 32mL/hr

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper										75			75
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

0.5/11.9/hr 142.8 mL/day

Average Urine Output During Your Shift

25 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 caregiver

CHEWS Total Score

CHEWS Total Score	
	Total Score (points): 2
	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

PICU

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 N Left N
Pushes: Right N Left N
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 4 *Type* cuffed
Obturator at Bedside ☒*Yes* ☐ *No*

Cough: ☐ *Yes* ☒ *No*
☐ *Productive* ☐ *Nonproductive*

Secretions: *Color*_____
*Consistency*_____

Suction: ☒Yes ☐ No Type ~~wall~~

Pulse Ox Site left ~~arm~~ foot

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: yellow/clear
Stool Appearance: Brown
☐ 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 gastro w/balloon
Location midline Inserted to 14 cm
☐ Suction Type: _____ _____

NUTRITIONAL

Diet/Formula: NPO
Amount/Schedule: N/A
Chewing/Swallowing difficulties:
☒Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☒Joint Stiffness ☐ Swelling
☐ Contracture ☐ 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: _____ ☐ *INT* ☐ *None*
☒Central Line
Type/Location: Single, lft subclavian
Appearance: ☒No Redness/Swelling ☐ Red ☐ Swollen ☒Patent ☒Blood return
Dressing Intact: ☒Yes ☐ No
Fluids: D5 1/2 NS + KCL 20

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: Surgical wounds
Mucous Membranes: Color: pink ☒Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☒FLACC ☐ Faces
Location: N/A
Type: N/A
Pain Score:
0800 N/A 1200 N/A 1600 ____

WOUND/INCISION

☐ **None**
Type: Surgical incisions
Location: LLA RUQ, midline
Description: Closed surgical
Dressing: transparent film

TUBES/DRAINS

☒**None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

suction: closed suction catheter

Student Name: Deajha Downey Unit: PICU Pt. Initials: DM Date: 11/5/25

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 1/2 NS + KCl 20	Isotonic/ Hypotonic/ (Hypertonic)	fluid replenishment + caloric supply	K+, Nat, blood glucose	hyperkalemia, fluid overload,

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.)
NO meds given							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.