

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Deajha Downey</u> Date: <u>11/4/25</u>		Patient Age: <u>14 m.o</u> Patient Weight: <u>8.68 kg</u>	
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in your words) <u>umbilical hernia repair,</u> <u>reverse colostomy</u> <u>abdominal contents protrude through</u> <u>umbilical opening; reconnected colon</u>		2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>abdominal assessment: bowel sounds,</u> <u>distention</u> <u>Grl function</u> <u>lto's</u> <u>monitor for s/s of infection</u>	
3. Identify the most likely and worst possible complications. <u>wound infection, pain, ↓ bowel</u> <u>mobility</u> <u>bowel obstruction, anastomotic</u> <u>leak, peritonitis, sepsis</u>		4. What interventions can prevent the listed complications from developing? <u>hand hygiene + incision care</u> <u>abdominal assessment,</u> <u>IVF, pain management</u>	
5. What clinical data/assessments are needed to identify these complications early? <u>US = fever, ↑ HR</u> <u>↑ ~~incision~~ incision inspection</u> <u>lto's</u> <u>bowel sounds + distention</u>		6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>up o if obstruction, antibiotics</u> <u>IVF</u>	
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <u>1. swaddle/parent comfort</u> <u>2. distractions (toys)</u>		8. Patient/Caregiver Teaching: <u>1. wound care: clean/dry</u> <u>2. monitor stool patterns</u> <u>3. encourage fluids</u> Any Safety Issues Identified: <u>infection risk</u>	

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													N/A					
Intake - PO Meds													N/A					
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total					
IV Fluid						54	54	54	54	54	54							
IV Meds/Flush					17.5		9.3											
							11.6											
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate											
							Rationale for Discrepancy (if applicable)											
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total					
Urine/Diaper								1X										
Stool								1X										
Emesis																		
Other																		
								144										
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift											
0.5 / 8.68 / hr							24 ml/hr											
104.16 ml/day																		

ON
NPO

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

Student Name: Deajha Downay		Patient Age: 14 mo
Date: 11-5-25		Patient Weight: 6.68 kg
Abnormal Relevant Lab Tests	Clinical Significance	
Complete Blood Count (CBC) Labs		
platelet count	414	infection, inflammation
Metabolic Panel Labs		
chloride	115	dehydration status: possible dehydration
total protein	7.5	normal liver function
bilirubin total	0.3	liver functions
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	9.06	infection, inflammation
Lab TRENDS concerning to Nurse?		
platelet count, ANC, chloride		
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: - expressed desire to be left alone - able felt comforted by parents Piaget Stage: - always wanted to touch family when awake - would watch cartoons playing on tv		
Please list any medications you administered or procedures you performed during your shift:		
N/A		

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: ☒ Healthy/Well Nourished ☒ Neat/Clean ☐ Emaciated ☐ Unkept Developmental age: ☒ Normal ☐ Delayed	Pulse: ☒ Regular ☐ Irregular ☒ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____ Edema: ☐ Yes ☒ No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Capillary Refill: ☒ < 2 sec ☐ > 2 sec Rales: 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 ☐ None	Social Status: ☐ Calm/Relaxed ☒ Quiet ☐ Friendly ☐ Cooperative ☒ Crying ☐ Uncooperative ☐ Restless ☒ Withdrawn ☐ Hostile/Anxious Social/emotional bonding with family: ☒ Present ☐ Absent
NEUROLOGICAL	EXCRETION	IV ACCESS
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 <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</u> S=Strong W=Weak N=None EVD Drain: ☐ Yes ☒ No Level _____ Seizure Precautions: ☐ Yes ☒ No	Urine Appearance: <u>yellow/clear</u> Stool Appearance: <u>green/watery</u> ☒ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy	Site: <u>Left posterior</u> ☐ INT ☐ None ☐ Central Line Type/Location: _____ Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return Dressing Intact: ☒ Yes ☐ No Fluids: <u>DS NS + 20 KCL</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
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: F ₁ <u>0.2</u> @ _____ cm ☐ Other: _____ Trach: ☐ Yes ☒ No Size: _____ Type _____ Obturator at Bedside: ☐ Yes ☒ No Cough: ☐ Yes ☒ No ☐ Productive ☐ Nonproductive Secretions: Color <u>N/A</u> Consistency <u>N/A</u> Suction: ☐ Yes ☒ No Type <u>N/A</u> Pulse Ox Site: <u>Left leg</u> Oxygen Saturation: <u>96</u>	Abdomen: ☐ Soft ☒ Firm ☐ Flat ☐ Distended ☐ Guarded Bowel Sounds: ☒ Present ☐ Absent ☐ Active ☐ Hypo ☐ Hyper ☐ Absent Nausea: ☐ Yes ☒ No Vomiting: ☐ Yes ☒ No Passing Flatus: ☐ Yes ☒ No Tube: ☐ Yes ☒ No Type _____ ☐ Location _____ Inserted to _____ cm ☐ Suction Type: _____	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: <u>None</u> Mucous Membranes: Color: _____ ☐ Moist ☐ Dry ☐ Ulceration
	NUTRITIONAL	PAIN
	Diet/Tolerance: <u>NPO</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: ☐ Yes ☒ No	Scale Used: ☐ Numeric ☒ FLACC ☐ Faces Location: <u>N/A</u> Type: <u>N/A</u> Pain Score: 0800 <u>N/A</u> 1200 <u>0</u> 1600
	MUSCULOSKELETAL	WOUND/INCISION
	☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors ☐ Movement ☐ RA ☐ LA ☐ RL ☐ LL ☒ All Braces/Appliances: ☐ None Type: _____	☐ None Type: <u>Closed surgical incision on</u> Location: <u>Left lower quadrant</u> Description: <u>Closed with glue</u> Dressing: <u>dry / intact</u>
	MOBILITY	TUBES/DRAINS
	☐ Ambulatory ☐ Crawl ☒ In Arms ☐ Ambulatory with assist Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden	☒ None ☐ Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Deajina Dunny Unit: PEDI Pt. Initials: LA Date: 11/4/25
 Allergies: NKA 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
<u>D5NS + 20 KCL</u>	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?			
Dietaminophen (Ofirmev)	antipyretic non-opioid analgesic	Pain/fever	10mg/ml Q3mg IV syringe Q4	Yes	N/A. did not look at syringe rate on pump	hepatotoxicity nausea	1. monitor liver functions 2. assess pain + temp. 3. report abdominal pain/distention 4. report jaundice; yellow skin/eyes
metronidazole (Flagyl)	antibiotic	post-op infection prevention	5mg/ml 7.5mg 17.5 mL IV syringe Q6	Yes		GI upset, metallic taste	1. monitor GI functions 2. monitor WBC count 3. report abdominal pain 4. report constipation or diarrhea
piperacillin-tazobactam (Zosyn)	broad spectrum antibiotic	post-op infection prevention	928mg 11.4 mL IV syringe Q8	Yes		GI upset hypersensitivity reaction	1. monitor for nausea 2. monitor WBC + renal function 3. report diarrheal/constipation 4. report abdominal pain
~~propofol~~			~~1mg/ml~~ ~~Q3~~				
~~propofol~~			~~1mg/ml~~ ~~Q3~~				
Morphine	Opioid analgesic	Moderate to severe pain	3mg/mL 0.43mg IV Q3 PRN	Yes	↙	respiratory depression, constipation, hypotension	1. monitor R/R 2. assess pain 3. report constipation: ↓ fiber 4. report difficulty breathing

Student Name: _____ Unit: _____ P. Initials: _____ Date: _____

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

Allergies: _____

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	NP – List solution to dilute and rate to push.	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
73							1.
NO meds							2.
							3.
							4.
							1.
							2.
							3.
							4.
							1.
							2.
							3.
							4.
							1.
							2.
							3.
							4.