decreased production of T3/T4 & ↑ TSH which leads to slowed metabolism. low thyroid levels can increase the risk of seizures due to ~~and~~ electrolyte imbalance

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Hailee Fintel **Date:** 11-11-25	**Patient Age:** 13yo F **Patient Weight:** kg 99.9 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Hypothyroidism w/ seizure like activity & sleep deprivation	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** - assess neuro status - monitor VS - assess signs of fatigue, w/ dry skin - evaluate med adherence
3. Identify the most likely (1) and worst possible (2) complications. 1 - fatigue, poor growth, slowed cog development 2. maxadema coma, prolonged seizure, status epilepticus or severe hypothermia	**4. What interventions can prevent the listed complications from developing?** - consistent admin of levoth - monitor T3 T4 TSH - implement seizure precau - early sis of hypothyroidi recognition education
5. What clinical data/assessments are needed to identify these complications early? - electrolytes, T3 T4 TSH, BS - watch changes in LOC, or seizure freqeuncy - check for bradycardia, hypotherm slowed reflexes	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** - maintain airway, place pt on monitor O2 - provide IV hormone, monitor warming measures - notify provider if neuro c
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. Encourage relaxation & breathing exercises after seizures 2. provide quiet low stim environment to promote rest & reduce fatigue	**8. Patient/Caregiver Teaching:** 1. continue administering Levo in the morning on empty stomach 2. limit protein intake ~~with~~ 3. can interfere with ab ensure getting plenty of **Any Safety Issues identified:** seizure precautions never discontinue levo

Student Name: Patient Age:

Date: Patient Weight: 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 labs done since October

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 v role confusion

1. expressed she loved supernatural TV show

2. her best friend was there and she kept asking "do you like my art?"

Piaget Stage: formal operation

1. she was worried about discharge & medication

2. wanted to know the pharmacy

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

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 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 ankle (R hand)

Oxygen Saturation: ankle

CARDIOVASCULAR

Pulse: ☒ Regular ☐ Irregular ☒ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____

Edema: ☒ Yes ☒ No Location general

☐ 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: clear yellow

Stool Appearance: brown soft

☐ 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: 100 L.

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 ☒ Friendly ☒ Cooperative ☐ C ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxio

Social/emotional bonding with f

☒ Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☒ ☐ Central Line

Type/Location: _____

Appearance: ☐ No Redness/Swe ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☐ Yes ☐ No

Fluids: _____

SKIN

Color: ☒ Pink ☐ Flushed ☐ Jaun ☐ Cyanotic ☐ Pale ☒ Natural f

Condition: ☒ Warm ☐ Cool ☐ Dr ☐ Diaphoretic

Turgor: ☒ < 5 seconds ☐ > 5 secc

Skin: ☒ Intact ☐ Bruises ☐ Lacer ☐ Tears ☐ Rash ☐ Skin Breakd

Location/Description: _____

Mucous Membranes: Color: pi ☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☒ Numeric ☐ FLACC

Location: no pain

Type: _____

Pain Score:

0800____ 1200 0 1600

WOUND/INCISION

☐ None

Type: _____

Location: _____

Description: _____

Dressing: _____

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	
PO Intake/Tube Feed						120	250	100					
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	
IV Fluid													
IV Meds/Flush													

Calculate Maintenance Fluid Requirement (Show Work)

10 x 100 1500 99 kg
10 x 50
79 x 20 1580 128 mL/hr
3080/24

Actual Pt IV Rate

none

Rationale for Discrepancy (if applicab

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	
Urine/Diaper					500		300	→		300			11
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output

~~10 x 100~~ 99 kg
0.5mL/kg
49.5mL/hr

Average Urine Output During Your Sh

594

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, Conside level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventi notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit stand bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increas frequency of vital signs/CHEWS/assessments, Document interventions and notifications