

**Pediatric Floor Patient #1**

61

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed						120							120
Intake - PO Meds						8mg			4mg				88.6mg = 0.88ml
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						39	39	39	39	39	39		234
IV Meds/Flush													354.08ml
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b>						
$9.9 \times 100 = 990 \text{ ml/day}$ $41.25 \text{ ml/hr}$							$39 \text{ ml/hr}$ <b>Rationale for Discrepancy (if applicable)</b> • Penicillin issues						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						10	0	0	0	0	0		10ml
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
$1 \text{ mL/kg/hr} = 19.9 \text{ mL/hr}$							$22 \text{ mL/hr}$						

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
<b>Behavior/Neuro</b>	Circle the appropriate score for this category: 0 <u>1</u> 2 3
<b>Cardiovascular</b>	Circle the appropriate score for this category: <u>0</u> 1 2 3
<b>Respiratory</b>	Circle the appropriate score for this category: <u>0</u> 1 2 3
<b>Staff Concern</b>	1 pt - Concerned
<b>Family Concern</b>	1 pt - Concerned or absent
CHEWS Total Score	
<b>CHEWS Total Score</b>	Total Score (points) <u>1</u>
	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

61

<p><b>Student Name:</b> Aurora Reid  <b>Date:</b> 11-12-25</p>	<p><b>Patient Age:</b> 7mo  <b>Patient Weight:</b> 9.9 kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b></p> <ul style="list-style-type: none"> <li>• Balanoposthitis</li> </ul> <p>Penis infection &amp; inflammation of the head and foreskin</p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b></p> <ul style="list-style-type: none"> <li>• assess penis</li> <li>• Pain</li> </ul>
<p><b>3. Identify the most likely and worst possible complications.</b></p> <p>- worst: sepsis</p> <p>- likely: bleeding</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b></p> <ul style="list-style-type: none"> <li>• Give Abx as scheduled</li> <li>• Proper care for the infected / Post-OP Penis</li> <li>• Pain management - so no tension on penis</li> </ul>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b></p> <ul style="list-style-type: none"> <li>• I/O's - hydration</li> <li>• WBC, Platelets - labs, UA</li> <li>• Monitor/dress penis regularly</li> </ul>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b></p> <ul style="list-style-type: none"> <li>• Call dr</li> <li>• Get current US</li> <li>• Pressure applied</li> <li>• Run labs again if ordered</li> </ul>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"> <li>1. Pacifier / feeding to calm the baby and ease pain</li> <li>2. Sweeties</li> </ol>	<p><b>8. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. make sure there's no drainage / bleeding around @ penis</li> <li>2. See dr if have fever, decreased appetite</li> <li>3. dressing should never be soaked or soiled</li> </ol> <p><b>Any Safety Issues identified:</b></p> <ul style="list-style-type: none"> <li>- Diapers not being changed properly / on ti</li> <li>- foreskin not reuced back or cleaned</li> </ul>

Student Name: Alexis Reid

Unit: RE-2

Pt. Initials: EM

Date: 11-18-15

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

Allergies: None

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?	If not, why?			
<u>Acetaminophen Tylenol</u>	<u>Analgesic</u>	<u>Pain</u>	<u>PRN</u>	<u>60mg/kg/day</u>	<u>-594mg</u>	<u>/</u>	<ul style="list-style-type: none"><li>• N/V/O</li><li>• Stomach pain</li><li>• Jaundice</li></ul>	<ol style="list-style-type: none"><li>1. Can cause constipation</li><li>2. Check pain T/R and vitals</li><li>3. Assess swallow ability</li><li>4. Call if red stool</li></ol>
<u>Acetaminophen Tylenol</u>	<u>Analgesic</u>	<u>Pain</u>	<u>PRN</u>	<u>75mg/kg/day</u>	<u>-712.5mg</u>	<u>/</u>	<ul style="list-style-type: none"><li>• Liver damage</li><li>• Sweating</li><li>• Pruritic</li></ul>	<ol style="list-style-type: none"><li>1. Wash hands before/after use</li><li>2. Use every 4-6 hrs</li><li>3. Assess skin for reaction</li><li>4. Assess vitals frequently</li></ol>
<u>Zinc Oxide Gel</u>	<u>Demulcent</u>	<u>Diaper rash</u>	<u>PRN</u>	<u>40%</u>	<u>PRN</u>	<u>/</u>	<ul style="list-style-type: none"><li>• N/V</li><li>• Stomach pain</li><li>• Diarrhea</li></ul>	<ol style="list-style-type: none"><li>1. Diarrhea is common</li><li>2. Stay hydrated</li><li>3. Wash hands after use</li><li>4. Monitor for 24 hrs</li></ol>
<u>Clindamycin</u>	<u>Antibiotic</u>	<u>Diaper rash</u>	<u>PRN</u>	<u>1700mg/day</u>	<u>-1450</u>	<u>14mg/hr</u>	<ul style="list-style-type: none"><li>• N/V</li><li>• Diarrhea</li><li>• Stomach pain</li></ul>	<ol style="list-style-type: none"><li>1. Diarrhea is common</li><li>2. Stay hydrated</li><li>3. Wash hands after use</li><li>4. Monitor for 24 hrs</li></ol>

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61

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL			
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	<b>Social Status:</b> <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent			
NEUROLOGICAL	<b>Pulses:</b> 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 0 None	IV ACCESS			
<b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3</u> <b>Fontanel:</b> (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right _____ Left _____ Pushes: Right _____ Left _____ S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<th data-bbox="799 911 1351 969">ELIMINATION</th>	ELIMINATION	<b>Site:</b> <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line <b>Type/Location:</b> <u>Right IV</u> <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>DSAS</u>		
<th data-bbox="247 1435 799 1493">RESPIRATORY</th> <td data-bbox="799 1173 1351 1668"> <th data-bbox="799 1173 1351 1231">GASTROINTESTINAL</th> </td> <td data-bbox="1351 1115 1897 1566"> <th data-bbox="1351 1115 1897 1173">SKIN</th> </td>	RESPIRATORY	<th data-bbox="799 1173 1351 1231">GASTROINTESTINAL</th>	GASTROINTESTINAL	<th data-bbox="1351 1115 1897 1173">SKIN</th>	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ <input checked="" type="checkbox"/> Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site</b> _____ <b>Oxygen Saturation:</b> <u>95</u>	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	<th data-bbox="1351 1566 1897 1624">PAIN</th>	PAIN		
	<th data-bbox="799 1668 1351 1726">NUTRITIONAL</th>	NUTRITIONAL	<th data-bbox="1351 1814 1897 1872">WOUND/INCISION</th>	WOUND/INCISION	
	<th data-bbox="799 1916 1351 1974">MUSCULOSKELETAL</th>	MUSCULOSKELETAL	<th data-bbox="1351 2061 1897 2119">TUBES/DRAINS</th>	TUBES/DRAINS	
	<th data-bbox="799 2236 1351 2294">MOBILITY</th>	MOBILITY	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____		

Student Name: <u>Aubrie acid</u> Date: <u>11/12/25</u>	Patient Age: <u>7 m/o</u> Patient Weight: <u>9.9 kg</u>
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Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		<u>None</u>
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: Trust vs Mistrust

1. When baby become restless and crying, we gave pain meds and mom held baby
2. upon vital signs baby was agitated with talking the blanket off, so after securing the BP cuff, I put blanket back

Piaget Stage: Sensorimotor

1. Baby Sucked Pacifier when he grabbed it from his chest
2. Baby would follow me with his eyes when I was walking around in the room

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

• Tylenol-Oral