

Student Name: Remya Robertson

Unit: NICU

Pt. Initials: CR

Date: 11/12/25

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	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?			
Caffeine Citrate	CNS stimulant, resp. stimulant	For apnea prematurity	20mg/ml IV 15.6mg	5mg/kg/day -20mg/kg/day yes		20mg/ml 0.78ml = 15.6mg (dose)	Tachycardia, jitteriness, feeding intolerance, irritability, insomnia	<ol style="list-style-type: none"> <li>1. Monitor HR and resp status</li> <li>2. Check serum caffeine levels</li> <li>3. Observe for feeding tolerance and GI upset</li> <li>4. Teach caregivers to report restlessness, vomiting, or continued apnea.</li> </ol> <p>Baby has to be weaned off before discharge.</p>
								<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
								<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
								<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>

Student Name: Renya Robertson

### NICU Disease Process

D.O.B.	<u>11/10/25</u>	APGAR at <u>7/8</u>
	birth _____	
Gestational Age <u>37<sup>3</sup></u>		Adjusted Gestational Age <u>37<sup>5</sup></u>
Birthweight <u>5</u> lbs. <u>14</u> oz. / <u>2660</u> grams		

Disease Name: Duchenne muscular dystrophy

What is happening in the body?

This is a genetic disorder caused by a mutation in the dystrophin gene, which leads to the absence of dystrophin (a protein that helps keep muscle cells intact). Without this, muscle fibers progressively weaken and are replaced by fat and fibrotic tissue.

What am I going to see during my assessment?

Delayed motor ~~steps~~ milestones (such as sitting or walking), frequent falls, trouble climbing, enlarged calves (pseudohypertrophy), and progressive muscle weakness, which will start in the legs and pelvis.

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

We would expect to see creatine kinase (CK) levels to be elevated, and genetic testing confirming a dystrophin gene mutation. Muscle biopsy may also show absence or reduction of dystrophin protein. CK levels are often 10-100 times higher than normal. Genetic testing confirms the specific mutation.

What medications and nursing interventions or treatments will you anticipate?

Corticosteroids are given to slow muscle degeneration, and supportive therapies include physical therapy, bracing, and respiratory support. Nursing care will focus on maintaining

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

→ mobility, preventing contractures, monitoring resp. and cardiac function, and providing family education.



How will you know that your patient is improving?

We will see stabilization or slower progression of weakness, improved mobility with therapy, and fewer respiratory complications. DMD is not curable, but maintaining function is a positive outcome.



What are the primary risk factors for this diagnosis?

The main risk factor is being a male with a family history of Duchenne muscular dystrophy, since it is a X-linked recessive disorder.



What are the long-term complications?

Progressive respiratory failure, cardiomyopathy, loss of ambulation, and eventual premature death (often in early adulthood) due to cardiac or pulmonary complications.

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: <u>Renya Robertson</u>          Date: <u>11/11/25</u></p>	<p>Patient Age: <u>12</u>          Patient Weight: <u>53.2</u> kg</p>
<p>1. Admitting Diagnosis and Pathophysiology          (State the pathophysiology in own words)  <u>AMS. The state in which neurological function is altered. Ex: confusion Along w/ a seizure @ home.</u></p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:  <u>Neuro checks. Pt has doctor orders of Neuro checks q 4 hrs.</u></p>
<p>3. Identify the most likely and worst possible complications.  <u>Most likely - Head injury due to post-seizure swelling</u>  <u>Worst - Permanent neuro damage due to untreated head injury.</u></p>	<p>4. What interventions can prevent the listed complications from developing?  <u>Frequent Neuro checks</u>  <u>Monitor VS</u>  <u>Cluster care for low stress</u>  <u>Seizure precautions</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early?  <u>LOC, PERRLA?, VS (Cushings triad), Motor strength, Seizure activities, Behavior changes</u></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?  <u>Notify provider, HOB elevated to promote drainage, meds, ensure airway patency, oxygen if needed</u></p>
<p>7. Pain &amp; Discomfort Management:          List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.  <u>1. Distraction: music, tv, playing a game</u>  <u>2. Guided relaxation/deep breathing exercises. Will help the child focus and control anxious feelings.</u></p>	<p>8. Patient/Caregiver Teaching:  <u>1. Report changes in behavior</u>  <u>2. Educate on seizure precautions</u>  <u>3. Adequate rest!</u></p> <p>Any Safety Issues identified:  <u>Fall risk: post-seizure weakness</u>  <u>Seizure safety precautions</u></p>

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Pediatric Floor Patient #1

Remya Robertson  
0930

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 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>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	<b>Social Status:</b> <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input checked="" 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	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input 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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Urine Appearance:</b> <u>yellow</u> <b>Stool Appearance:</b> <u>Brown</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>last BM Sunday</u>	<b>Site:</b> <u>L AC</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> _____
RESPIRATORY	GASTROINTESTINAL	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 _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ <b>Pulse Ox Site</b> _____ <b>Oxygen Saturation:</b> _____	<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: _____	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: _____ <b>Mucous Membranes:</b> Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration ( <u>on tongue</u> )
	NUTRITIONAL	PAIN
	<b>Diet/Formula:</b> <u>Reg. Diet</u> <b>Amount/Schedule:</b> <u>Regular</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Scale Used:</b> <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> <u>0</u> 0800 _____ 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None <b>Type:</b> <u>Bite</u> <b>Location:</b> <u>tongue</u> <b>Description:</b> <u>Bit tongue during seizure</u> <b>Dressing:</b> <u>N/A</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

**Pediatric Floor Patient #1**

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										
Intake - PO Meds													
<i>↳ took zyrtec @ 0900</i>													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b>							<b>Actual Pt IV Rate</b> <i>INT</i>						
$1^{st} 10\text{kg} \times 100 = 1000$ $2^{nd} 10\text{kg} \times 50 = 8500$ $\text{Last kg} \times 20 (33.2) = 664$							$\left. \begin{matrix} \\ \\ \end{matrix} \right\} 2164\text{ml/day} \rightarrow 90.2/\text{hr (mLs)}$						
<b>Rationale for Discrepancy (if applicable)</b>													
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>							<b>Average Urine Output During Your Shift</b>						
<i>53.2 mL/hr</i>							Shift was <i>5 hrs</i> $\rightarrow \times 53.2$ <i>266 mLs during shift</i> <i>Pt did not void</i>						

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: <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <i>0</i>
	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:	Patient Age: 12
Date:	Patient Weight: 53.2 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	4.4	None
RBC	5.5	None
HCT	45.6	None
Metabolic Panel Labs		
Glucose	140 ↑	Stress??
BUN	11	None
Creatinine	0.89	None
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
ANC	1.20 ↓	Slight increase risk for infection
Lab TRENDS concerning to Nurse?		
No		

### 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: Industry vs. inferiority

1. Got embarrassed when asked if he has passed gas, inferiority.
2. Sense of inferiority when told he needed to drink more fluids.

Piaget Stage: Preoperational → Concrete operational

1. Reversibility, recognizes that he will get better.
2. Recognizes that his mom is worried, egocentric to objective.

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

Zyrtec, did a lab draw (not on this pt)

Student Name: Renya Robertson

Unit: PE1

Pt. Initials: TJ

Date: 11/11/25

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

Allergies: NKDA

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?			
Zyrtec Cetirizine	Anti-histamine	Antihistamine (Allergies)	5mg PO Daily	5-10mg once daily	N/A	Drowsy, Dry mouth, HA, Dizzy	1. Assess for Allerg symptoms 2. Monitor for dizziness 3. Assess for HA 4. Monitor for dry mouth, constipation, urinary retention
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.