

Spuned  
PICU

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													
<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>													
$0.5 \text{ mL/kg/hr}$ $1000$ $1014$ $1000$ $0.5 / 0.9 / \text{hr}$ $500$ $1014$ $500$ $980$ $20$ $103 \text{ mL / 24 hours}$													
<b>Combined Total Intake for Pt (mL/hr)</b>													
$106.74 \text{ mL/hr}$													
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	00					100		65	75				
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b>													
$0.5 \text{ mL/kg/hr}$ $34.5 \text{ mL}$ $0.5 \text{ mL / 0.9 / hr}$ $103 \text{ mL / 24 hours}$													
<b>Average Urine Output During Your Shift</b>													
$57 \text{ mL / per hour}$													

**Children's Hospital Early Warning Score (CHEWS)**  
(See CHEWS Scoring and Escalation Algorithm to score each category)

Circle the appropriate score for this category:

Behavior/Neuro      0 1 2 3

Cardiovascular      0 1 2 3

Respiratory      0 1 2 3

Staff Concern      1 pt - Concerned

Family Concern      1 pt - Concerned or absent

**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

Student Name: <i>Spencer</i>	Patient Age: <i>12</i>
Date: <i>11-11-25</i>	Patient Weight: <i>69 kg</i>

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
<i>WBC</i>	<i>14</i>	<i>↑ infection</i>
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	<i>12.93</i>	<i>↑ infection</i>
<i>HCO3</i>	<i>34.8</i>	<i>↑ respiratory failure</i>
<i>PCO2</i>	<i>74</i>	<i>↑</i>
Lab TRENDS concerning to Nurse?		
<i>CO<sub>2</sub> is not getting better, PH is not getting better.</i>		

**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:**

1. *On ventilator, fentanyl, and ketamine*

2.

**Piaget Stage:**

1.

2.

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

*assisted in suctioning, position change*

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 type="checkbox"/> Calm/Relaxed <input 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 type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
NEUROLOGICAL	IV ACCESS	
<b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input checked="" type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ <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 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 type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Sedated</u>	<b>Site:</b> <u>left periph.</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>jugular</u> <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> _____	
	ELIMINATION	
	<b>Urine Appearance:</b> <u>yellow/white</u> <b>Stool Appearance:</b> _____ <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	
	SKIN	
	<b>Color:</b> <input checked="" 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 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: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration	
	GASTROINTESTINAL	
	<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 type="checkbox"/> Present <input checked="" type="checkbox"/> 3 quads <input type="checkbox"/> Active <input checked="" 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: _____	
	PAIN	
	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u>	
	WOUND/INCISION	
	<input checked="" type="checkbox"/> None <b>Type:</b> _____ <b>Location:</b> _____ <b>Description:</b> _____ <b>Dressing:</b> _____	
	TUBES/DRAINS	
	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>oral</u> Type: <u>ventilator</u> Dressing: <u>on face</u> Suction: <u>every 30 mins</u> Drainage amount: <u>large</u> Drainage color: <u>white</u>	
	<u>Sedated</u>	

## IM5 Clinical Worksheet – PICU

<b>Student Name:</b> Spencer <b>Date:</b> 11-11-25	<b>Patient Age:</b> 12 y/o <b>Patient Weight:</b> 69 kg
<b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b> Asthma exacerbation due to rhinovirus	<b>2. Priority Focused Assessment R/T Diagnosis:</b> respiratory
<b>3. Identify the most likely and worst possible complications.</b> - ECMO - Sepsis - death	<b>4. What interventions can prevent the listed complications from developing?</b> - pulmonary toileting - turning QZ - aseptic technique - elevate HOB - SIS of infection - suction - abx admin - oral care
<b>5. What clinical data/assessments are needed to identify these complications early?</b> - VS - temp - Labs	<b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> - abx - suction - turning QZ - aseptic technique
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b> 1. position changes 2. padding on bony prominences	<b>8. Patient/Caregiver Teaching:</b> 1. Abx admin 2. pain med admin 3. V/S  <b>Any Safety Issues Identified:</b>
<b>Please list any medications you administered or procedures you performed during your shift:</b> - prone positioning	