

IM5 Clinical Worksheet – PICU

<p>Student Name: Paige Thorson Date: 2/3/26</p>	<p>Patient Age: 4 Patient Weight: 16.2 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Rhino/enterovirus, Pneumonia, sepsis. Respiratory tract gets infected from rhino/enterovirus and replicates. Increased mucus production causes aspiration of secretions leading to pneumonia. Pathogens leak into capillaries leading to the bloodstream infection(sepsis).</p>	<p>2. Priority Focused Assessment R/T Diagnosis: Priority assessment would revolve around respiratory such as RR, work of breathing, breath sounds, O2 saturation, and ABGs. R/T diagnoses include ineffective airway clearance causes the need for suctioning and ventilator complications. Focus on oral care, raised HOB and volutrauma.</p>
<p>3. Identify the most likely and worst possible complications. Most likely is septic shock causing extreme hypotension and poor perfusion to organs. Worst is septic shock with multiorgan dysfunction. This is septic shock that leads to multiple organ failures and even death.</p>	<p>4. What interventions can prevent the listed complications from developing? Interventions include early antibiotics and strict antibiotic schedule to lessen the sepsis effects, O2 therapy to promote oxygen delivery to organs, IV fluids to prevent shock and hypotension, and strict ventilation monitoring.</p>
<p>5. What clinical data/assessments are needed to identify these complications early? The first system caught is usually respiratory because tachypnea is the first sign of sepsis. Also having to increase O2 to manage the same saturation. This also may be coupled with tachycardia without a BP change indicating compensation.</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? Apply high flow oxygen, large bore IV access with rapid IV fluid infusion, administer vasopressors if needed, and continue with antibiotics.</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Provide comfortable positioning and minimal stimulation to reduce pain perception. 2. Use therapeutic touch and familiar objects such as stuffed animals to reduce anxiety. 	<p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Encourage parental presence at bedside to reduce anxiety. 2. Encourage communication with staff and report signs of discomfort. 3. Reassure them about pain management and sedation and how they're being used in treatment. <p>Any Safety Issues Identified: Pt is restrained at the wrists to limit risk of extubation.</p>
<p>Please list any medications you administered or procedures you performed during your shift: Methadone</p>	

IM5 Clinical Worksheet – Pediatric floor

Student Name: Paige Thorson Date: 2/4/26	Patient Age: 12 Patient Weight: 73.8 kg
4. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Appendicitis	5. Priority Focused Assessment R/T Diagnosis: Abdonimal, monitor for pain, rebound tenderness, distension, and signs of rupture.
6. Identify the most likely and worst possible complications. Most likely is perforation, leading to bacteria being released into the abdominal cavity. The worst being sepsis related to rupture where the bacteria from the rupture gets into the bloodstream.	4. What interventions can prevent the listed complications from developing? Monitor abdominal pain and vitals, administer prescribed antibiotics to control infection, report any sudden increase in pain to provider. Also would keep patient NPO due to possible surgery.
5. What clinical data/assessments are needed to identify these complications early? Just to monitor patients' condition and vital signs. Fever and tachycardia can be a sign of rupture. Also a sudden increase in pain can be indicative of rupture.	6. What nursing interventions will the nurse implement if the anticipated complication develops? Immediately notify provider and prep patient for emergency surgery, start or continue administration of antibiotics.
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <ol style="list-style-type: none"> 1. Heat packs on the painful area to relax muscles and reduce pain. 2. Distraction from pain by playing video games provided by the hospital. 	8. Patient/Caregiver Teaching: <ol style="list-style-type: none"> 1 Report any increase in pain or worsening pain. 2. Do not eat or drink until fully evaluated and plan of care is confirmed. 3. Follow post op care instructions such as taking full course of antibiotics, monitoring the incisions, and avoiding activity. Any Safety Issues Identified: N/A
Please list any medications you administered or procedures you performed during your shift: Acetaminophen and Piperacillin-tazobactam.	



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Paperwork from PEDs floor on 2/4



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Paperwork from PICU 2/3