

Student Name: Destiny Arenas - Polon

Unit: _____

Pt. Initials: _____

Date: 2/3/20

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
<u>.05 NS 0.9% + 20 KCL</u> <u>CONTINUOUS 90 ml/hr</u>	<u>Isotonic</u> Hypotonic/ Hypertonic			<u>• ChemO is on hold due to low lab values; platelets, neutrophil count</u>

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?			
acetaminophen	non-opioid analgesic antipyretic	Pain; mild-moderate reduce fever	NP, once daily, 0.2ml	yes		IVP 2-3min push rate	<ul style="list-style-type: none"> • hepatotoxicity with risk of overdosing • rash but is rare • NA 	<ol style="list-style-type: none"> 1. Assess pain, temp before med admin, reassess pain's temp 2. Do not exceed daily dose of 4g. Can cause liver dx 3. Since this med is harsh on liver we want to make sure we aren't double dosing w/ another type of med 4. monitoring I/O's, pain, temp, labs for liver function
Cefepime	B-lactam antibiotic broad spectrum	Sepsis, febrile neutropenia	1g in sterile water 10ml, once daily IVP	yes		IVP 2-3min push rate	<ul style="list-style-type: none"> • diarrhea • rash • C. diff 	<ol style="list-style-type: none"> 1. this med treats infection and is very important to complete all doses 2. I will ask for a pericillin/cephalosporin allergy 3. I will monitor wbc, temp, PR, HR 4. Single med has C. diff I will tell my MD and single med has C. diff I will tell my MD <ol style="list-style-type: none"> 1. Always WASH your hands to prevent infection 2. I will monitor for any redness or irritation 3. Avoid the eyes, ears due to irritation 4. This med kills germs on the skin and prevents infection
Chlorhexidine	antiseptic antimicrobial	ORAL SORES	PO, 2x daily, 5ml	yes		N/A	<ul style="list-style-type: none"> • skin irritation • dryness • rare allergic reaction 	<ol style="list-style-type: none"> 1. this med helps with allergic rxn but may cause swelling 2. monitor respiratory status 3. please use daylight & fall bundle 4. assess sedation level
Diphenhydramine	H1 receptor antagonist antihistamine	allergic reactions itching hives	3x daily IVP, 2.5ml	yes		IVP 2-3min push rate	<ul style="list-style-type: none"> • drowsiness • dry mouth • dizziness • paradoxical excitation 	<ol style="list-style-type: none"> 1. assess abdomen, check for pain or GI bleed 2. monitor bowel movement habits 3. monitor renal function 4. This med is to protect your stomach by lowering acid
Famotidine	anti-ulcer	decreases stomach acid prevents stress ulcers	2x daily, IVP, 2ml	yes		IVP 2-3min push rate	<ul style="list-style-type: none"> • HA • drowsiness • dizziness 	<ol style="list-style-type: none"> 1. assess abdomen, check for pain or GI bleed 2. monitor bowel movement habits 3. monitor renal function 4. This med is to protect your stomach by lowering acid

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Allergies: _____

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?			
Heparin · NS Flush	Anticoagulant	Drugs port-a-cath heparin lock	PRN, 5mL, IVP	yes		IVP 2-3min push rate	· bleeding · bruising · thrombocytopenia	1. assess signs for bleeding 2. avoid IM injections, due to high risk of hemorrhaging 3. monitor platelets & neutrophils 4. This med helps prevent clots and let me and other staff know if bleeding or bruising
Morphine	Opioid and narcotic analgesic	Severe Pain and air hunger	q3hrs, IVP	yes		IVP 2-3min push rate	· Respiratory depression · Sedation · Hypotension · NIV/Constriction	1. This med helps w/ pain but can cause slow breathing 2. I will monitor RR, O2 Sat & Pain 3. I will give fluids to make sure patient get too constipated it leads to a perforated bowel 4. I will have naloxone near to reverse drug
Hydrocortisone	Corticosteroid	Inflammation · adrenal support	IVP, 3x daily	yes		IVP 2-3min push rate	· hyperglycemia · Increased infection risk · fluid retention	1. monitor blood glucose 2. assess & observe for signs of infection 3. Do not stop abruptly 4. This med is to reduce inflammation
ondansetron	antiemetic	NAUSEA Vomiting	q8hrs, IVP	yes		IVP 2-3min push rate	· HT · constipation · QT prolongation but is rare	1. I will assess frequency of NIV & constipation 2. will also monitor lab's 3. will monitor HR & if you feel like pulse is faster or slower than usual let me know 4. may need fluids to correct dehydration
Vancomycin	Glycopeptide antibiotic	C. diff	0.1g/mL, q6hrs, PO	yes		N/A	· nephrotoxicity · ototoxicity · red man syndrome from rapid infusion	1. This is a strong antibiotic so I will monitor lab's 2. monitor BUN & creatinine 3. monitor the trough levels to stay within range 4. RN made the change w/ MD to change route to PO

Destiny
Arenas

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
diarrhea, vomiting, broken femur, SAME victim
 2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
2m olds and 14-16yr old; not the age I thought. I would have thought 6-11yr old due to flu, etc
 3. Was your overall experience different than what you expected? Please give examples.
yes; everyone was so nice & explained everything to me, allowed me to participate in triage and in patient care
 4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
since mine were infants we did w/parents help on a lot of observations/assessments the hip Bucks traction for the broken femur
 5. What types of procedures did you observe or assist with?
THU, Rhind virus, RSV, mainly respiratory
 6. What community acquired diseases are trending currently?
Depression & suicide rate in adolescent age
 7. What community mental health trends are being seen in the pediatric population?
How does the staff debrief after a traumatic event? Why is debriefing important?
 8. How does the staff debrief after a traumatic event? Why is debriefing important?
huddle and host a Q&A about what the case was & what they
 9. What is the process for triaging patients in the PED?
Check in, RN observes and if they think pt is a priority & etc than
 10. What role does the Child Life Specialist play in the PED? bring back for work up
- A huge role. They help having the procedures go so much smoother and of course less traumatic.

#1204

<p>Student Name: Destiny Arenas Date: 2/3/25</p>	<p>Patent Age: 14 yrs old Patent Weight: 20.4 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) B-cell lymphoma w/ febrile neutropenia Painful abdomen, diarrhea & fever, HA & ↓ feelings Nausea</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: ward - Respiratory - Cardiac * abdominal → 130's, pain</p>
<p>3. Identify the most likely and worst possible complications. Sepsis, dehydration h.c.diff (+)</p>	<p>4. What interventions can prevent the listed complications from developing? H#, serum, blood → ↓ low lab values</p>
<p>5. What clinical data/assessments are needed to identify these complications early? CBC, biopsy of the lymph node throat area</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? give blood, check labs, TPN, treat c.diff</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. heat pack 2. rubbing back by parents</p>	<p>8. Patient/Caregiver Teaching: 1. notify me if NIVD occurs 2. what it looks like 3. let me know if pain occurs 4. I will give PRN meds 5. If diet doesn't improve then we will tell DR for TPN? Any Safety Issues identified: - bleeding risk - infection risk → port & PICC c.diff (+)</p>

Student Name:
Date:

Patient Age: 10yr old
Patient Weight: kg → 20.4kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	2.67 ↓	very low } very low } low B-cell lymphoma *
WBC	0.02 ↓	
Platelets	67 ↓	
Metabolic Panel Labs		
Bilirubin	↓ 0.4	
AST	↓ 9	
Albumin	↓ 2.0	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	0 ↓	B cell lymphoma
Lymphocytes	0.02 ↓	
Monocytes	0 ↓	

Lab TRENDS concerning to Nurse?
all listed above are concerning but we are giving fluids continuously and blood every other day. chemo is on hold

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. Very independent even while so sick. He wants to administer his own PO meds each time
2. He has become more calm as the day goes on with our med pass schedule and

Piaget Stage: Preoperational Stage

1. He is very egocentric when it comes to VS, weight, PO meds - he wants his order and time to do all tasks = no rushing
2. Since he speaks 2 language and english is his second language, I have noticed he needs time to understand what the task we're doing in that moment

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

- Diphenhydramine 9.5mg 3x daily IV for nausea
- morphine 5mg q3hrs/PRN pain IVP
- micafungin 40mg 50mL q24hrs IVPB w/NS flush
- Famotidine 2mg 2x daily IVP

GENERAL APPEARANCE Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed		NEUROLOGICAL LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless Oriented to: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event Appropriate for Age <input checked="" type="checkbox"/> <input type="checkbox"/> Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal Reactive to Light <input checked="" type="checkbox"/> Size 2 Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <input type="checkbox"/> Left Pushes: Right <input type="checkbox"/> Left S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RESPIRATORY Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Retractions (type) _____ Labored <input type="checkbox"/> Breath Sounds: <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left 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 Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: _____ Nasal Cannula: _____ L/min BIPAP/CPAP: _____ Vent: ETT size _____ @ _____ cm Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>CLEAR</u> Consistency: <u>Thin, runny, slippery</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>L toe</u> Oxygen Saturation: <u>97%</u>		CARDIOVASCULAR Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready Murmur <input type="checkbox"/> Other _____ Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: _____ Upper R <u>3</u> L <u>3</u> Lower R <u>3</u> L <u>3</u> 1+ Intermittent 0 None 4+ Bounding 3+ Strong 2+ Weak	
ELIMINATION Urine Appearance: <u>amber</u> Stool Appearance: <u>water type</u> Diarrhea <input type="checkbox"/> Constipation <input checked="" type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <input type="checkbox"/> Cidiff positive		GASTROINTESTINAL Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat Distended <input type="checkbox"/> Guarded <input checked="" type="checkbox"/> Pain* Bowel Sounds: <input type="checkbox"/> Present <input type="checkbox"/> Absent Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> quads Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm Suction Type: _____	
NUTRITIONAL Diet/Formula: <u>can't whatver</u> Amount/Schedule: <u>but can't</u> Chewing/Swallowing difficulties: <u>due to soreness</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		MUSCULOSKELETAL Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping Spasms <input type="checkbox"/> Tremors	
MOBILITY Movement: _____ RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None		TUBES/DRAINS Drainage color: _____ Drainage amount: _____ Suction: _____ Dressing: _____ Type: _____ Site: _____ Drain/Tube <input checked="" type="checkbox"/> None	
WOUND/INCISION Type: <u>trapping</u> Location: <u>abdominal</u> Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> ELACC <input type="checkbox"/> Faces Pain Score: 0800 1200 <input checked="" type="checkbox"/> 1600 <input type="checkbox"/>		PAIN Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry Diaphoretic <input type="checkbox"/> Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Mucous Membranes: Color: <u>Pink</u> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration	
SKIN Fluids: <u>DSNS + 20KCL</u> Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Patent <input checked="" type="checkbox"/> Blood return Red <input type="checkbox"/> Swollen Appearance: <input checked="" type="checkbox"/> No Redness/Swelling		IV ACCESS Site: <u>PICC</u> <input checked="" type="checkbox"/> IJNT <input type="checkbox"/> None Type/Location: <u>PICC R/RA</u> Central line	
PSYCHOSOCIAL Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying Uncooperative <input type="checkbox"/> Restless Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent		IV ACCESS Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying Uncooperative <input type="checkbox"/> Restless Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	

8 & gave morphine IV

chew on hold

and left chest port for chemo

Destiny Arenas

IM5 Clinical Worksheet - Pediatric Floor

#204

<p>Student Name: Destiny Arenas Date: 2/3/20</p>	<p>Patient Age: 14 yrs old Patient Weight: 20.4 kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) B-cell lymphoma w/ febrile neutropenia Painful abdomen, Diarrhea & Fever, HA & ↓ Feedings</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: - Neuro - Respiratory - Cardiac * Abdominal → I&O's, Pain</p>
<p>3. Identify the most likely and worst possible complications. Sepsis, dehydration bc diff (+)</p>	<p>4. What interventions can prevent the listed complications from developing? H&H, memo, blood → ↑ low lab values</p>
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Student Name:

Date:

Patient Age: 10yr old
Patient Weight: kg → 20.4kg

Abnormal Relevant Lab Tests

Complete Blood Count (CBC) Labs	Current	Clinical Significance
RBC	2.47 ↓	Very low
WBC	0.02 ↓	Very low
Platelets	67 ↓	Very B-cell lymphoma*
Metabolic Panel Labs		
Bilirubin	↓ 0.4	
AST	↓ 9	
Albumin	↓ 2.0	
Misc. Labs		

Absolute Neutrophil Count (ANC) (if applicable)

0 ↓ Bell lymphoma

Lymphocytes

0.02 ↓

Monocytes

0 ↓

Lab TRENDS concerning to Nurse?

all listed above are concerning but we are giving fluids continuously and blood every other day. Chemosis on hand

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1. He is very egocentric when it comes to US, weight, PO meds - he wants his order and time to do all tasks = no rushing
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Please list any medications you administered or procedures you performed during your shift:

- Diphenhydramine 9.5mg 3x daily IV for nausea
- morphine 5mg q3hrs/PRN pain IV
- micafungin 50mg q24hrs IVPB w/NS flush
- famotidine 2mg 2x daily IV

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<p>Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed</p> <p>NEUROLOGICAL LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size 2 Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <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 EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Pulse: <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 _____ Edema: <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+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: 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</p> <p>ELIMINATION Urine Appearance: <u>amber</u> Stool Appearance: <u>water, type 7</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>cidiff positive</u></p> <p>GASTROINTESTINAL Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Guarded <u>pain*</u> Bowel Sounds: <input type="checkbox"/> Present X _____ quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Vomiting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Passing Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____</p>	<p>Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <u>both parents</u></p> <p>IV ACCESS Site: <u>PICC</u> <input checked="" type="checkbox"/> IJNT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>PICC RUA</u> Appearance: <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 Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DSNG + 20KCL</u> <u>and left chest port for chemop</u> <u>-chemo on hold</u></p>
<p>RESPIRATORY Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input checked="" 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 Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____</p>	<p>NUTRITIONAL Diet/Formula: <u>breast what's left</u> Amount/Schedule: <u>not eat</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>due to soreness</u></p> <p>MUSCULOSKELETAL <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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____</p> <p>MOBILITY <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> in Arms <input type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden</p>	<p>SKIN Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <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: _____ Mucous Membranes: Color: <u>Pink</u> <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p> <p>PAIN Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>abdominal</u> Type: <u>hard hitting</u> Pain Score: <u>1200</u> <u>8/10</u> <u>ave morphine IV</u> 0800</p> <p>WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____</p> <p>TUBES/DRAINS <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>
<p>RESPIRATORY Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>gray</u> Consistency <u>thin, runny, slippery</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>L toe</u> Oxygen Saturation: <u>97%</u></p>	<p>WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____</p> <p>TUBES/DRAINS <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>	<p>WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____</p> <p>TUBES/DRAINS <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>

Pediatric Floor Patient #1

Imajka

		INTAKE/OUTPUT															
PO/Enteral Intake		07	08	09	10	11	12	13	14	15	16	17	18	Total			
PO Intake/Tube Feed		/	0	/	100%	/	/	2 bits	/	/							
Intake - PO Meds		/	/	/	500p	/	/	meds	1								
IV INTAKE		90ml															
IV Fluid		07	08	09	10	11	12	13	14	15	16	17	18	Total			
IV Meds/Flush		90ml	90ml	90ml	2ml 100% 50	90ml	90ml	90ml	90ml	5ml 4	2ml lypho						
Calculate Maintenance Fluid Requirement (Show Work)		$50 \times 4 = 200$ $200 + 50 = 250$ $250 + 20 = 270$															
Actual Pt IV Rate		mical fungin															
Rationale for Discrepancy (if applicable)																	
OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18	Total			
Urine/Diaper		/	/	100ml	/	175	/	/	/	/	/	/	/				
Stool		/	/	/	/	/	/	/	/	/	/	/	/				
Emesis		/	/	/	/	/	/	/	/	/	/	/	/				
Other		/	/	/	/	/	/	/	/	/	/	/	/				
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift										
20.4 mL/hr							= 489.10 mL/day							137.5 mL			

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					
Total Score (points) <u>3</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					
CHEWS Total Score					

CHEWS Total Score