

IM5 Clinical Worksheet - Pediatric Floor

Student Name: Leah Gonzalez

Patient Age: 5 months old

Date:

Patient Weight: 7 kg

1. Admitting Diagnosis and Pathophysiology
(State the pathophysiology in own words)

Respiratory distress due to viral respiratory infections with excessive secretions. They infect the infant's respiratory tract

3. Identify the most likely and worst possible complications.

Worsening respiratory distress
dehydration hypoxia respiratory failure apnea intubation
secondary bacterial pneumonia

5. What clinical data/assessments are needed to identify these complications early?

respiratory rate & effort
Breath sounds, capillary refill
behavior changes, nasal flaring
temperature, SpO₂ trends

7. Pain & Discomfort Management:

List 2 Developmentally Appropriate

Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Swaddling for comfort
2. upright positioning to ease breathing

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Respiratory rate and pattern
Oxygen saturation amount thickness secretions
color, cough, hydration feeding tolerance/hydration

4. What interventions can prevent the listed complications from developing?

frequent suctioning of secretions
oxygen therapy as ordered, continuous pulse oximetry
maintaining hydration, elevation of head
monitor respiratory status closely

6. What nursing interventions will the nurse implement if the anticipated complication develops?

oxygen support per order, suction
notify provider of worsening status
prepare respiratory support

8. Patient/Caregiver Teaching:

1. Teach parents to recognize signs of respiratory distress
2. Importance of hydration
3. Infection control such as handwashing

Any Safety Issues identified: Risk for dehydration

Abnormal Relevant Lab Tests Current Clinical Significance

Complete Blood Count (CBC) Labs

may show elevated WBC due to infection

indicates viral illness and inflammation

Metabolic Panel Labs

may show dehydration ↑ Na & BUN

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. Infant calms when held or soothed by caregiver (Mom)

Indicating trust in Mom

2. CRIES to express needs such as discomfort,

Hunger

Piaget Stage: Sensorimotor

1. Infant exploring through senses looking at faces

responding to sounds & bringing hands to mouth

2. Demonstrates cause and effect movement such as responds to touch.

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

NONE vital signs weight

Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: Healthy/Well Nourished

Neat/Clean Emaciated Unkept

Developmental age:

Normal Delayed

CARDIOVASCULAR

Pulse: Regular Irregular

Strong Weak Thready

Murmur Other _____

Edema: Yes No Location _____

1+ 2+ 3+ 4+

Capillary Refill: < 2 sec > 2 sec

Pulses:

Upper R 3+ L 3+

Lower R 3+ L 3+

4+ Bounding 3+ Strong 2+ Weak

1+ Intermittent 0 None

PSYCHOSOCIAL

Social Status: Calm/Relaxed Quiet

Friendly Cooperative Crying

Uncooperative Restless

Withdrawn Hostile/Anxious

Social/emotional bonding with family:

Present Absent

NEUROLOGICAL

LOC: Alert Confused Restless

Sedated Unresponsive

IV ACCESS

Oxygen Delivery: _____
 Reactive to Light Size _____
 Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed
 Extremities:
 Able to move all extremities
 Symmetrically Asymmetrically
 Grips: Right _____ Left _____
 Pushes: Right _____ Left _____
 S=Strong W=Weak N=None
~~EVD Drain: Yes No Level _____~~
 Seizure Precautions: Yes No

IV ACCESS

(B) Foot 24 gauge

Site: clean/dry intact INT None
 Central Line
 Type/Location: _____
 Appearance: No Redness/Swelling
 Red Swollen
 Patent Blood return
 Dressing Intact: Yes No
 Fluids: NONE

ELIMINATION

Urine Appearance: yellow
 Stool Appearance: N/A
 Diarrhea Constipation
 Bloody Colostomy
did not see stool on my shift

SKIN

GASTROINTESTINAL

Abdomen: Soft Firm Flat
 Distended Guarded
 Bowel Sounds: Present 4 quads
 Active Hypo Hyper Absent
 Nausea: Yes No
 Vomiting: Yes No
 Passing Flatus: Yes No
 Tube: Yes No Type _____
 Location _____ Inserted to _____ cm
 Suction Type: _____

Color: Pink Flushed Jaundiced
 Cyanotic Pale Natural for Pt
 Condition: Warm Cool Dry
 Diaphoretic

Turgor: < 5 seconds > 5 seconds
 Skin: Intact Bruises Lacerations
 Tears Rash Skin Breakdown
 Location/Description: _____
 Mucous Membranes: Color: pink
 Moist Dry Ulceration

RESPIRATORY

Respirations: Regular Irregular
 Retractions (type) NONE
 Labored
 Breath Sounds:
 Clear Right Left

Room Air Oxygen

Oxygen Delivery:

Nasal Cannula 2 L/min

BiPap/CPAP _____

Vent ETT size _____

Other _____

Trach: Yes No

Size _____ Type _____

Obturator at Bedside Yes No

Cough: Yes No

Productive Nonproductive

Secretions: Color clear

Consistency thin

Suction: Yes No Type _____

Pulse Ox Site foot

Oxygen Saturation: 99

PAIN

Scale Used: Numeric FLACC Faces

Location: N/A

Type: NO indicators of pain

Pain Score:
0800 0 1200 0 1600 0

NUTRITIONAL

Diet/Formula: regular NutrAmigen

Amount/Schedule: when baby cries

Chewing/Swallowing difficulties:

Yes No

WOUND/INCISION

None

Type: _____

Location: _____

Description: _____

MUSCULOSKELETAL

Pain Joint Stiffness Swelling

Contracted Weakness Cramping

Spasms Tremors N/A

Movement:

RA LA RL LL All

Brace/Appliances: None

Type: _____

Dressing: _____

TUBES/DRAINS

None

Drain/Tube

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Pediatric Floor Patient #1

INTAKE/OUTPUT

PO/Enteral Intake 07 08 09 10 11 12 13 14 15 16 17 18 Total 120 mL
 PO Intake/Tube Feed 60 60
 Intake - PO Meds

IV INTAKE 07 08 09 10 11 12 13 14 15 16 17 18 Total
 IV Fluid
 IV Meds/Flush

NONE

Calculate Maintenance Fluid Requirement (Show Work) Actual Pt IV Rate $7 \times 100 = 700 / 24 = 29.2 \text{ mL/day}$

Rationale for Discrepancy (if applicable)

OUTPUT 07 08 09 10 11 12 13 14 15 16 17 18 Total 110 mL
 Urine/Diaper 30 80
 Stool
 Emesis
 Other

Calculate Minimum Acceptable Urine Output Average Urine Output During Your Shift

$1 \times 7 = 7 = 35 \text{ mL}$

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

IM5 Clinical Worksheet - PICU

Student Name: WAN GRANZALES

Patient Age: 10 year old

Date:

Patient Weight: 76 lbs

1. Admitting Diagnosis and Pathophysiology
(State the pathophysiology in own words)

NEW ONSET DKA. The body does not have enough insulin to allow glucose to enter the cells for energy

3. Identify the most likely and worst possible complications.

hypoglycemia electrolyte imbalances
dehydration metabolic acidosis
cerebral edema cardiac dysrhythmias

5. What clinical data/assessments are needed to identify these complications early?

Q1 Blood glucose checks, electrolytes
ABG's neuro checks urine output

2. Priority Focused Assessment R/T

Diagnosis: Blood glucose levels
LOC vital signs S/S of dehydration
urine output electrolyte levels

4. What interventions can prevent the listed complications from developing?

frequent blood glucose monitoring
continuous IV insulin per protocol
strict I/O's
neurologic checks
avoid rapid correction of glucose

6. What nursing interventions will the nurse implement if the anticipated complication develops?

Treat hypoglycemia w/dextrose per protocol
adjust insulin per orders administer K as ordered

weight

7. Pain & Discomfort Management:

List 2 Developmentally Appropriate

Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. positioning for comfort

2. calm, quiet environment

8. Patient/Caregiver Teaching:

1. S/S of hyper/hypoglycemia

2. importance of insulin & glucose therapy

3. sick management & when to seek care

Any Safety Issues Identified:

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

NONE

PICU

GENERAL APPEARANCE

CARDIOVASCULAR

PSYCHOSOCIAL

Appearance: Healthy/Well Nourished Pulse: Regular Irregular

Social Status: Calm/Relaxed Quiet

1+ 2+ 3+ 4+

Social/emotional bonding with family:

Capillary Refill: < 2 sec > 2 sec

Present Absent

Pulses:

Upper R 3+ L 3+

Lower R 3+ L 3+

4+ Bounding 3+ Strong 2+ Weak

1+ Intermittent 0 None

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive

Oriented to:

Person Place Time/Event

Appropriate for Age

Pupil Response: Equal Unequal

Reactive to Light Size _____

Fontanel: (Pt < 2 years) Soft Flat

Bulging Sunken Closed

Extremities:

Able to move all extremities

Symmetrically Asymmetrically

Grips: Right S Left S

Pushes: Right S Left S

S=Strong W=Weak N=None

EVD Drain: Yes No Level _____

Seizure Precautions: Yes No

IV ACCESS

(R) AL 22 gauge

(L) Forearm 20 gauge

Site: u/dry intact INT None

Central Line

Type/Location: _____

Appearance: No Redness/Swelling

Red Swollen

Patent Blood return

Dressing Intact: Yes No

Fluids: None

ELIMINATION

Urine Appearance: clear yellow

Stool Appearance: N/A

Diarrhea Constipation

Bloody Colostomy

SKIN

Color: Pink Flushed Jaundiced

Cyanotic Pale Natural for Pt

Condition: Warm Cool Dry

Diaphoretic

GASTROINTESTINAL

Abdomen: Soft Firm Flat

Distended Guarded

Bowel Sounds: Present X 4 quads

Active Hypo Hyper Absent

Nausea: Yes No

Vomiting: Yes No

Passing Flatus: Yes No

Tube: Yes No Type _____

Location _____ Inserted to _____ cm

Tears Rash Skin Breakdown

Location/Description: N/A

Mucous Membranes: Color: pink

Moist Dry Ulceration

RESPIRATORY

Respirations: Regular Irregular

Retractions (type) None

Labored

Breath Sounds:

Clear Right Left

Crackles Right Left

Wheezes Right Left

Diminished Right Left

Absent Right Left

Room Air Oxygen

Oxygen Delivery:

Nasal Cannula L/min

BiPap/CPAP:

Vent: ETT size @ cm

Other:

Trach: Yes No

Size Type

Obturator at Bedside Yes No

Cough: Yes No

Productive Nonproductive

Secretions: Color

Consistency

Suction: Yes No Type

Pulse Ox Site ① pointer finger

Oxygen Saturation:

PAIN

Scale Used: Numeric LACC Faces

Location:

Type: NO signs of pain indicated

Pain Score: pt asleep most of day

0800 0 1200 1600

NUTRITIONAL

Diet/Formula: veg

Amount/Schedule:

Chewing/Swallowing difficulties:

Yes No

WOUND/INCISION

None

Type:

Location:

Description:

MUSCULOSKELETAL

Pain Joint Stiffness Swelling

Contracted Weakness Cramping

Spasms Tremors

Movement:

TUBES/DRAINS

Name _____
 Drain/Tube _____
 Site: _____
 Type: _____
 Dressing: _____
 Section: _____
 Drainage amount: _____
 Drainage color: _____

MOBILITY

Ambulatory Crawl In Arms
 Ambulatory with assist _____
 Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

PICU

INTAKE/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO/Enteral Intake													
PO Intake/Tube Feed													
Intake - PO Meds													

	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV INTAKE													293.8 mL
IV Fluid	130												
IV Meds/Flush	160												
	3.8												

Calculate Maintenance Fluid Requirement (Show Combined Total Intake for Pt (mL/hr) Work)

	07	08	09	10	11	12	13	14	15	16	17	18	Total
OUTPUT													1,200 mL
Urine/Diaper	400	400		400									
Stool													
Emesis													
Other													

MINIMUM OUTPUT = 375

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	
CHEWS Total Score	Total Score (points) <u>0</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