IM5 Clinical Worksheet – PICU

Student Name: DiLeah Hill **Date:** 02/11/26	**Patient Age:** 8Mo **Patient Weight:** 9.5 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) acute hypoxemic respiratory failure and RSV Bronchiolitis	**2. Priority Focused Assessment R/T Diagnosis:** Respiratory assessment
3. Identify the most likely and worst possible complications. Respiratory distress Hypoxia worsening of infection	**4. What interventions can prevent the listed complications from developing?** • admins ter O^2 • practice the precautions for this disease • continue course of antibiotics
5. What clinical data/assessments are needed to identify these complications early? Respiratory assessment neurological assessment	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** • increase O^2 • continuous pulsue oximetry • suction airway to maintain patency
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. If the patient is in a position where breathing takes a lot of effort, adjust their position to promote better breathing 2. Use gentel nasal suctioning to reduce congestion	**8. Patient/Caregiver Teaching:** 1. Hand hygiene, wash hands to avoid spreading disease 2. educate on signs respiratory distress (retractions, nasal flaring, grunting, etc.) 3. encourage small frequent feedings to prevent fatigue **Any Safety Issues Identified:** • risk for airway obstruction due to mucus

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

N/A

n

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed	90						60						150
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	30	30	15	15	15	15	15	15					150
IV Meds/Flush		11.4					14						25.4

Calculate Maintenance Fluid Requirement (Show Work)	**Combined Total Intake for Pt (mL/hr)**
9.5kg x 100 = 950 mL/24hrs 39.6 mL/hr	29.6 mL/hr 150mL+150mL+25.4mL=325.4÷11hrs=

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper						150							
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output	**Average Urine Output During Your Shift**
9.5mL/hr	30mL/hr

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) 1
	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

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished
☑ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☑ Appropriate for Age
Pupil Response: ☑ Equal ☐ Unequal
☑ Reactive to Light ☑ Size 2mm
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

RESPIRATORY

Respirations: ☑ Regular ☐ Irregular
☐ Retractions (type) _____
☐ 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: 2 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 Rt toe
Oxygen Saturation: 100%

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

ELIMINATION

Urine Appearance: yellow
Stool Appearance: type 5 soft / brown
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

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
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: _____
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☐ Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☑ RA ☑ LA ☑ RL ☑ LL ☑ All
Brace/Appliances: ☑ None
Type: _____

MOBILITY

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

PSYCHOSOCIAL

Social Status: ☑ Calm/Relaxed ☐ Quiet
☑ Friendly ☐ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
☑ Present ☐ Absent

IV ACCESS

Site: Left AC ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: ~~NaCl~~ 1/2 NaCl with KCL 20 mEq/L

SKIN

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: _____
☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800_____ 1200 0 1600 _____

WOUND/INCISION

☐ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____