

IM5 Clinical Worksheet – Pediatric Floor

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<p>Student Name: <u>USA Green</u> Date: <u>02/03/26</u></p>	<p>Patient Age: <u>12 yr old F</u> Patient Weight: <u>49.8 kg</u></p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>spinal lesion on T10-12 with lower limb paralysis and bowel & bladder incontinence</u></p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>Neurological assessment with special attention to the lower extremities for motor and sensory function</u></p>
<p>3. Identify the most likely and worst possible complications. <u>surgical site infection</u> <u>spinal med leak</u> <u>UTI → sepsis</u></p>	<p>4. What interventions can prevent the listed complications from developing? <u>proper surgical site care & cleaning with aseptic technique</u> <u>checking dressing regularly during the shift to recognize unexpected change in drainage</u></p>
<p>5. What clinical data/assessments are needed to identify these complications early? <u>ensuring patient is eating and drinking fluids</u> <u>watching labs subs as glucose CBC as well as BUN & creatine</u> <u>regular turn schedule to avoid skin</u></p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops? <ul style="list-style-type: none">• Follow strict wound care protocols• obtaining wound cultures as ordered• ensuring antibiotic & pain management is handled with patient appropriately</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. <u>reposition & suggest different shows to watch</u> 2. <u>offer books or puzzles</u> <u>play Uno or other games she would like</u> <u>talk about the animals at her farm.</u></p>	<p>8. Patient/Caregiver Teaching: 1. <u>do not reach back to scratch or rub or touch the site.</u> 2. <u>ask for staff assistance for repositioning to avoid unnecessary friction</u> 3. <u>review to ask for pain medicine before gets bad as it is easier to manage & get a handle on.</u> Any Safety Issues identified: <ul style="list-style-type: none">• lack of movement or repositioning of limbs w/ paralysis• wrinkles in sheets under patient.</p>

Student Name: USA Creech Patient Age: 12 yr old F
 Date: 02/03/20 Patient Weight: 49.8 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	8.04 ↓	this is significant trend down from 10.23 less likely of infection
RBC	3.65 ↓	this is slightly below normal range. to be watched.
HEM HCT	11.1 / 32.6	these are also low, combined w/RBC possible anemic
Metabolic Panel Labs		
Chloride	11.3 ↑	this is very low. check for symptoms of hyponatremia
Glucose	139 ↑	this is elevated & should be considered w/other test results
Albumin	2.9 ↓	moderately low, potentially linked to the inflammation from surgery
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	5.72	this is down from 8.12 from the previous days labs

Lab TRENDS concerning to Nurse?
 she was wanting to watch the blood cell levels along with BUN & creatinine with the renal impairment and paralytic incontinence.

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: Identity vs. Confusion

1. Patient exhibit very forward planning as she had regained some movement in her Rt leg and foot, with realistic hope for more to return in both as time went by
2. Patient exhibit reasoning with progress once diagnosis of possible tumor was confirmed with positive outlook & ideas.

Piaget Stage: Formal Operational Stage.

1. deductive reasoning - pt explained her hypothetical plan for progress when sent to rehab to build strength to get back on her horse.
2. Abstract thinking. When asked some of her foods that she loved, she explained how jello's texture is not appealing but oatmeal was great.

Please list any medications you administered or procedures you performed during your shift:
 no medications
 general care, communication and repositioning
 prepped secondary bag & tubing for nurse.

USA Creech
02/03/20
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Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	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>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input 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
NEUROLOGICAL	ELIMINATION	IV ACCESS
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 checked="" type="checkbox"/> Place <input checked="" 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 type="checkbox"/> Size <u>4mm</u> 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 type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>W</u> Left <u>A</u> 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	Urine Appearance: <u>yellow</u> Stool Appearance: <u>brown, loose formed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Rt ac</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ 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: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
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 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: _____ 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 _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site _____ Oxygen Saturation: _____	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent 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 type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <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 Condition: <input type="checkbox"/> Warm <input checked="" 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 checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>regular</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>back surgical site</u> Type: <u>achy</u> Pain Score: <u>2</u> 0800 <u>2</u> 1200 <u>2</u> 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" 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 checked="" type="checkbox"/> RL <input checked="" type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None <u>sed's</u> Type: _____	<input type="checkbox"/> None Type: <u>incision approx 4"</u> Location: <u>spine T10-T12</u> Description: <u>well approx w/o redness</u> Dressing: <u>none</u>
	MOBILITY	TUBES/DRAINS
	<input 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 checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

I missed this part from the chart.

Pediatric Floor Patient #1

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													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
							Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$0.9 \text{ mL} / 49.8 = 24.9 \text{ mL/hr}$ 1200 - 1730 shift 137.5 (5.9hr)													

met. regular

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

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

①

Student Name: USA GREEN		Unit: pedi	Patient Initials: 379	Date: 02/03/24	Allergies: NKDA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Acetaminophen	analgesic	Pain relief, mild=moderate	750 mg tab-oral q 6hr prn for pain	Yes Click here to enter text.	n/a	Allergic reaction, hepatotoxicity	1. report immed if have hives or swelling 2. may cause nausea, vomiting, abdominal pain 3. do not exceed 4000 mg or 5 doses in 24 hrs 4. advise caregiver if see yellowing to eyes or darkening urine
Dexamethasone	Cortico-steroid	Inflammation swelling, pain	4 mg tab-oral q 6hr	Yes Click here to enter text.	n/a	numbness or tingling in legs or arms may cause changes to HR may cause headache, blurred vision, noisy - rattling breathing	1. take with food or milk to reduce stomach irritation 2. will reduce resistance to infection, avoid contact with others who are sick 3. report to nurse severe abdominal pain, black stools, vision changes 4. may cause a change of mood or trouble sleeping,
famotidine	H2 receptor block	Reduces stomach acid production for tx sour stomach	20 mg tab-oral q 12hr	Yes Click here to enter text.	n/a	Headache, Dizziness, Diarrhea or Constipation	1. take with full glass of water, can be with or without food but 15-60 min before eating 2. may cause confusion or hallucinations

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

②

Student Name: Click here to enter text. <i>USA Creech</i>		Unit: Click here to enter text. <i>Reddy</i>		Patient Initials: Click here to enter text. <i>PN 379</i>		Date: Click here to enter a date. <i>02/03/20</i>		Allergies: Click here to enter text. <i>NKDA</i>	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration	IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessments, Teaching, Interventions (Precautions/Contraindications, Etc.)	
<i>famotidine</i> <i>CVK.</i>									3. report any itching, rash, swelling in face /throat 4. do not take OTC for more than 2 wks without consulting your dr
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.		1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.		1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.		1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.		1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Student Name: USA Creech		Unit: Pedi 386		Patient Initials: RM 386		Date: 02/03/26		Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)		
Acetaminophen	analgesic	Pain relief, mild=moderate	15 mg/kg suspens q 6hr prn pain / fever reduction	Yes 9.072 kg	n/a	Allergic reaction, hepatotoxicity	1. report immed if have hives or swelling 2. may cause nausea, vomiting, abdominal pain 3. do not exceed 4000 mg or 5 doses in 24 hrs 4. advise caregiver if see yellowing to eyes or darkening urine		
ibuprophen	NSAID	Antipyretic, mild to moderate pain	10 mg/kg suspens of 100mg/5 ml q 6hr prn	Yes Click here to enter text.	n/a		1. always use a calibrated oral syringe 2. never exceed 4 doses in 24 hr 3. give with food or milk to minimize stomach upset 4. make sure to promote adequate fluid intake to encourage kidney function		
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.		