IM5 Clinical Worksheet – Pediatric Floor

Student Name: Yvette Armendariz **Date: 2/11/2026**	**Patient Age:** 9 years **Patient Weight: 57kg**
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Hypoxia secondary to asthma exacerbation. During an exacerbation, the airways become swollen and fill with mucus which makes it hard for air to move in and out of the lungs.	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory assessment
3. Identify the most likely and worst possible complications. **Most likely: Respiratory distress from continued airways narrowing and mucus buildup** **Worst possible: Respiratory failure, which can lead to cardiac arrest if not treated quickly**	**4. What interventions can prevent the listed complications from developing?** Breathing treatments q2 hours, give oxygen if needed to maintain normal levels, monitor respiratory status closely
5.What clinical data/assessments are needed to identify these complications early? Respiratory rate/depth/work of breathing, check O2 sat frequently, auscultate lung sounds, assess for changes in LOC, monitor heart rate	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** Apply oxygen immediately, administer rapid-acting bronchodilator as ordered, give corticosteroids as ordered, position the patient upright in bed, continuously monitor oxygen saturation and respiratory status
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** **1.** Distraction like watching a show or playing video games **2. Encourage deep breathing or guided imagery to help relax and reduce pain**	**8. Patient/Caregiver Teaching:** **1. Teach how to properly use inhaler and including a spacer if prescribed** **2. Teach how to recognize early signs of an asthma attack (coughing, wheezing, SOB)** **3. Teach how to avoid triggers like smoke, dust, pets, cold air** **Any Safety Issues identified:** **Risk for respiratory failure** **Risk for hypoxia** **Risk for fatigue from increased work of breathing**

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Abnormal Relevant Lab Tests	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
N/A		
Metabolic Panel Labs		
N/A		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
N/A		
Lab TRENDS concerning to Nurse?		
N/A		

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. **He was playing super Mario with his father in the room and beat his father in the level and boasted to me**

2. **He was proud of himself for knowing how to INT his IV so that he could change clothes and shower**

Piaget Stage: Concrete operational stage

1. **Playing on his Nintendo Switch to reduce stress while we were performing care**

2. **Counted his own respirations and pulse when we took vital signs**

Please list any medications you administered or procedures you performed during your shift:
N/A- didn't administer any

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed								100mL		350mL			450mL
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							80mL				120mL		200mL
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output **1mL/57kg/hour=57mL/hour**							**Average Urine Output During Your Shift** **200mL**						

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) 2 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