

IM5 Clinical Worksheet – Pediatric Floor

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| <p>Student Name: Brandon Scott Date: 02/18/2026</p> | <p>Patient Age: 11 y/o Patient Weight: 35 kg</p> |
| <p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <p>Acute appendicitis, Abdominal pain that increases in intensity due to an obstruction or</p> | <p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <p>Gi assessment</p> |
| <p>3. Identify the most likely and worst possible complications.</p> <p>Bowel perforation, and sepsis are worst possible complications. The most likely complication is increasing pain gradually</p> | <p>4. What interventions can prevent the listed complications from developing?</p> <p>Surgical intervention such as an appendectomy</p> |
| <p>5. What clinical data/assessments are needed to identify these complications early?</p> <p>Pain assessment, Ct scan of the abdomen, physical exam, or ultrasound</p> | <p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <p>The nurse will assess pain levels and treat with opioid medication such as morphine</p> |
| <p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>Supportive care such as a pillow to splint the incision/site.</p> <p>1. Allowing ambulation and encouraging family interaction/distraction</p> | <p>8. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Report fever, and redness of site. 2. Report pain to nurse, to be treated therapeutically with analgesic medication 3. Avoid hyperactivity or strenuous exercise. <p>Any Safety Issues identified: Prevent getting up abruptly to avoid orthostatic hypotension</p> |

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| Abnormal Relevant Lab Tests | Current | Clinical Significance |
|------------------------------------|----------------|------------------------------|
|------------------------------------|----------------|------------------------------|

Complete Blood Count (CBC) Labs

| | | |
|-----|-----|--|
| WBC | WNL | Indicates no infection due to WBC count not being elevated |
| | | |

Metabolic Panel Labs

| | | |
|-----|-----|-----|
| n/a | n/a | n/a |
| | | |

Misc. Labs

| | | |
|---|-----|-----|
| Absolute Neutrophil Count (ANC) (if applicable) | n/a | 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. The child expressed their behavior of being capable and competent by reporting their own pain, and dismissing fear during procedure before the appendectomy.
2. The child also expressed their favorite tv show and genre of movies being horror. The child also shared what their favorite chips are.

Piaget Stage: Concrete Stage

1. Demonstrated understanding of reasoning as to why she needed to wait to ambulate after vital signs when told.
2. Shared her thoughts of how she felt while going under propofol before procedure.

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

Morphine
Acetaminophen

Pediatric Floor Patient #1