

Student Name: Gadi Sullivan

Unit: PCU

Pt. Initials: RS

Date: 7/20/26

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

Allergies: NKA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Pretaminophen (PREMIUM)	antipyretic & non-opioid analgesic	Pain & Fever	10mg/kg, IVPB-10mg/mL, over 15 minutes	Yes		IVPB – 10mg/mL, over 15 minutes	N/V, headache, constipation, agitation, pruritus (itching)	<ol style="list-style-type: none"> 1. Pain/fever assessment 2. Melant-based dose to prevent hepatotoxicity 3. Monitor for infusion reactions 4. Report symptoms of rash
Lorazepam (ATIVAN)	sedative-hypnotic, anti-convulsant	Paralysis	2mg, intra-venous, q 4-6 hrs	Yes		IVPB IVP – 2mg/min / dilute w/ equal volume	Weakness, sedation, cognitive issues, GI distress	<ol style="list-style-type: none"> 1. Do not stop abruptly 2. Long-term therapy monitoring 3. Airway management 4. Risk for bezoar formation
Sucralofate (SUCRALFATE)	GI mucosal protectant	Treat / Prevent gastric ulcers	250mg, oral, q 4 times daily before meals	Yes		N/A	N/V, dry mouth, dizziness, skin rash, indigestion	<ol style="list-style-type: none"> 1. Risk for bezoar formation 2. Separate from other meds – at least 2 hours 3. plenty of fluid + fiber 4. long-term use can increase aluminum levels

IM5 Clinical Worksheet – PICU

Student Name: Gaddi Sullivent Date: 2/20/26	Patient Age: 18 months Patient Weight: 10.5 kg to 5
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Rhinovirus/Enterovirus (respiratory) - cause common colds and respiratory infections by infecting airway	2. Priority Focused Assessment R/T Diagnosis: Respiratory, O ₂ status, Neurological status
3. Identify the most likely and worst possible complications. Bronchiolitis Respiratory Failure (HCC) ↓ Swelling + mucus buildup in smallest airways of the lungs ↓ life-threatening	4. What interventions can prevent the listed complications from developing? • Hand hygiene, isolation precautions, suction nasal secretions, avoid second-hand smoke. • Monitor respiratory status closely
5. What clinical data/assessments are needed to identify these complications early? • Checking for tachypnea, auscultating for wheezing/crackles, look for retractions, nasal flaring. • Vital signs + mental status	6. What nursing interventions will the nurse implement if the anticipated complication develops? • Airway suctioning, hydration, rest, O ₂ to maintain, monitor respiratory status, elevate HOB. • Maintain patent airway, optimize O ₂ .
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Rocking, holding, skin-to-skin contact. 2. Distraction - toys, playing, bubbles.	8. Patient/Caregiver Teaching: 1. Ensure hydration 2. Manage fever/comfort 3. Keep HOB elevated + use humidifier Any Safety Issues Identified: Dehydration, severe breathing issues, prevent spread through frequent handwashing.
Please list any medications you administered or procedures you performed during your shift: IV Acetaminophen (Ofirmev) - IV Acetaminophen (I performed oral care on my other pt who was intubated.	

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 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	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" 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		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>2mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</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	Pulses: Upper R <u>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Site: <u>AC 22G</u> <input 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 type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DSNS + 20ml @ 20</u>	
	ELIMINATION	<th data-bbox="1431 909 2016 956">SKIN</th>	SKIN
	Urine Appearance: <u>NOT OBSERVED</u> Stool Appearance: <u>not observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Color: <input type="checkbox"/> Pink <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input 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: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration	
	GASTROINTESTINAL	<th data-bbox="1431 1427 2016 1474">PAIN</th>	PAIN
<th data-bbox="297 1363 864 1410">RESPIRATORY</th> <td data-bbox="864 1003 1431 1474"> 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 checked="" type="checkbox"/> Suction Type: _____ </td> <td data-bbox="1431 1474 2016 1713"> Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Generalized</u> Type: _____ Pain Score: 0800 _____ 1200 <u>5</u> 1600 <u>0</u> </td>	RESPIRATORY	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 checked="" type="checkbox"/> Suction Type: _____	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Generalized</u> Type: _____ Pain Score: 0800 _____ 1200 <u>5</u> 1600 <u>0</u>
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored	NUTRITIONAL	<th data-bbox="1431 1760 2016 1807">WOUND/INCISION</th>	WOUND/INCISION
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 type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: <u>1</u> 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 checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>Clear</u> Consistency <u>Thick</u> Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Wall</u> Pulse Ox Site <u>TOE</u> Oxygen Saturation: <u>95+</u>	Diet/Formula: <u>General</u> Amount/Schedule: <u>Ad Lib</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	
	MUSCULOSKELETAL	<th data-bbox="1431 2120 2016 2167">TUBES/DRAINS</th>	TUBES/DRAINS
	<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 type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____	
	MOBILITY		
	<input type="checkbox"/> Ambulatory <input checked="" 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 type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden		

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed			120ml										120ml
Intake - PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	4ml	4ml	4ml	4ml	20ml	20ml	20ml	20ml	20ml				204ml
IV Meds/Flush													384ml
Calculate Maintenance Fluid Requirement (Show Work) $\frac{10.5 \text{ kg}}{10}$ $0.5 \text{ mL} \times 20 = 10 = 10 \div 24 \text{ hrs} =$ $100 \times 10 = 1000 +$ <u>42 mL/hr</u>							Combined Total Intake for Pt (mL/hr) $384 \text{ mL} - 4 \text{ mL/hr}$ then got lowered to 20 mL in prep for discharge +120ml						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper					33ml			133ml					526ml
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output $\frac{10.5 \text{ mL}}{10.5 \text{ kg}} / 10.5 \text{ kg/hr} =$ $\frac{1 \text{ mL}}{10.5 \text{ kg}} / 10.5 \text{ kg/hr} =$ <u>10.5 mL per hour</u>							Average Urine Output During Your Shift NOT observed hourly - mom did diaper changes						

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>5</u> Score 0-2 (Green) - Continue routine assessments