

Pediatric Worksheet

Student: _____			Priority Assessments: _____			Age: _____	Wt: _____	Patient Name: _____ <small>(First, Last)</small>		
Date: _____			Nurse: _____			Diet: _____	Activity: _____	Room #: _____		
Med Order			Time			Notes			DX: _____	
									HPI: _____	
									PMH: _____	
									IV Assessment:	
									<input type="checkbox"/> right solution <input type="checkbox"/> check expiration dates x2 <input type="checkbox"/> drip chamber ½ full <input type="checkbox"/> right rate <input type="checkbox"/> IV bag empty @ <input type="checkbox"/> occlusion meter <input type="checkbox"/> site condition	
Treatments / Procedures / RT / Notes						PLAY: _____				
						TEACHING: _____				
						0630 – 0700: • meds				
						0700 – 0800: • I.V.; chart vs / assessment				
						0800 – 0900: • I.V.;				
						0900 – 1000: • I.V.;				
						1000: - 1100: • I.V.;				
						1100 – 1200: • I.V.; chart vs / assessment				
						1200 – 1300: • I.V.; final charting; report off				
Braden Scale Score = _____						Call H.O. if T > _____, SpO ₂ < _____%, HR > _____ or < _____, RR > _____ or < _____, SBP > _____ or < _____, DBP > _____ or < _____, UOP < _____				
Humpty Dumpty Score = _____										
Equipment = Ambu bag, Code Sheet, Suction, Oxygen, Spare Trach, Padded Side Rails. Closest Room for Ambu Bag?						Intake:		Vitals	0800	1200
								Temp / route		
								HR		
								RR		
								Lung Sounds		
						Output:		SpO ₂		
								O ₂		
								BS		
								Pain		

