PEDIATRIC DEVELOPMENT SHEET # _____

Client's First Name: **Student Name:**
Age: d   m   y   Gender: **Date of Care:**
Medical Diagnosis: **Clinical Site: W   PICU   BU   SASH   SS   CRC**
HPI: **Actual Data: %   Fictional: %**
PMH:

PLAY: Play Therapy / Play Behavior / Type of Play / List of Appropriate Toys

Expected:

Observed:

	Physical Growth	Intellectual Development (Piaget)	Psychological Development (Erikson)	Moral Development (Kohlberg)	Safety Needs
		Stages / Ages	**Stages / Ages**	**Stages / Ages**	
Expected Growth & Development					
Observed Growth & Development **Examples of behaviors, quotes from child/family**					

Client Meds (in order of importance)

Medication / Dosage / Frequency / Route	Specific Type of Medication (Including Drug Classification)	Action (How Does Drug Work)	Why is client taking this med: ∅ dx (↑ or ↓)	Significant Things – Need To Know, Watch For or Teach Your Client. Include Side Effects (SE) and Nursing Implications (NI)

** Rationale for priority setting: