Pediatric Worksheet

Student: Priority Assessments:	Age: Wt:	Patient Name:	
Date:	Diet:		Room #
Primary RN:	Activity:		MRN#
	Allergies:		Security Tag #:

Med Order	Time	Notes

Dx:

HPI:

PMH:

IV Assessment:

□ right solution □ check expiration dates x2 □ drip chamber ½ full

□ right rate □ IV bag empty @ _____ □ occlusion meter

□ site condition

PLAY

TEACHING

Treatments/Procedures/RT/Notes

0630 - 0700: •meds

0700 - 0800 •I.V.; chart vs

0800 - 0900: •I.V.

0900 - 1000: •I.V.

1000 - 1100: •I.V.

1100 - 1200: •I.V.; chart vs.

1200 - 1300: •I.V.; report off

Call H.O. if: T. ____, S_pO_2< %, HR> _____ or < _____, RR> _____ or < _____, SBP> _____, or < _____, DBP> _____ or < _____, UOP< _____

Intake:	Vitals	800	1200
	Temp/rt		
	HR		
	RR		
Output:	Lung Sounds		
	S_pO_2		
	O2		
	BS		
	Pain		

Braden Scale =

Humpty Dumpty =

Safety Equip = Ambu bags, Code Sheet, Suction, Oxygen, Spare Trach, Padded Side Rails