

## Clinical Note - Pediatric (Birth through 12 years of age)

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **MRN:** \_\_\_\_\_

\*NPA = No Problem Assessed ☐ Patient ID Verified ☐ Homebound Visit Type: ☐ Home ☐ ATS ☐ PRN ☐ Other:

<b>B/P:</b> _____ <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> Sitting <input type="checkbox"/> Lying <input type="checkbox"/> Standing	<b>Temp:</b> _____ <input type="checkbox"/> PO <input type="checkbox"/> Ax <input type="checkbox"/> Other: _____	<b>Heart Rate:</b> _____	<b>Resp:</b> _____	<b>Weight:</b> _____	<b>Date:</b> _____
--	---	--------------------------	--------------------	----------------------	--------------------

**Psychosocial Status:** ☐ NPA ☐ Alert ☐ Lethargic ☐ Unresponsive ☐ Flat Affect ☐ Agitated ☐ Anxious ☐ Confused

**Communication Issues:** ☐ NPA ☐ Vision ☐ Hearing ☐ Language/Literacy ☐ Speech **Memory:** ☐ N/A ☐ Good ☐ Fair ☐ Poor

**Oriented To:** ☐ N/A ☐ Person ☐ Place ☐ Time **Comments:** \_\_\_\_\_

**Cardiovascular:** ☐ NPA ☐ Tachycardia ☐ Bradycardia ☐ Cyanosis ☐ Pallor ☐ Abnormal Heart Sounds ☐ Abnormal Heart Rhythm

☐ Capillary Refill > 3 seconds **Peripheral Pulses:** ☐ Present ☐ Absent **Location:** \_\_\_\_\_

☐ Edema ☐ Pitting – Location / Amount: \_\_\_\_\_ **Comment:** \_\_\_\_\_

**Respiratory:** ☐ NPA ☐ Diminished ☐ Wheezes ☐ Stridor ☐ Rhonchi ☐ Crackles: ☐ Course ☐ Fine ☐ Nasal-Flare

☐ Dyspnea: ☐ On Exertion ☐ At Rest ☐ Tachypnea ☐ Orthopnea ☐ Retractions – Location: \_\_\_\_\_ ☐ Apnea Monitoring

☐ Oxygen \_\_\_\_\_ LPM ☐ Continuous ☐ Intermittent ☐ N/C ☐ Mask ☐ Cough: ☐ Productive ☐ Non-Productive

**Comments:** \_\_\_\_\_

**G.I.:** ☐ NPA ☐ Nausea ☐ Vomiting ☐ Dysphagia ☐ Constipation ☐ Diarrhea ☐ Abd. Distended ☐ Abd. Girth \_\_\_\_\_ cm **Bowel Sounds:** ☐ Yes ☐ No

☐ Bleeding # Stools/Day: \_\_\_\_\_ **Diet:** \_\_\_\_\_ ☐ Breast Fed ☐ Bottle Fed **Appetite:** ☐ Good ☐ Fair ☐ Poor

☐ Enteral: Tube: \_\_\_\_\_ Formula: \_\_\_\_\_ ☐ Intermittent – Volume/Rate/Frequency: \_\_\_\_\_

☐ Continuous – Rate/Interval: \_\_\_\_\_ ☐ Wt. Gain/Loss: \_\_\_\_\_ lbs ☐ Ostomy: \_\_\_\_\_

**Date LBM:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**G.U.:** ☐ NPA ☐ Frequency ☐ Urgency ☐ Retention ☐ Incontinence ☐ Dysuria ☐ Hematuria **# of wet diapers/day:** \_\_\_\_\_

**Catheter:** ☐ Indwelling ☐ Intermittent ☐ External ☐ Date placed: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Neuromuscular:** ☐ NPA ☐ Headache ☐ Paresis ☐ Tremors ☐ Seizures ☐ Vertigo ☐ Ataxia ☐ Alt. Level of Consciousness

☐ Paralysis ☐ Spasticity ☐ Flaccidity ☐ Joint Swelling ☐ Joint Stiffness

☐ Sensory Alteration: \_\_\_\_\_ ☐ Head Circumference: \_\_\_\_\_ ☐ Fontanels: ☐ Bulging ☐ Sunken

**Comments:** \_\_\_\_\_

**Integumentary:** ☐ NPA ☐ Dry ☐ Diaphoretic ☐ Pale ☐ Turgor Poor ☐ Rash ☐ Pruritus ☐ Petechiae ☐ Jaundice ☐ Birthmark ☐ Bruises

☐ Abrasion ☐ Incision ☐ Staples ☐ Sutures ☐ Laceration ☐ Pressure Ulcer ☐ Burns ☐ Patient/Caregiver Independent with Wound Care

☐ Wound Managed by: ☐ Wound Clinic ☐ MD Office ☐ Other HHA: \_\_\_\_\_

☐ SN Performing Wound Care/Assessment (see Wound Addendum) ☐ SN treating active Bleed (see Bleeding Disorder Addendum)

**Comments:** \_\_\_\_\_

**Endocrine:** ☐ NPA ☐ Diabetes – Type: \_\_\_\_\_ ☐ Current FSBS: \_\_\_\_\_ ☐ Thyroid Disorder ☐ Adrenal Disorder

**Comments:** \_\_\_\_\_

**Pain:** ☐ NPA **Current Pain Level (0 - 10):** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Acceptable Pain Level (0 - 10):** \_\_\_\_\_

**Pain Description:** \_\_\_\_\_

**Relief Measures:** \_\_\_\_\_

**Pain Controlled?** ☐ Yes ☐ No\* **\*Intervention:** \_\_\_\_\_



**Instructed:** ☐ Patient ☐ Caregiver – Specify: \_\_\_\_\_ **Action:** ☐ Introduced ☐ Continued

**Subject:** \_\_\_\_\_ **Participation:** ☐ Verbal ☐ Demo

**Patient / Caregiver Level of Understanding:** ☐ Partial ☐ Complete **Patient/Caregiver Independent in Therapy:** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

### Response to Therapy

**Patient response to therapy:** ☐ Improved ☐ No Change ☐ Worsening\*

\*Reason/New Problem: \_\_\_\_\_

**Progress towards goals:** ☐ Good ☐ Fair ☐ Poor\*

Reason\*: \_\_\_\_\_

**Changes requiring update in Plan of Treatment (POT):** ☐ Yes ☐ No

**POT revised with Patient /Caregiver involvement?** ☐ Yes ☐ No

**Compliant with therapy:** ☐ Yes ☐ No\*

Reason\*: \_\_\_\_\_

**Patient/Caregiver able to provide Tx:** ☐ Yes ☐ No\*

Reason\*: \_\_\_\_\_

**Patient/Caregiver response to Service/Care:** ☐ Good ☐ Fair ☐ Poor\*

Reason\*: \_\_\_\_\_

**SN Required to administer Tx:** ☐ Yes ☐ No

**Patient/Caregiver needs met:** ☐ Yes ☐ No\*

Reason\*: \_\_\_\_\_

**Nurse Initials:** \_\_\_\_\_

**Clinical Note – Pediatric (cont.)**
**Patient Name:** \_\_\_\_\_ **MRN:** \_\_\_\_\_

**Developmental / Behavioral**
**Age-Appropriate / Milestones met:** ☐ Yes ☐ No\*

\*Explain: \_\_\_\_\_

**Appropriate bonding with Caregiver:** ☐ Yes ☐ No\*

\*Explain: \_\_\_\_\_

☐ Change/Regression In Development Since Last Visit

☐ Developmental Delay: \_\_\_\_\_

☐ Learning Disability: \_\_\_\_\_

Comments: \_\_\_\_\_

**Access:** ☐ N/A

☐ Peripheral IV start - Attempts x \_\_\_\_\_ ☐ Peripheral line in place Gauge: \_\_\_\_\_ Length: \_\_\_\_\_ Date/Location: \_\_\_\_\_

☐ PICC or ☐ Midline Site: \_\_\_\_\_ Type: \_\_\_\_\_ Lumens: \_\_\_\_\_

Ext. catheter length: \_\_\_\_\_ cm ☐ Arm Circumference: \_\_\_\_\_ cm Measurement: 4cm or \_\_\_\_\_ cm above insertion site.

☐ CVAD Site: \_\_\_\_\_ Type: \_\_\_\_\_ Lumens: \_\_\_\_\_ ☐ Tunneled ☐ Non-tunneled

☐ Accessed Port this SNV ☐ Port access in place: Non-coring needle size: \_\_\_\_\_ gauge \_\_\_\_\_ inch ☐ Port de-accessed

☐ Subcutaneous ☐ NGT / GT / JT Location: \_\_\_\_\_ Type: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Access site clean/dry & free of s/sx infection ☐ Yes ☐ No - Describe: \_\_\_\_\_

☐ Access discontinued – Reason: ☐ Site rotation ☐ Infiltration ☐ Erythema ☐ Leak ☐ Occlusion ☐ Thrombosis ☐ Infusion complete

☐ Therapy concluded ☐ Prescriber order Comments: \_\_\_\_\_

**Dressing / Flush:** Access Dressing Change: ☐ N/A

☐ Access flush pre/post med: \_\_\_\_\_ ml of ☐ NS ☐ D5W

Access flush pre/post lab: ☐ \_\_\_\_\_ ml NS ☐ Access flush for maintenance: ☐ NS \_\_\_\_\_ ml ☐ Heparin: \_\_\_\_\_ ml

Antiseptic Agent: ☐ 3 Alcohol ☐ 3 Betadine ☐ Chloraprep ☐ Other: \_\_\_\_\_

Dressing: ☐ Transparent ☐ Gauze & tape ☐ Other: \_\_\_\_\_ ☐ Antibacterial dressing changed

☐ Securement device changed ☐ Needleless connector changed x \_\_\_\_\_ Lumens ☐ Extension tubing changed x \_\_\_\_\_ Lumens

**Lab Work:** ☐ N/A ☐ BMP ☐ CMP ☐ Pro-time ☐ ESR ☐ Trough ☐ Peak ☐ CBC ☐ Other: \_\_\_\_\_

Specimen obtained from: ☐ Peripheral Venipuncture ☐ Venous Access Device \_\_\_\_\_ ml blood discarded

Specimen delivered to: \_\_\_\_\_

**INFUSION RECORD**
☐ N/A

☐ Rx Properly Stored ☐ Anaphylaxis Kit Expiration: \_\_\_\_\_ ☐ N/A

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Volume:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Volume:** \_\_\_\_\_

**Method of administration:** ☐ IVP ☐ INJ ☐ Gravity-Flow Controlled ☐ Pump ☐ Disp. Pump ☐ Other: \_\_\_\_\_

**Pump Program #1:** \_\_\_\_\_ **Pump Program #2:** \_\_\_\_\_

**Factor:** Lot #: \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Labeling checked with orders:** SN initial \_\_\_\_\_

☐ Pre-medication (dose & time): \_\_\_\_\_

TIME	TEMP.	PULSE	RESP.	B/P	RATE	(Patient status / condition / comments)

☐ Medication Profile reviewed: ☐ No Changes ☐ Updated

☐ Inventory completed: ☐ Adequate supplies ☐ Ordering

☐ Discharge Plan discussed with patient/caregiver. Plan for next visit: \_\_\_\_\_

Communication with: ☐ MD ☐ RPh ☐ Other: \_\_\_\_\_

Skilled Intervention Note: \_\_\_\_\_

**Patient Visit Time:** Start: \_\_\_\_\_ End: \_\_\_\_\_ **Lab Time:** Start: \_\_\_\_\_ End: \_\_\_\_\_ **Total Time:** \_\_\_\_\_

Nurse Printed Name

Nurse Signature

Date

**Patient/Representative Signature:** \_\_\_\_\_