

SUBJECT: PEDIATRIC ASSESSMENT AND REASSESSMENT	REFERENCE #2003
DEPARTMENT: PEDIATRIC UNIT	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

It is the policy of _____ Hospital that each patient admitted to the Pediatric Unit shall receive a complete head-to-toe assessment by a qualified individual so that a plan of care can be developed to best meet the needs of the patient. The assessment of the care or treatment needs of the patient will be ongoing throughout the patient's hospital stay.

SCOPE OF PRACTICE:

- All nursing personnel in the Pediatric Unit shall be qualified by level of licensure to perform a complete assessment and reassessment of the patient. A complete assessment shall include physical, psychological, social developmental and safety considerations, as well as educational needs specific to each age group.
 - Neonates
 - Infants
 - Toddlers
 - School Age
 - Adolescents

PROCEDURE:

- At the time of admission each patient shall have an initial physical/psychological assessment completed by a Registered Nurse or a Licensed Practical/Vocational Nurse under the direct supervision of a Registered Nurse.
- A pain assessment will also be completed at the time of admission.
- Immunization status will be assessed as soon as appropriate to the patient's condition and documented on the medical record.
- An environmental and family occupational history related to lead exposure shall be obtained, and education shall be provided to parents about the most common sources of childhood lead exposure for their child and in their community.

PEDIATRIC ASSESSMENT (Newborn - 18 Months)

Patient Name: _____ DOB: _____ MR#: _____

Admission Date: _____ Admission Time: _____

Vital Statistics

Height: _____ Weight: _____ Temp: _____

Pulse: _____ Resp: _____ BP: _____

Head Circumference: _____ NA

Mode of Transport: Ambulatory Gurney Wheelchair Carried

Guardian (Name and Relationship): _____

Home Phone: _____ Work Phone: _____

Language Spoken: Patient: _____ Family: _____ Child's Nickname: _____

Patient and Family Orientation to Unit

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> ID Band | <input type="checkbox"/> Bathrooms | <input type="checkbox"/> Bed Control | <input type="checkbox"/> Crib Mechanics |
| <input type="checkbox"/> Call Light | <input type="checkbox"/> Unit Phone No. | <input type="checkbox"/> Siderails | <input type="checkbox"/> Emergency Bell <input type="checkbox"/> Television |
| <input type="checkbox"/> Smoking Policy | <input type="checkbox"/> Visiting Hours | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Typical Day in Hospital |

Favorite Toy/Blanket: _____

Permission to Stay Overnight: No Yes Who: _____

Safety: Crib Rails/Bed Rails Up Caretaker staying with child Caretaker leaving unit

Diagnosis: _____

Patient States Presence of Pain: Yes No

If yes, list location of pain: _____

Non-verbal Patient Exhibiting Symptoms of Pain: Yes No

If yes, list symptoms and location: _____

(Comprehensive Pain Assessment to be completed as addendum for all patients presenting with pain)

Patient's/Family's Concept of Reason for Hospitalization: _____

Parent expectations of child's care discussed Yes No

Allergies to medications: None Yes Name and Reaction: _____

Allergies to food or environment: None Yes Food and Reaction: _____

Smoker(s) in home: Yes No Lead screening? Yes No

SUBJECT: PEDIATRIC DOSING - GENERAL GUIDELINES	REFERENCE #3004
DEPARTMENT: PEDIATRIC UNIT	PAGE: 1
	OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- This institution shall require weight-based dosing, relative to safe and effective dosing for pediatric patients.
- Due to age-related changes in pharmacokinetic parameters, the dosage of medications prescribed for pediatric patients should be based on*:
 - The patient’s weight (in kilograms)
 - The patient’s age
 - The medication’s chemical characteristics
 - Other medications the pediatric patient is taking
 - The patient’s physical condition
- Pediatric and neonatal units will not use the “Rule of Six” to calculate infusion rates of medications.
- The following formula will be used:
 Infusion rate (mL per hour) =

$$\frac{[\text{weight (kg)} \times \text{dose (mcg per kg per minute)} \times 60 \text{ minutes per hour}]}{\text{concentration (mcg per mL)}}$$

PROCEDURE:

- All orders for pediatric medication must include the patient’s current weight listed in kilograms (kg) and body surface area (BSA) as applicable.
- The order must include the dose (in mg or mEq as applicable) of the medication, the weight-based dosing (dosage parameter) utilized to calculate the medication regimen and the patient’s current weight in kilograms.
- Any pediatric medication orders that do not specify the patient’s weight will be considered incomplete and will not be prepared, dispensed or administered. The Pharmacist will contact the prescriber to clarify the medication order.

SUBJECT: EDUCATION OF PATIENT AND FAMILY	REFERENCE #4001
DEPARTMENT: PEDIATRIC UNIT	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The patient and/or, when appropriate, his or her family are provided with appropriate education and training to increase knowledge of the patient’s illness and treatment needs and to learn skills and behaviors that promote recovery and improve function.
 - The assessment considers cultural and religion practice, emotional barriers, drive and motivation to learn, physical and cognitive limitations, language barriers and the financial implications of care choices
 - Instruction on patient rights and responsibilities
 - When called for by the age of the patient and length of stay, the hospital assesses and provides for patients academic education needs
 - Instruction in preventive health practices and safety issues
 - The safe and effective use of medication, including side effects and reporting these side effects, in accordance with legal requirements and patient needs, when applicable
 - Instruction in pain assessment, management, methods and the risk for pain
 - Information on risks associated with procedures, treatment plans and what to “look out for” after specific procedures or courses of care; to report any concerns immediately to healthcare providers; encourage the patient and family to ask questions
 - The safe and effective use of medical equipment, when applicable
 - Instruction on potential drug-food interactions and counseling on nutrition intervention and/or modified diets, as appropriate
 - Instruction on maintaining oral health, as appropriate
 - Instruction in rehabilitation techniques to facilitate adaptation to and/or functional independence in the environment, if needed
 - Instruction in processes for reporting concerns about safety
 - Access to available community resources, if needed
 - When and how to obtain further treatment, if needed

UNACCEPTABLE ABBREVIATION AND SYMBOL LIST

Do Not Use Any of the Following When Ordering, Prescribing or in Documentation:

- * The Joint Commission’s “do not use” list of abbreviations. **(BOLDED)**
- ** Institute of Safe Medication Practices (ISMP) list of dangerous abbreviations relating to medication use. The ISMP recommends these abbreviations should be explicitly prohibited.

Unacceptable Abbreviation/Symbol	Code	<u>Why</u> this is <u>not</u> to be used	What <u>is acceptable</u> practice
Decimal point preceding dose <u>without</u> preceding zero Example: .5 mg	*/**	Can be mistakenly read as multitudes of the intended amount without notice of the decimal	Include the preceding zero (0) before a decimal point when the dose is less than a whole unit Example: 0.5 mg
Trailing or terminal zero after decimal point - prohibited for all medication orders and other medication-related documentation Example: 3.0 mg	*/**	Can be mistakenly read as multitudes of the intended amount without notice of the decimal point	Do not use trailing or terminal zeros. Write doses as whole numbers Example: 3 mg <i>Acceptable practice does include reporting laboratory values and in certain other numeric notations, i.e., equipment size where the precision of the numeric value is indicated by the digits after the decimal point</i>
IU	*/**	Can be mistaken for intravenous or 10 (ten)	Write out the words “international units”
MgSO ₄	*/**	Can be mistaken for morphine sulfate	Write out the complete name of drug
MS, MSO ₄	*/**	Can be mistaken for magnesium sulfate	Write out the complete name of drug
q.d., qd, Q.D. or QD (every day)	*/**	Can be mistaken for q.i.d., four times daily	Write out the word “daily” or “every day”
q.o.d., qod, Q.O.D. or QOD (every other day)	*/**	Can be mistaken for daily or four times daily	Write out the phrase “every other day”
U or u	*/**	Frequently mistaken for the number zero or the number four	Write out the word “unit”
A.D., A.S., A.U.	**	Can be mistaken for each other or for O.D., O.S., O.U.	Write out the term “left ear”, “right ear” or “both ears”
Apothecary symbol for the word dram	**	Can be mistaken for the number three (3)	Use the metric system instead of this apothecary symbol