



8110011

CUSHING REGIONAL HOSPITAL  
1027 E. CHERRY CUSHING, OKLAHOMA 74023

PEDIATRIC NURSING  
REASSESSMENT  
8110011 (Rev 6/07)

| ASSESSMENT PARAMETERS   | DATE |      |      | DATE |      |      | DATE |      |      |
|---|------|------|------|------|------|------|------|------|------|
|   | 7-3  | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 |
| <b>NEUROLOGICAL:</b> Alert, oriented to person and place, appropriate behavior for age. No c/o dizziness, headache, seizures, memory loss, insomnia, loss of consciousness. No paralysis noted. Pupils equal and react to light. Speech clear for age. No evidence of hearing loss. Fontanel soft & flat. <input type="checkbox"/> Flow Sheet |      |      |      |      |      |      |      |      |      |
| <b>CARDIOVASCULAR:</b> Apical heart rate regular. Peripheral pulses palpable and equal. No clubbing noted. No edema noted.  |      |      |      |      |      |      |      |      |      |
| <b>RESPIRATORY:</b> Bilateral breath sounds clear throughout lung fields. Respirations unlabored, symmetrical and regular with a rate normal for age. No retractions, nasal flaring, splinting, dyspnea, stridor or cough. Nailbeds pink with capillary refill time <3 seconds.   |      |      |      |      |      |      |      |      |      |
| <b>GASTROINTESTINAL:</b> Abdomen non-distended with active bowel sounds in all quadrants. No c/o pain. Tolerating diet without c/o nausea or vomiting. No c/o diarrhea, constipation or blood in stools.  |      |      |      |      |      |      |      |      |      |
| <b>GENITOURINARY:</b> Able to empty bladder without dysuria. Urine clear and yellow to amber. No c/o frequency urgency or changes in urine output.  |      |      |      |      |      |      |      |      |      |
| <b>INTEGUMENTARY:</b> Skin color normal for patient's ethnicity. Skin warm, dry, intact, firm and elastic. Mucous membranes moist, normal hair distribution/texture, no evidence of rashes, petechiae, bruises, eczema, lesions, drainage, wounds, scars or lice.   |      |      |      |      |      |      |      |      |      |
| <b>MUSCULO-SKELETAL:</b> Absence of joint swelling and tenderness, Normal ROM of all joints. No muscle weakness. Surrounding tissue show no evidence of inflammation, nodules, nail changes, ulcerations, or rashes. Gait and ambulation appropriate for age.   |      |      |      |      |      |      |      |      |      |
| <b>EYES, EARS, NOSE, MOUTH, THROAT:</b> Sclera white. No evidence of edema. Nose without visual drainage. Gums pink. No c/o nosebleeds, sore throat or sore gums.   |      |      |      |      |      |      |      |      |      |
| <b>PAIN:</b> Patient is free of pain or demonstrates/verbalizes decreased pain.   |      |      |      |      |      |      |      |      |      |
| <b>PSYCHO/SOCIAL:</b> Responsive to and/or participating in care. Pt./family behavior/verbal response appropriate to situation. Social service/discharge planning needs met.  |      |      |      |      |      |      |      |      |      |
| <input type="checkbox"/> CARE PLAN REVIEWED   |      |      |      |      |      |      |      |      |      |
| INITIALS  |      |      |      |      |      |      |      |      |      |

| INITIAL | SIGNATURE | INITIAL | SIGNATURE | INITIAL | SIGNATURE |
|---------|-----------|---------|-----------|---------|-----------|
|         |           |         |           |         |           |
|         |           |         |           |         |           |
|         |           |         |           |         |           |
|         |           |         |           |         |           |

**LEGEND:** ✓ ASSESSMENT COMPLETED, FINDINGS WITHIN ESTABLISHED CRITERIA  
 X ASSESSMENT COMPLETED, SEE NOTATION FOR VARIATIONS

| ASSESSMENT PARAMETERS   | DATE |      |      | DATE |      |      | DATE |      |      |
|---|------|------|------|------|------|------|------|------|------|
|   | 7-3  | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 |
| <b>NEUROLOGICAL:</b> Alert, oriented to person and place, appropriate behavior for age. No c/o dizziness, headache, seizures, memory loss, insomnia, loss of consciousness. No paralysis noted. Pupils equal and react to light. Speech clear for age. No evidence of hearing loss. Fontanel soft & flat. <input type="checkbox"/> Flow Sheet |      |      |      |      |      |      |      |      |      |
| <b>CARDIOVASCULAR:</b> Apical heart rate regular. Peripheral pulses palpable and equal. No clubbing noted. No edema noted.  |      |      |      |      |      |      |      |      |      |
| <b>RESPIRATORY:</b> Bilateral breath sounds clear throughout lung fields. Respirations unlabored, symmetrical and regular with a rate normal for age. No retractions, nasal flaring, splinting, dyspnea, stridor or cough. Nailbeds pink with capillary refill time <3 seconds.   |      |      |      |      |      |      |      |      |      |
| <b>GASTROINTESTINAL:</b> Abdomen non-distended with active bowel sounds in all quadrants. No c/o pain. Tolerating diet without c/o nausea or vomiting. No c/o diarrhea, constipation or blood in stools.  |      |      |      |      |      |      |      |      |      |
| <b>GENITOURINARY:</b> Able to empty bladder without dysuria. Urine clear and yellow to amber. No c/o frequency urgency or changes in urine output.  |      |      |      |      |      |      |      |      |      |
| <b>INTEGUMENTARY:</b> Skin color normal for patient's ethnicity. Skin warm, dry, intact, firm and elastic. Mucous membranes moist, normal hair distribution/texture, no evidence of rashes, petechiae, bruises, eczema, lesions, drainage, wounds, scars or lice.   |      |      |      |      |      |      |      |      |      |
| <b>MUSCULO-SKELETAL:</b> Absence of joint swelling and tenderness, Normal ROM of all joints. No muscle weakness. Surrounding tissue show no evidence of inflammation, nodules, nail changes, ulcerations, or rashes. Gait and ambulation appropriate for age.   |      |      |      |      |      |      |      |      |      |
| <b>EYES, EARS, NOSE, MOUTH, THROAT:</b> Sclera white. No evidence of edema. Nose without visual drainage. Gums pink. No c/o nosebleeds, sore throat or sore gums.   |      |      |      |      |      |      |      |      |      |
| <b>PAIN:</b> Patient is free of pain or demonstrates/verbalizes decreased pain.   |      |      |      |      |      |      |      |      |      |
| <b>PSYCHO/SOCIAL:</b> Responsive to and/or participating in care. Pt./family behavior/verbal response appropriate to situation. Social service/discharge planning needs met.  |      |      |      |      |      |      |      |      |      |
| <input type="checkbox"/> CARE PLAN REVIEWED   |      |      |      |      |      |      |      |      |      |
| <b>INITIALS</b>   |      |      |      |      |      |      |      |      |      |

| INITIAL | SIGNATURE | INITIAL | SIGNATURE | INITIAL | SIGNATURE |
|---------|-----------|---------|-----------|---------|-----------|
|         |           |         |           |         |           |
|         |           |         |           |         |           |
|         |           |         |           |         |           |
|         |           |         |           |         |           |

**LEGEND:** ✓ ASSESSMENT COMPLETED, FINDINGS WITHIN ESTABLISHED CRITERIA  
X ASSESSMENT COMPLETED, SEE NOTATION FOR VARIATIONS



8110045

CUSHING REGIONAL HOSPITAL

PEDIATRIC IV FLOWSHEET  
48-541 (REV. 10/00)

| TIME          | CHECK IV SITE HOURLY | AMT. SOLUTION IN CHAMBER | AMT. ADDED TO CHAMBER | MED ADDED TO CHAMBER | TOTAL IN CHAMBER | AMOUNT INFUSED | INITIALS |
|---------------|----------------------|--------------------------|-----------------------|----------------------|------------------|----------------|----------|
| 0700          |                      |                          |                       |                      |                  |                |          |
| 0800          |                      |                          |                       |                      |                  |                |          |
| 0900          |                      |                          |                       |                      |                  |                |          |
| 1000          |                      |                          |                       |                      |                  |                |          |
| 1100          |                      |                          |                       |                      |                  |                |          |
| 1200          |                      |                          |                       |                      |                  |                |          |
| 1300          |                      |                          |                       |                      |                  |                |          |
| 1400          |                      |                          |                       |                      |                  |                |          |
| 1500          |                      |                          |                       |                      |                  |                |          |
| 1600          |                      |                          |                       |                      |                  |                |          |
| 1700          |                      |                          |                       |                      |                  |                |          |
| 1800          |                      |                          |                       |                      |                  |                |          |
| SHIFT TOTALS: |                      |                          |                       |                      |                  |                |          |
| 1900          |                      |                          |                       |                      |                  |                |          |
| 2000          |                      |                          |                       |                      |                  |                |          |
| 2100          |                      |                          |                       |                      |                  |                |          |
| 2200          |                      |                          |                       |                      |                  |                |          |
| 2300          |                      |                          |                       |                      |                  |                |          |
| 2400          |                      |                          |                       |                      |                  |                |          |
| 0100          |                      |                          |                       |                      |                  |                |          |
| 0200          |                      |                          |                       |                      |                  |                |          |
| 0300          |                      |                          |                       |                      |                  |                |          |
| 0400          |                      |                          |                       |                      |                  |                |          |
| 0500          |                      |                          |                       |                      |                  |                |          |
| 0600          |                      |                          |                       |                      |                  |                |          |
| SHIFT TOTALS: |                      |                          |                       |                      |                  |                |          |

| INITIAL | SIGNATURE | INITIAL | SIGNATURE |
|---------|-----------|---------|-----------|
|         |           |         |           |
|         |           |         |           |
|         |           |         |           |
|         |           |         |           |

580123

8110045

| TIME          | CHECK IV SITE HOURLY | AMT. SOLUTION IN CHAMBER | AMT. ADDED TO CHAMBER | MED ADDED TO CHAMBER | TOTAL IN CHAMBER | AMOUNT INFUSED | INITIALS |
|---------------|----------------------|--------------------------|-----------------------|----------------------|------------------|----------------|----------|
| 0700          |                      |                          |                       |                      |                  |                |          |
| 0800          |                      |                          |                       |                      |                  |                |          |
| 0900          |                      |                          |                       |                      |                  |                |          |
| 1000          |                      |                          |                       |                      |                  |                |          |
| 1100          |                      |                          |                       |                      |                  |                |          |
| 1200          |                      |                          |                       |                      |                  |                |          |
| 1300          |                      |                          |                       |                      |                  |                |          |
| 1400          |                      |                          |                       |                      |                  |                |          |
| 1500          |                      |                          |                       |                      |                  |                |          |
| 1600          |                      |                          |                       |                      |                  |                |          |
| 1700          |                      |                          |                       |                      |                  |                |          |
| 1800          |                      |                          |                       |                      |                  |                |          |
| SHIFT TOTALS: |                      |                          |                       |                      |                  |                |          |
| 1900          |                      |                          |                       |                      |                  |                |          |
| 2000          |                      |                          |                       |                      |                  |                |          |
| 2100          |                      |                          |                       |                      |                  |                |          |
| 2200          |                      |                          |                       |                      |                  |                |          |
| 2300          |                      |                          |                       |                      |                  |                |          |
| 2400          |                      |                          |                       |                      |                  |                |          |
| 0100          |                      |                          |                       |                      |                  |                |          |
| 0200          |                      |                          |                       |                      |                  |                |          |
| 0300          |                      |                          |                       |                      |                  |                |          |
| 0400          |                      |                          |                       |                      |                  |                |          |
| 0500          |                      |                          |                       |                      |                  |                |          |
| 0600          |                      |                          |                       |                      |                  |                |          |
| SHIFT TOTALS: |                      |                          |                       |                      |                  |                |          |

| INITIAL | SIGNATURE | INITIAL | SIGNATURE |
|---------|-----------|---------|-----------|
|         |           |         |           |
|         |           |         |           |
|         |           |         |           |