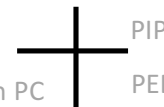



**SICU NURSE DRIVEN ROUNDS- Please present bold info on left side. Use right side as a Nursing reference**

<b>PATIENT</b>	STICKER	Past Med/Surg Hx:	Date: Admit Date: MD: RN: Age: Allergies: Code Status: Isolation Type: Why:																				
	<b>Admission Hx:</b>	<b>24 Hour Events:</b>																					
<b>HX</b>																							
<b>NEURO</b>	<b>Sedation/Analgesia/Paralytics:</b> <b>Orientation:</b> Cam ICU: <b>Motor Movement:</b> CIWA Score: <b>GCS:</b> E: 1 2 3 4 V: 1 2 3 4 5 M: 1 2 3 4 5 6		Other Neuro: EVD/Bolt <input type="checkbox"/> ICP Range: Spinal Precautions: Full T&Ls Cleared																				
<b>CARDIAC</b>	<b>Rhythm:</b> <b>HR Range:</b> <b>BP Range:</b> <b>Map:</b> <b>CVP:</b> CI: <b>PA:</b> SvO2 <b>IV Drips/Rates:</b>		Ectopy: Edema: Pulses:  Titration Goals:																				
<b>RESP</b>	<b>Lung Sounds:</b> <b>RR:</b> SpO2: O2 Type: <b>Vent:</b> FiO2 		ETT/Trach Size: ETT Depth: IS Volumes: Extubated @ Chest X-ray Ordered: Yes No																				
	<b>Most Recent ABG:</b> pH / PaCO2 / PaO2 / HCO3 <b>Lactate:</b>																						
<b>RENAL</b>	<b>24 Hour Total Ins</b> _____ <b>Total Outs</b> _____ <b>Net</b> _____ <b>Foley:</b> <b>Labs</b>  		<table border="1"> <thead> <tr> <th>Ins</th> <th>Outs</th> </tr> </thead> <tbody> <tr> <td>IVs/Meds</td> <td>Urine</td> </tr> <tr> <td>Tube Feeds</td> <td>GI</td> </tr> <tr> <td>PO Intake</td> <td>Drains</td> </tr> <tr> <td>Blood Products</td> <td>1.</td> </tr> <tr> <td>PRBCs</td> <td>2.</td> </tr> <tr> <td>FFP</td> <td>3.</td> </tr> <tr> <td>Platelets</td> <td>Chest Tubes</td> </tr> <tr> <td>Cryo</td> <td>1.</td> </tr> <tr> <td>Albumin</td> <td>2.</td> </tr> </tbody> </table>	Ins	Outs	IVs/Meds	Urine	Tube Feeds	GI	PO Intake	Drains	Blood Products	1.	PRBCs	2.	FFP	3.	Platelets	Chest Tubes	Cryo	1.	Albumin	2.
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<b>CRRT Goals:</b>																							

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<b>GI/ENDO</b>	<b>Abdominal Assess:</b> <b>Diet:</b> NG / OG / DHT/CorTrak <b>Tube Feeds:</b> <b>Rate:</b> <b>Goal:</b> <b>TPN:</b> <b>Bladder Pressures:</b> <b>Last BM:</b> <b>Glucose Range:</b> <b>Sliding Scale:</b> <b>Insulin Drip Rate:</b>		Speech/Swallow: Bowel Regimen: Nutrition Needs: Labs (if done read to team): Total Bili ___ AST ___ ALT ___ Alk Phos ___ Amylase ___ Lipase ___ 24 hour insulin total: ___ Blood Sugars Q1H Q2H Q4H Q6H AC&HS																				
	<b>24 Hour TMAX:</b> _____ <b>CBC:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> <b>COAGS:</b>  </div> </div>		Anticoagulation Type: H/H goal: INR Goal: Platelet Goal: Tacro Level: Draw at ___ Vanco Peak/Trough: Draw at ___ Antibiotics:																				
<b>SKIN</b>	<b>(Only mention abnormal findings)</b>	<b>Wounds/Pressure Ulcers</b> 1. 2. 3. 4.	Activity Status: Wound Consult Yes No Chlorhexidine wipe: Yes No Chlorhexidine bath: Yes No																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Lines</b></td> <td style="width: 30%; text-align: center;">Date Placed</td> <td style="width: 40%;"></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		<b>Lines</b>	Date Placed																			
<b>Lines</b>	Date Placed																						
<b>PATIENT</b>	<b>Psychosocial:</b>  <i>Resident presents plan. Please bring up nursing concerns after resident has discussed plan.</i>		Questions for MD:																				

Updates/Plan

0800	0900	1000	1100	2000	2100	2200	2300
1200	1300	1400	1500	0000	0100	0200	0300

***SICU NURSE DRIVEN ROUNDS- Please present bold info on left side. Use right side as a Nursing reference***

1600	1700	1800	1900	0400	0500	0600	0700
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