|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT** | STICKER | Past Med/Surg Hx:  | Date: Admit Date:MD: RN:Age: Allergies: Code Status: Isolation Type: Why: |
| **HX** | **Admission Hx:**  | **24 Hour Events:**  |  |
| **NEURO** | **Sedation/Analgesia/Paralytics:** **Orientation: Cam ICU:** **Motor Movement: CIWA Score:** **GCS:** E: 1 2 3 4 V: 1 2 3 4 5 M: 1 2 3 4 5 6 | Other Neuro:EVD/Bolt □ICP Range:Spinal Precautions:Full T&Ls Cleared |
| **CARDIAC** | **Rhythm:****HR Range:****BP Range:****Map:****CVP: CI:****PA: SvO2****IV Drips/Rates:** | Ectopy:Edema:Pulses:Titration Goals:  |
| **RESP** | **Lung Sounds:** **RR: SpO2: O2 Type:** **Vent:** PIPFiO2PEEPRR if on PC**Most Recent ABG:****pH / PaCO2 / PaO2 /HCO3** **Lactate:** | ETT/Trach Size: ETT Depth: IS Volumes: Extubated @Chest X-ray Ordered: Yes No  |
| **RENAL** |  **24 Hour Total Ins \_\_\_\_\_\_ Total Outs \_\_\_\_\_\_ Net \_\_\_\_\_\_\_** **Foley:**  **Labs**  **CRRT Goals:**  | 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.  |
| **GI/ENDO** | **Abdominal Assess:****Diet: NG / OG / DHT/CorTrak****Tube Feeds: Rate: Goal:****TPN: Bladder Pressures:****Last BM:****Glucose Range: Sliding Scale:****Insulin Drip Rate:**    | 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  |
| **HEME** | **24 Hour TMAX:\_\_\_\_\_\_** **CBC: COAGS:**https://s-media-cache-ak0.pinimg.com/236x/f0/67/62/f06762bd44a8250e6bf8239200632e50.jpghttps://s-media-cache-ak0.pinimg.com/736x/08/77/ba/0877ba43286149cf0687ab1c0f304bf4.jpg | Anticoagulation Type:H/H goal: INR Goal: Platelet Goal: Tacro Level: Draw at\_\_\_\_Vanco Peak/Trough:  Draw at \_\_\_\_\_\_\_Antibiotics:  |
| **SKIN** | **(Only mention abnormal findings)**  | **Wounds/Pressure Ulcers**1.2.3.4. | Activity Status: Wound Consult Yes NoChlorhexidine wipe: Yes NoChlorhexidine bath: Yes No  |
| **LINES** | **Lines** | Date Placed | PT/OT Ordered Yes NoDVT Prophylaxis Yes NoSCDs Yes No24 Hour Chart Check:  |
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| **PATIENT** | **Psychosocial:** ***Resident presents plan. Please bring up nursing concerns after resident has discussed plan.***  | Questions for MD: |

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| --- |
| Updates/Plan |

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| 0800 | 0900 | 1000 | 1100 | 2000 | 2100 | 2200 | 2300 |
| 1200 | 1300 | 1400 | 1500 | 0000 | 0100 | 0200 | 0300 |
| 1600 | 1700 | 1800 | 1900 | 0400 | 0500 | 0600 | 0700 |