Room #: _____ **MRN:** _____ **Weight:** _____kg **Age:** _____ **Date:** _____

Patient Name: _____ **Code Status:** _____ **Allergies:** _____

Isolation: _____ **Date of Admission:** _____

Admit Dx: _____

PMHx: _____

_____

Neuro:

A&Ox___ Eyes: _____ Cough/Gag: _____ Restraints: _____

Pain Issues: _____ Meds Last Given: _____

Sedation: _____ Neuro Checks Q ___hrs

CV:

Rhythm: _____ HR: _____ MAP: _____ Systolic: _____/Diastolic: _____

Pulses: UE ___/___, LE ___/___ Edema: UE ___/___, LE ___/___ T-Max: _____

Access: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ CVP: _____

Resp:

Natural/#__ ETT/Shiley/Bivona ___@ Teeth/Lip O_2: RA/NC/Mask/TC/Vent/BiPAP/CPAP

Vent Settings: _____ FiO_2: _____% Rate: _____ PEEP: _____ TV: _____

Breath Sounds: _____/_____ Secretions: _____ Suction Q ___

Resp Rate: _____ SpO_2: _____%

Chest Tube: R/L Water Seal/Suction Drainage: _____ OP Last Shift: _____

GI:

NPO R/L NGT OGT PEG G-J Keofeed LIWS PO Diet: _____

TF Type: _____ ml/hr: _____ H_2O Boluses: ____mls Q ___hrs Prosource: _____pkts

TPN: _____ml/hr Lipids: _____ml/hr

Rectal Bag/Rectal Tube/Flexiseal

Fingersticks Q ___hrs/ACHS

GU:

Foley/Texas Cath/Bedpan/Urinal/Bedside Commode/Diaper

Color: _____ +/- _____mL Last Shift

Dialysis: _____

Skin:

#1: _____

#2: _____

#3: _____

#4: _____

Wound Care Consulted? Yes/No

Social/Family:

Labs:

WBC:	_____	4.5-11
Hgb:	_____	♀ 12-16 ♂ 13-18
Hct:	_____	♀ 36-46 ♂ 37-49
Plts:	_____	100-450
Na^+:	**_____**	**135-145**
K^+:	**_____**	**3.5-5.2**
Cl^-:	**_____**	**95-107**
Mg:	**_____**	**1.6-2.4**
Phos	**_____**	**2.4-4.1**
Ca^+:	**_____**	**8.8-10.3**
***i* Ca^+:**	**_____**	**2.24-2.46**
BUN:	_____	7-20
Creat:	_____	0.5-1.4
PT:	_____	10-12
PTT:	_____	30-45
INR:	_____	1-2

ABG:

pH:	_____	7.35-7.45
pCO_2:	_____	35-45
pO_2:	_____	70-100
HCO_3:	_____	19-25

Plan:

Drips:

- _____
- _____
- _____
- _____
- _____
- _____

To Do:

- o *Careplan*
- o *Morse Falls Risk/Restraint*
- o *Education*
- o *Restraint Order UTD*
- o _____
- o _____
- o _____
- o _____
- o _____
- o _____

0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800