

I

Introduction

Pt: _____ RM: _____

Age/ Sex: _____ M / F

Wt: _____ date: _____ Trend: _____

Allergies: NKDA/ _____

Code Status: FULL / DNR/ DNI

Admit Date: _____

S

Situation

Dx:

Current Conditions:

Interventions/ Responses:

PRN MEDS:

B

Background

PMH/ Surg Hx:

Isolation: Y N

Fall Risk: Y N

Braden Scale: _____

A

Assessment

0800: BP _____ P _____ T _____ R _____ Pain _____

1200: BP _____ P _____ T _____ R _____ Pain _____

O2Sat _____ / _____ RA NC _____ L/min

(14-17.4)(12-16)
/(4.5-5.5)(4-5)>-----<4k-10k
(42-52%)(36-48%)

Pert Labs: >-----<

135-145/95-108/8-20

3.5-5/35-45/(0.6-1.2)(0.5-1.1)< 70-100

Na+

Cl

BUN

-----/-----/-----<

K+

CO2

Creat

FSBG:

IV: R / L _____ @ _____ ml/hr

Green 18/ pink 20/ blue 22

Sol: _____

Site: normal / abnormal

Intake

Output

Dressing:

Neuro: A&O x ____, Eye R____L____, PERRLA/tracks; swalw____, grip _____

Speech :clr / slur/ stut / mubl HA: Y /N

AIR: reg/ irrg BS: clr/rale/rhon/crak SOB__

CPAP ____ DB&C: prod/non Charc:_____

O2 Therapy: Y / N Type:_____

WATER: turg: adq/poor col:____ temp: W/C

Edema: _____loc:_____ wound:_____

Mmbrn: moist/dry Drains:_____

Apical Pulse: Rate_____ Reg/Irrg

FOOD: Feed:self/assit/total Diet:liq/sft/reg

%B____ %L____ %D _____

ELMIN:BS act/hypr/hypo x____ soft/distend LBM____ Flatus: Y / N, NG: Y / N, FC:Y / N

col: pale/ ylw/ amber amt: _____ ml clr/cldy

Osty:stoma app _____ Vomit: _____

ACTY/REST:ADL: slf/ part/ total

Tone: poor/good Act level: bed/BRP/ ad lib Ast Device: wlkr / wc / cruch / cane

SOLITD/INTER: Spch: clr/slur/stud/mum

Mental: LOC Alert/Drowsy Orient x _____

Visitors: Y / N, Follows Commands: Y/ N

Pain: /10 Loc:_____ Charac:_____

PREV HAZ: wlkr / wc / cruch / cane

Gait: stab/assist x _____ Vision:gd/pr

Hear:gd/pr Skin: gd/pr

Cardio: reg/ irrg rhythm tach/brad

Pedal pulses: pres/absent CRF _____

R

Recommend

Treatments: ☐ Brush Teeth ☐ AM care

☐ Change Linens

Goals/ Tx plan:

What to watch for:

Planned test/procedure:

Consults:

D/C needs:

Care Coordination:

DEVELOPMENTAL SELF-CARE REQUISITES/NEEDS:

HEALTH DEVIATION SELF-CARE REQUISTES/NEEDS:

MISCELLANEOUS:

- Why is the Pt here?
- What are you doing about it & why?
- How will we know when the Pt. is ready to discharge?
- What are the medical milestones the Pt. needs to achieve for the Pt. to be ready for the next level care?

	<u>INR</u>	<u>IV</u>
<u>PUSH</u>		
	• Reg: 0.6-1.1	° metoprolol 5mg
= 5min	• Afib: 2-3	° Lasix 2mg = 2
min	• Porcine Valve: 3-4 (repair)	° push 3 ml first
then check for blood, push rest	• Chronic DVT: >4	

MEDICATION / LAB INFO NEEDED:

ANTIPLATELET----- PLATELET COUNT

BETA BLOCKER----- BP; HR; RHYTHM (no for asthmatics d/t bronchospasms)

DIGOXIN ----- HR; RHYTHM; PAUSES/BLOCKS; TOXICITY

ACE INHIBITOR ----- KIDNEY FCN: BUN; Creat

OPIOIDS ----- RESP BEFORE & AFTER

SEPTIC ----- LACTIC ACID

Heparin Calculations:

Assign C= concentration...typical unit is 100 units per 1 milliliter C=100u/ml since 25000 units per 250 ml

Assign R= rate....what we want to figure out

Assign D= dose...ordered per doctor based on PTT i.e. 900 u/hr

100u/ml can be written $1 \text{ ml} \div 100 \text{ ml}$, in that case $1 \text{ ml} \div 100 \text{ ml} \times 900 \text{ u} \div 1 \text{ hr} = 9 \text{ ml/hr}$

If a PTT comes back with a need to increase the dose by 100u/hr you can plug $100 \text{ u/hr} + 900 \text{ u/hr}$ into the equation or you can figure $100 \text{ u/hr} = 1 \text{ ml/hr}$ therefore just adding the 1ml to the original 9 ml/hr will get you the same answer of 10ml/hr.