

PATIENT CHART

Chart for Julia Morales Simulation #2

STUDENT NAME: _____

PATIENT INITIALS: __J.M._____

CLINICAL DATE(S): _____

INSTRUCTOR: _____

| | |
|--|--|
| Patient Name: Julia Morales Room: DOB: 1946 Age: 65 | MRN: 123-456-78 Doctor Name: Dr. Ann Davis Date Admitted: |
|--|--|

Physician's Orders

Allergies: NKA

| Date/ Time: | |
|----------------|--|
| | Home Hospice Care, RN and CNA visits as needed |
| | Do not resuscitate (DNR), comfort measures only |
| | Diet as tolerated |
| | Oxygen 2 liters per minute per nasal cannula for comfort |
| | Meds: Morphine liquid drops (Roxinal) 5-20mg as needed every 2-4 hours for pain, not to exceed 100mg in 24 hours Colace 100mg: 1-2 capsules orally daily as needed for constipation Fentanyl patches 50 mcg/hr transdermal every 72 hrs Scopolamine patches 1.5 mg transdermal every 72 hrs |
| | Please notify me immediately of patient's death. |
| | Dr. Ann Davis |

Nursing Notes

| Date/ Time: | |
|----------------|--|
| | Patient positioned on left side. Respirations 8 per minute; Oxygen 2 liters per nasal cannula remains on. BP not taken due to discomfort. Appears comfortable; will continue to assess for indications of pain. Family present at bedside. |
| | M. Reyes, RN |

Nurse Signatures

| Initial | Nurse Signature | Initial | Nurse Signature |
|---------|-----------------|---------|-----------------|
|---------|-----------------|---------|-----------------|

| | | | |
|----|-----------------|--|--|
| MR | Maria Reyes, RN | | |
|----|-----------------|--|--|

Medication Administration Record

Allergies: NKA

Scheduled & Routine Drugs

| Date of Order: | Medication: | Dosage: | Route: | Frequency: | Hours to be Given: | Date Given: |
|----------------|---------------------------------|-----------|-------------|---|--------------------|-------------|
| | Morphine liquid drops (Roxinal) | 5-20mg | | as needed every 2-4 hours for pain, not to exceed 100mg in 24 hours | | |
| | Fentanyl patches | 50 mcg/hr | transdermal | every 72 hrs | | |
| | Scopolamine patches | 1.5 mg | transdermal | every 72 hrs | | |

Intravenous Therapy

| Date of Order: | IV Solution | Rate Ordered: | Date/Time Hung: |
|----------------|-------------|---------------|-----------------|
| | | | |

Nurse Signatures

| Initial | Nurse Signature | Initial | Nurse Signature |
|---------|-----------------|---------|-----------------|
| | | | |

Medication Administration Record

| Intramuscular legend: | Subcutaneous site code: |
|-----------------------|-------------------------|
| A=RUOQ ventrogluteal | 1=RUQ abdomen |
| B=LUOQ ventrogluteal | 2=LUQ abdomen |
| C=R Deltoid | 3=RLQ abdomen |
| D=L Deltoid | 4=LLQ abdomen |
| E=R Thigh Lateral | 5=RU arm |
| F=L Thigh Lateral | 6=LU arm |

| |
|--------------------|
| 7=R leg 8=L leg |
|--------------------|

Allergies: NKA

PRN Medications

| Date of Order: | Medication: | Dosage: | Route: | Frequency : | Date/Time Given: | |
|----------------|-------------|--------------------|--------|----------------------------------|------------------|--|
| | Colace | 100mg 1-2 capsules | Orally | Daily as needed for constipation | Date: | |
| | | | | | Time: | |
| | | | | | Site: | |
| | | | | | Initials : | |

Insulin Administration

| Date of Order: | Medication: | Dosage: | Route: | Frequency : | Date/Time Given: | |
|----------------|-------------|---------|--------|-------------|------------------|--|
| | | | | | Date: | |
| | | | | | Time: | |
| | | | | | Site: | |
| | | | | | GMR: | |
| | | | | | Initials : | |

Nurse Signatures

| Initial | Nurse Signature | Initial | Nurse Signature |
|---------|-----------------|---------|-----------------|
| | | | |

Risk Assessments & Nursing Care

| | Date: Braden Scale Score: Fall Risk Score: | Date: Braden Scale Score: Fall Risk Score: |
|------------------------|--|--|
| Time Hourly | | |
| PAIN ASSESSMENT | | |

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Intensity (1-10/10) | | | | | | | | | | | | | | | | | | | |
| Pain Type (see legend) | | | | | | | | | | | | | | | | | | | |
| Intervention (see legend) | | | | | | | | | | | | | | | | | | | |
| PATIENT POSITION | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PO FLUIDS (ml) | | | | | | | | | | | | | | | | | | | |
| IV SITE/RATE CHECKED | | | | | | | | | | | | | | | | | | | |
| PATIENT HYGIENE | | | | | | | | | | | | | | | | | | | |
| WOUND ASSESSMENT | | | | | | | | | | | | | | | | | | | |
| WOUND BED | | | | | | | | | | | | | | | | | | | |
| WOUND DRAINAGE | | | | | | | | | | | | | | | | | | | |
| WOUND CARE | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Nurse Initials | | | | | | | | | | | | | | | | | | | |

LEGEND: *= see nursing notes

| | |
|----------------------------|-----------------|
| PAIN TYPE: | |
| A- aching | T- throbbing |
| ST- stabbing | B- burning |
| SH- shooting | P- pressure |
| PAIN INTERVENTIONS: | |
| 1- Relaxation/Imagery | 2 - Distraction |
| 3- Reposition | 4-Medication |

| |
|--------------------|
| POSTIONING: |
| B- back |
| R- right |
| L- left |
| C- chair |
| A- ambulatory |

| | |
|---------------------|----------------|
| PT. HYGIENE: | |
| b- bedbath | a- assist bath |
| p- partial bath | sh- shower |
| g- grooming | m mouth care |
| f- foot care | n- nail care |

| |
|----------------------------|
| WOUND ASSESSMENT |
| # 1-4 Pressure Ulcer stage |
| I – Incision |
| R – Rash |
| SK – skin tear |
| E –Echymosis |
| A – Abrasion |

| |
|------------------------|
| WOUND BED: |
| D– Dry & intact |
| S – Sutures/ staples |
| G – Granulation tissue |
| P – Pale |
| Y – Yellow |
| B- Black |

| |
|------------------------|
| WOUND DRAINAGE: |
| 0 – none |
| S – Serous |
| P – Purlulent |
| S – Serosanguinous |
| B – Bright red blood |
| D – Dark old blood |

| |
|---------------------|
| WOUND CARE: |
| C – Cleaned with NS |
| G – Gauze dressing |
| W – Gauze wrap |
| A – ABD pad |
| M – Medication |
| O – other ** |