PATIENT CHART

Chart for Sherman “Red” Yoder Simulation #2

STUDENT NAME:_____

PATIENT INITALS: ___S.Y._____

CLINICAL DATE(S): _____

INSTRUCTOR: _____

Patient Name: Sherman "Red" Yoder	**MRN:** 000-555-555
Room: 16	**Doctor Name:** Dr. Frank Baker
DOB: 02/02/1931	**Date Admitted:**
Age: 80	

Physician's Orders

Allergies: NKA

Date/ Time:	
	Emergency Room orders:
	IV 0.9% NS 500mL bolus; may repeat once
	Labs: CBC, electrolytes, BUN and creatinine, arterial blood gases, blood cultures x 2, serum lactate
	Wound culture and sensitivity
	Oxygen at 2 liters per minute via nasal cannula; titrate to keep SpO2 > 94%
	Insert urinary catheter to continuous drainage
	Continuous ECG and Sp O2 monitoring
	Ceftazidime 1 gram IVPB every 8 hours
	Capillary blood glucose stat: Administer regular insulin per sliding scale below: If less than 60 notify Dr. Baker 61-130- give no insulin 131-200- give 2 units subcutaneously 201-250- give 4 units subcutaneously 251-300- give 6 units subcutaneously >300 notify Dr. Baker
	Transfer to medical intensive care unit
	Dr. Frank Baker

Physician Progress Notes

Allergies: NKA

Date/ Time:	
	Dr. Frank Baker

Nursing Notes

Date/ Time:	
	Patient is an 80-year-old male admitted via ambulance. He has a history of diabetes and an open foot wound. See physician orders then transfer to MICU.
	John Smith, RN

Nurse Signatures

Initial	Nurse Signature	Initial	Nurse Signature
JS	John Smith, RN		

Medication Administration Record

Allergies: NKA

Scheduled & Routine Drugs

Date of Order:	Medication:	Dosage:	Route:	Frequency:	Hours to be Given:	Dates Given:
	Ceftazidime	1 gram	IVPB	every 8 hours		

Intravenous Therapy

Date of Order:	IV Solution	Rate Ordered:	Date/Time Hung:
	IV 0.9%	NS 500 cc's bolus, may repeat x1	

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:	
					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

Vital Signs Record

Date:												
Time:			0400	0800	1200	1600	2000	2400	0400	0800	1200	1600
Temperature:	**C⁰**	**F⁰**										
	40	**104**										
	39.5	**103**										
	39	**102**										
	38.5	**101**										

	38	**100**	. . . . .	. . . . .	. . . X	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
	37.5	**99**	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
	37	**98**	. . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
	36.5	**97**	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
	36	**96**	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
BP					116/84							
Pulse					86							
O^2 Saturation												
Weight												
Respirations					28							
GMR												
Nurse Initials					JS							

Intake & Output Bedside Worksheet

INTAKE					**OUTPUT**				
ORAL	TUBE FEED	IV	IVPB	OTHER	URINE	Emesis	NG	Drains Type:	Other

Total Intake this shift:					Total Output this shift:				

(This is a worksheet to be used at the bedside to keep track of each intake or output. The totals will then be recorded on the 24 hour Fluid Balance sheet.)

Fluid Measurements:	Sample Measurements:
1 ml = 1 cc	Coffee cup = 200 cc
1 ounce = 30 cc	Clear glass = 240 cc
8 ounces = 240 cc	Milk carton = 240 cc
1 cup = 8 ounces = 240 cc	Small milk carton = 120 cc
4 cups = 32 ounces = 1 quart or liter= 1000 cc	Juice, gelatin or ice cream cup = 120 cc
	Soup bowl = 160 cc
	Popsicle half = 40 cc

Nursing Assessment Flowsheet

GENERAL APPEARANCE:
☐ male ☐ female

DOB:__6/9/1938_____
AGE:___80_____
ETHNICITY:___Caucasin_____
OCCUPATION:___Retired_farmer_____
RELIGION:__Protestant_____

☐ awake	☐ sleeping	☐ agitated
☐ cheerful	☐ lethargic	☐ anxious
☐ crying	☐ calm	☐ combative
☐ fearful		

SKIN: ☐ see wound care sheet ☐ see nursing notes

BRADEN SCALE SCORE: 15 ☐ risk skin breakdown

COLOR:
☐ acyanotic
☐ pale
☐ ruddy
☐ jaundiced
☐ cyanotic

TURGOR:
☐ <3 sec
☐ > 3 sec

TEMP:
☐ warm/dry
☐ hot
☐ cool
☐ cold/clammy
☐ diaphoretic

HAIR:
☐ shiny
☐ dry/flaking
☐ balding
☐ lesions
☐ lice

R foot is red and swollen, there is an open wound to the R great toe, depth of 1cm and width 1cm, purulent drainage noted

NEUROLOGICAL: ☐ see nursing notes

ORIENTATION:

☐ person	☐ disoriented
☐ place	☐ confused
☐ time	☐ impaired memory

RESPONDS TO:
☐ name ☐ non-responsive

RESPIRATORY: ☐ see nursing notes

RESPIRATIONS:
RATE:__28____
O_2:___RA_____
SPO_2:__88____%

☐ regular	☐ labored
☐ even	☐ uses accessory muscles
☐ irregular	☐ cough

BREATH SOUNDS:

LEFT:	RIGHT:
☐ clear	☐ clear
☐ crackles	☐ crackles
☐ wheezes	☐ wheezes
☐ decreased	☐ decreased
☐ absent	☐ absent

THORAX:
☐ even expansion
☐ uneven expansion

SMOKING:
☐ cigarettes pk/day _____
☐ cigars
☐ marijuana
☐ cocaine

GASTROINTESTINAL/NUTRITION: ☐ see nursing notes

APPEARANCE:

☐ flat	☐ soft
☐ round	☐ gravid
☐ obese	

BOWEL SOUNDS:
☐ active ☐ hyperactive

☐ stimuli

SPEECH:
☐ clear ☐ aphasic
☐ garbled ☐ inappropriate
☐ slurred ☐ cannot follow conversation

FACE:
☐ symmetrical ☐ drooling
☐ drooping

EYES:
☐ PERRLA
☐ unequal
☐ drooping lid

SIGHT:
☐ no correction
☐ glasses
☐ contacts
☐ blind

HEARING:
☐ WNL ☐ hearing aid
☐ HOH

HX:
☐ seizures ☐ spinal injury
☐ CVA ☐ other
☐ brain injury

☐ hypoactive ☐ absent

PALPATION:
☐ non-tender ☐ mass (location) _____
☐ tender (location)_____

LAST BM:__yesterday_____

☐ incontinent ☐ diarrhea
☐ stoma- _____ ☐ mucous
☐ constipation ☐ blood

DIET:__Low fat_____

☐ impaired swallowing
☐ choking
☐ NG tube
color drainage:_____
☐ feeding tube
☐ tube feeding
type: _____ rate:_____

MUSCULOSKELETAL: ☐ see nursing notes

GAIT:
☐ steady ☐ unsteady ☐ non-ambulatory

ACTIVITY:
☐ up ad lib
☐ walker
☐ cane
☐ crutches
☐ wheelchair

ASSIST:
☐ x1
☐ x2
☐ lift
☐ bed bound

HAND GRIPS:
AMPUTATION: ☐ left ☐ right
LOCATION:_____

LEFT:
☐ strong
☐ weak
☐ flaccid

RIGHT:
☐ strong
☐ weak
☐ flaccid

GENITOURINARY: ☐ see nursing notes

☐ voids ☐ catheter ☐ stoma

APPEARANCE OF URINE:
☐ clear ☐ cloudy
☐ light yellow ☐ sediment
☐ amber ☐ red/wine
☐ brown ☐ clots

BLADDER:
☐ soft ☐ firm/distended ☐ incontinent

FEMALES: LMP: _____

☐ WNL ☐ dysmenorrheal

BIRTH CONTROL:

☐ contractures ☐ contractures

ROM:

ARMS:
- ☐ full
- ☐ weak
- ☐ flaccid
- ☐ contractures

LEGS:
- ☐ full
- ☐ weak
- ☐ flaccid
- ☐ contractures
- ☐ TED hose

AMPUTATION:
- ☐ right
- ☐ left
- ☐ BKA
- ☐ AKA
- ☐ other

SPINE:
- ☐ kyphosis
- ☐ scoliosis
- ☐ osteoporosis

OTHER:
- ☐ CAST LOCATION:_____
- ☐ TRACTION:_____

- ☐ yes
- ☐ no
- ☐ BSE monthly
- ☐ menopause
- ☐ taking estrogen

SEXUALITY:
- ☐ sexually active
- ☐ safe sex

MED HX:
- ☐ urinary retention
- ☐ BPH
- ☐ Frequent UTI

CARDIOVASCULAR: ☐ see nursing notes

HEART SOUNDS:
- ☐ normal S_1-S_2
- ☐ abnormal S_3-S_4
- ☐ murmur

PULSE:

APICAL:
- ☐ regular
- ☐ irregular
- ☐ strong
- ☐ faint

RADIAL:
- ☐ regular
- ☐ irregular
- ☐ strong
- ☐ faint
- ☐ nonpalpable

PEDALIS:
- ☐ regular
- ☐ irregular
- ☐ strong
- ☐ faint
- ☐ nonpalpable

EXTREMITY COLOR & TEMP:
- ☐ warm
- ☐ cool
- ☐ cold
- ☐ acyanotic
- ☐ cyanotic
- ☐ discolor

EDEMA:
- ☐ none
- ☐ generalized (anasarca)

PAIN ASSESSMENT: ☐ see nursing notes ☐ see MAR

PRECIPITATING:_____

QUALITY:___throbbing_____

REGION:____R foot_____

SEVERITY (0-10/10):

NOW: _5____ AT WORST: __8___ AT BEST: ___4___

TIMING:_constant_____

SAFETY: ☐ see nursing notes ☐ fall risk

PRECAUTIONS:
- ☐ side rails x__2_____
- ☐ bed down
- ☐ call light
- ☐ restraints
- ☐ wrist
- ☐ vest

SITE #1:_____ SITE #2: _____

pitting
- ☐ 1+
- ☐ 2+
- ☐ 3+
- ☐ 4+
- ☐ non-pitting

pitting
- ☐ 1+
- ☐ 2+
- ☐ 3+
- ☐ 4+
- ☐ non-pitting

CAPILLARY REFILL:

FINGERS:
- ☐ brisk
- ☐ slow

TOES:
- ☐ brisk
- ☐ slow

HX:
- ☐ Pacemaker
- ☐ HTN
- ☐ CAD
- ☐ CHF
- ☐ PVD
- ☐ Other: _____

☐ nightlight

DISCHARGE/TEACHING: ☐ see nursing notes

NEEDS:_____
_____
_____
_____

TYPE OF LEARNER:
- ☐ visual
- ☐ auditory
- ☐ kinesthetic

EDUCATIONAL LEVEL: ___normal_____

FAMILY PRESENT:
- ☐ yes
- ☐ no

FLUID BALANCE: ☐ see nursing notes

INTAKE:
- ☐ PO
- ☐ IV

SOLUTION: _ RATE:_

SITE LOCATION: __R FA 20g _____

- ☐ clean
- ☐ patent
- ☐ redness
- ☐ swelling
- ☐ cool
- ☐ hot
- ☐ pain
- ☐ tubing change
- ☐ dressing change

MUCOUS MEMBRANES:
- ☐ moist
- ☐ pink
- ☐ sticky
- ☐ coated
- ☐ dry

TODAY'S WT:109kg

YESTERDAY'S WT:110kg__

NURSE SIGNATURE: _____

TIME COMPLETED: _____

REASSESSMENT:

TIME: _____

☐ no change ☐ see nurses notes ☐ initials_____

TIME: _____

☐ no change ☐ see nurses notes ☐ initials_____

TIME: _____

☐ no change ☐ see nurses notes ☐ initials_____

UA	Urine color: dark amber, cloudy Specific gravity: 1.050 (normal 1.005-1.035) ph 6.0 (normal 4.5-8.0) RBC - 9 (normal 0-2) WBC - 150,000 (normal 0-5)	

LAB TEST	RESULT	NORMAL RANGE
WBC	12,000	
HGB	9.9	
HCT	32	
NA+	149	
K+	3.5	
GLUCOSE	105	