| | |
|---|---|
| **Patient Name:** Henry Williams | **MRN:** 000-555-000 |
| **Room:** 1816 | **Doctor Name:** Dr. Katherine Nelson |
| **DOB:** 1941 | **Date Admitted:** 05-01-10 |
| **Age:** 69 | |

# Physician's Orders

**Allergies: Penicillin**

| **Date/ Time:** | |
|---|---|
| | Bedrest, BRP with assist |
| | Regular, low fat diet |
| | I & O |
| | Respiratory treatment:<br>Albuterol nebulizer treatment 2.5 mg and atrovent 0.5 mg in 3 cc NS q 20 minutes x 3, followed by albuterol 2.5 mg and atrovent 0.5 mg in 3 cc NS q 2 hours (decrease frequency as tolerated) |
| | Oxygen: If pO2 ,60, add o2 to maintain SaO2 at or above 90%.<br>Nasal cannula @ 2 liters<br>ABG's in 30 minutes, after the initiation of O2 therapy. |
| | Labs: CBC, biomedical profile, BNP, ( brain natriuretic peptide) |
| | IV: Lactated ringers @ 50 ml/hour |
| | Prednisone 40 mg daily x 10 days |
| | Advair diskus 250 q 12 hours |
| | Albuterol 2 puffs as needed for acute onset of shortness of breath (Home Medication) |
| | Lisinopril 12.5 mg po daily (Home Medication) |
| | Lopressor 50 mg po daily (Home Medication) |
| | ASA 81 mg po daily (Home Medication) |
| | Crestor 20 mg every evening (Home Medication) |
| | Singular 10 mg every evening. |
| | Dr. KM Nelson, MD |

# Physician Progress Notes

**Allergies: Penicillin**

| Date/ Time: | |
|---|---|
| | Admit. Respiratory treatments x 3. Will see later this morning. |
| | Dr. KM Nelson |

# Nursing Notes

| Date/ Time: | |
|---|---|
| 0130 | Admitted via ER at 0130. Breathing treatments given in ER.<br>M. Smith, RN |
| 0830 | Admitted to 2E. See MD orders and flow sheet.<br>M. Hayes, RN |

# Nurse Signatures

| Initial | Nurse Signature | Initial | Nurse Signature |
|---|---|---|---|
| MS | Mary Smith, RN | | |
| MH | Mark Hayes, RN | | |

# Medication Administration Record

**Allergies: Penicillin**

# Scheduled & Routine Drugs

| Date of Order: | Medication: | Dosage: | Route: | Frequency: | Hours to be Given: | Dates Given: |
|---|---|---|---|---|---|---|
| | Deltasone (Prednisone) | 40 mg | | daily x 10 days | | |
| | Advair diskus (fluticasone | 250 q | | 12 hours | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | propionate and salmeterol) | | | | | |
| | Zestril (Lisinopril) | 12.5 mg | po | daily | | |
| | Lopressor (Metoprolol) | 50 mg | po | daily | | |
| | ASA | 81 mg | po | daily | | |
| | Crestor (Rosuvastatin Calcium) | 20 mg | | every evening | | |
| | Singular (montelukat) | 10 mg | | every evening. | | |

## Intravenous Therapy

| Date of Order: | IV Solution | Rate Ordered: | Date/Time Hung: |
|---|---|---|---|
| | Lactated ringers | 50 ml/hr | |

## 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: Penicillin**

## PRN Medications

| Date of Order: | Medication: | Dosage: | Route: | Frequency: | Date/Time Given: | |
|---|---|---|---|---|---|---|
| | Albuterol | 2 puffs | | as needed for acute onset of shortness of breath | 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: | | | 0200 | 0600 | 0800 | 1200 | 1600 | 2000 | ... | . . | | | |
| Temperature: | C⁰ | F⁰ | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . |
| | 40 | 104 | . | . | . | . | . | . | . | . | . | . | . |
| | 39.5 | 103 | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . |
| | | | . | . | . | . | . | . | . | . | . | . | . |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **39** | **102** | | | | | | | | | | | |
| | **38.5** | **101** | | | | | | | | | | | |
| | **38** | **100** | | | | | | | | | | | |
| | **37.5** | **99** | | | | | | | | | | | |
| | **37** | **98** | X | X | | | | | | | | | |
| | **36.5** | **97** | | | | | | | | | | | |
| | | **BP:** | 160/92 | 135/88 | | | | | | | | | |
| | | **Pulse:** | 110 | 112 | | | | | | | | | |
| | | **$O^2$ Saturation:** | 82% | 88% | | | | | | | | | |
| | | **Weight:** | | | | | | | | | | | |
| | | **Respirations:** | 30 | 26 | | | | | | | | | |
| | | **GMR:** | | | | | | | | | | | |
| | | **Nurse Initials:** | MR | MH | | | | | | | | | |

# 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:**_____
**AGE:**_____
**ETHNICITY:**_____
**OCCUPATION:**_____
**RELIGION:**_____

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

**SKIN**: ☐ see wound care sheet ☐ see nursing notes

**BRADEN SCALE SCORE:** ☐ 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

**NEUROLOGICAL**: ☐ see nursing notes

**ORIENTATION:**
☐ person
☐ place
☐ time

☐ disoriented
☐ confused
☐ impaired memory

**RESPONDS TO:**
☐ name
☐ stimuli

☐ non-responsive

**RESPIRATORY:** ☐ see nursing notes

**RESPIRATIONS:**
RATE:__28__
$O_2$:__2lpm_____
$SPO_2$:__91___%

☐ regular
☐ even
☐ irregular

☐ labored
☐ uses accessory muscles
☐ cough

**BREATH SOUNDS:**

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

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

**THORAX:**
☐ even expansion
☐ uneven expansion

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

**GASTROINTESTINAL/NUTRITION:** ☐ see nursing notes

**APPEARANCE:**
☐ flat
☐ round
☐ obese

☐ soft
☐ gravid

**BOWEL SOUNDS:**
☐ active
☐ hypoactive

☐ hyperactive
☐ absent

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

**FACE:**
- ☐ symmetrical
- ☐ drooping
- ☐ drooling

**EYES:**
- ☐ PERRLA
- ☐ unequal
- ☐ drooping lid

**SIGHT:**
- ☐ no correction
- ☐ glasses
- ☐ contacts
- ☐ blind

**HEARING:**
- ☐ WNL
- ☐ HOH
- ☐ hearing aid

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

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

**LAST BM:**_yesterday_____

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

**DIET:**___Regular_____

- ☐ 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
- ☐ contractures

**RIGHT:**
- ☐ strong
- ☐ weak
- ☐ flaccid
- ☐ contractures

**GENITOURINARY:** ☐ see nursing notes

- ☐ voids
- ☐ catheter
- ☐ stoma

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

**BLADDER:**
- ☐ soft
- ☐ firm/distended
- ☐ incontinent

**FEMALES:** LMP: _____

- ☐ WNL
- ☐ dysmenorrheal

**BIRTH CONTROL:**
- ☐ yes
- ☐ no
- ☐ BSE monthly
- ☐ menopause
- ☐ taking estrogen

**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:_____

**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

**PAIN ASSESSMENT:** ☐ see nursing notes ☐ see MAR

**PRECIPITATING:**_____

**QUALITY:**_____

**REGION:**_____chest_____

**SEVERITY** (0-10/10):

NOW: _5___ AT WORST: 10____ AT BEST: _3_____

**TIMING:**_____coughing_____

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

**EDEMA:**

**SAFETY:** ☐ see nursing notes ☐ fall risk

**PRECAUTIONS:**
- ☐ side rails x_2
- ☐ bed down
- ☐ call light
- ☐ wrist
- ☐ vest

☐ none ☐ generalized (anasarca)

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: _____

**FLUID BALANCE:** ☐ see nursing notes

**INTAKE:**
☐ PO ☐ IV

SOLUTION: _ Lactated ringers @ 50 ml/hour

**SITE LOCATION:** Right hand

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

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

**TODAY'S WT:**_88 kg **YESTERDAY'S WT:**__

☐ nightlight ☐ restraints

**DISCHARGE/TEACHING:** ☐ see nursing notes

**NEEDS:**___case management for placement/home health, finical,o2 needs?
_____

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

**EDUCATIONAL LEVEL:** _____

**FAMILY PRESENT:**
☐ yes
☐ no

**NURSE SIGNATURE:** _____CThomas,RN-BC_____

**TIME COMPLETED:** ___just now_____

**REASSESSMENT:**

**TIME:** _____

☐ no change ☐ see nurses notes ☐ initials_____

**TIME:** _____

☐ no change ☐ see nurses notes ☐ initials_____

**TIME:** _____

☐ no change ☐ see nurses notes ☐ initials_____

## Risk Assessments & Nursing Care

| | Date:<br>Braden Scale Score:<br>Fall Risk Score: | | | | | | | | | Date:<br>Braden Scale Score:<br>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** | | | | | | | | | | | | | | | | | |

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

**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

**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 | WOUND BED: | WOUND DRAINAGE: | WOUND CARE: |
|---|---|---|---|
| # **1-4** Pressure Ulcer stage<br>**I –** Incision<br>**R –** Rash<br>**SK –** skin tear<br>**E –**Echymosis<br>**A –** Abrasion | **D–** Dry & intact<br>**S –** Sutures/ staples<br>**G –** Granulation tissue<br>**P –** Pale<br>**Y –** Yellow<br>**B-** Black | **0 –** none<br>**S –** Serous<br>**P –** Purlulent<br>**S –** Serosanguinous<br>**B –** Bright red blood<br>**D –** Dark old blood | **C –** Cleaned with NS<br>**G –** Gauze dressing<br>**W –** Gauze wrap<br>**A –** ABD pad<br>**M –** Medication<br>**O –** other ** |

| LAB TEST | RESULT | NORMAL RANGE |
|---|---|---|
| **WBC** | **11.8** | |
| **HGB** | 10.0 | |
| **HCT** | 40.0 | |
| **CHEMISTRIES** | | |
| **NA+** | 137 | |
| **K+** | 4.0 | |
| **GLUCOSE** | 109 | |
| **MAGNESIUM** | 2.1 | |
| **PHOSPHORUS** | 2.5 | |
| **BNP** | 250 | < 100 |
| **ABG'S** | | |
| **PH** | 7.34* | 7.35-7.45 |
| **PCO2** | 50* | 35-45 |
| **HCO3** | 27 | 22-26 |
| **PO2** | 88 | 90-100 |