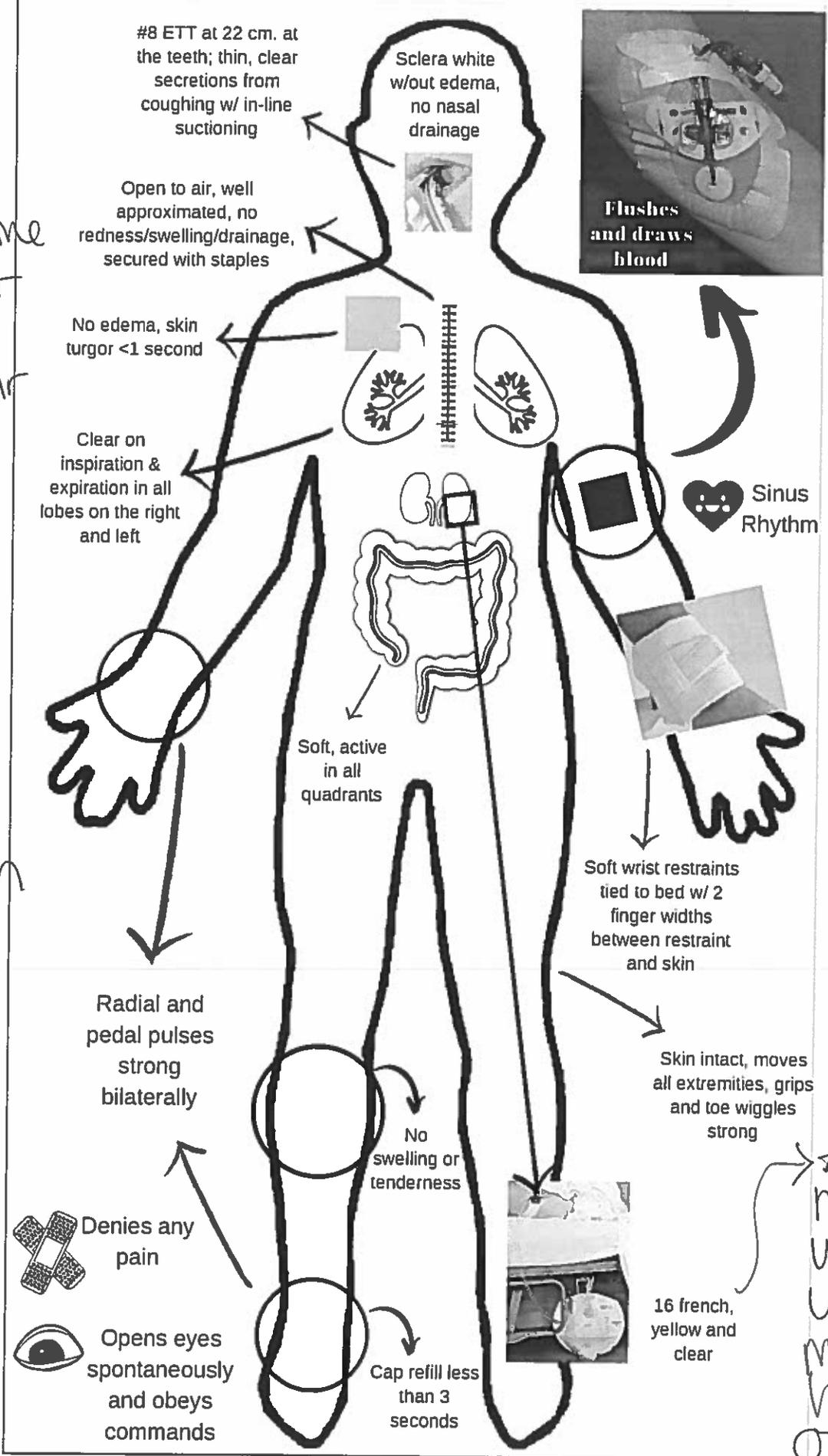


IV Drips:

- Propofol 1 6mL/hr
- Norepinephrine 15mL/hr
- NS 80mL/hr

ABX:

levaquin given at 1900 → 100mL total given



\*If you have a urometer, you can measure hourly output w/out

	7:00	8:00	9:00	10:00	11:00	12:00	13:00	Nonverbal Pain Scale (NVPS)
Blood Pressure	122/81	121/81	121/82					Face: No grimace = 0 Occasional grimace = 1 Frequent grimace = 2 Activity: Skill, normal position = 0 Increased movement = 1 Restless or withdrawing = 2
MAP	90	89	89					Guarding: Skill, normal position = 0 Tense = 1 Rigid, stiff = 2
Heart Rate	72	74	76					Vital Signs: Baseline = 0 SBP > 20 or HR > 20 from baseline = 1 SBP > 30 or HR > 25 from baseline = 2
Temperature	98.1		98.2					Respiratory: Baseline = 0 RR > 10 over baseline = 1 RR > 20 over baseline = 2
Respiratory Rate	15	16	18					
SpO2	98%	99%	99%					
Pain/NVPS	0	0	0					
CVP								
ICP								
CPP								
Vent Mode	AC	AC	AC					
Tidal Volume	410	410	410					
FiO2	21	21	21					
Rate	8	8	8					
PEEP	4	4	4					
RAAS score	4-	4-	4-					
<b>INTAKE</b>								
Oral Intake/Tube Feeding								
Diet Percentage Eaten								
Type of Diet:								
IV: Propofol	10	10	10					<b>Richmond Agitation-Sedation Scale (RAAS)</b> 4+ Combative - Violent; immediate danger to staff 3+ Very Agitated - Pulls lines/tubes, aggressive 2+ Agitated - Frequent movement; fights vent 1+ Restless - Anxious movement but not vigorous 0 Alert & Calm 1- Drowsy - Arousable to voice >10 seconds 2- Light Sedation - Eye contact to voice <10 seconds 3- Moderate Sedation - Movement to voice 4- Deep Sedation - Response to physical stimuli only 5- Unarousable - No response to any stimuli
IV: Normpindamine	15	15	15					
IV: Normal saline	80	80	80					
IV: Levagwin			100					
IV:								
<b>OUTPUT</b>								
Urine	50	75	200					
NG or Emesis								
*Color								
Chest Tube #1								
Chest Tube #2								
Drain #1								
Drain #2								
BM/Colostomy			X					
*Consistency			Ugavich					

Safety Check	Peripheral Vascular	Neurology/Psychosocial
Suction Set Up & Working <input checked="" type="checkbox"/> BVM <input checked="" type="checkbox"/> Obturator <input type="checkbox"/> Additional Trachs <input type="checkbox"/> Nipple Nut & Stern (Christmas tree) <input checked="" type="checkbox"/> Restraint type: <u>Soft</u> Restraint location: <u>Bilateral Anals</u> Circulation check done: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Secured appropriately: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Comments:	3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0 Nonpalpable Extremities: <u>Pin</u> Red Cyanotic Warm Cool Calf tenderness/swelling: Y <input checked="" type="checkbox"/> N Capillary Refill: <u>3</u> Seconds Ted Hose: Y <input checked="" type="checkbox"/> N SCD's: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>2+</u> L <u>2+</u> Posterior Tibial R _____ L _____ Comments:	Glasgow Coma Scale Eyes Opening: <input checked="" type="checkbox"/> 1 None <input type="checkbox"/> 2 Slit <input type="checkbox"/> 3 Fully Verbal Response: <input checked="" type="checkbox"/> 1 Oriented <input type="checkbox"/> 2 Disoriented <input type="checkbox"/> 3 Inappropriate words <input type="checkbox"/> 4 Incomprehensible sounds Motor Response: <input checked="" type="checkbox"/> 1 obeys commands <input type="checkbox"/> 2 Localizes pain <input type="checkbox"/> 3 Withdraws from pain <input type="checkbox"/> 4 Abnormal flexion <input type="checkbox"/> 5 Abnormal extension <input type="checkbox"/> 6 None GCS Score: <u>11</u> EVD: R L _____ cm @ _____ Cough reflex: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Muscle strength: (S=Strong, W=Weak, N=None) Grips: R <u>S</u> L <u>S</u> Pushes: R <u>S</u> L <u>S</u> Facial expressions: Flat <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Grimace <input type="checkbox"/> Comments: <u>Sedation waiting done for neuro assessment</u>
<b>Gastrointestinal</b> Abdomen: <u>Soft</u> Firm Distended Pain Bowel sounds: <u>Active</u> Hypo Hyper Absent X <u>4</u> Quadrants PEG NGT DHT Stoma Location: _____ Stoma appearance: _____ Comments: <u>Dist present</u>	<b>Genitourinary</b> Voids: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Urine color: <u>Yellow</u> Consistency: <u>Clear</u> Foley <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Size: <u>110</u> F Secured: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Urostomy: Y <input type="checkbox"/> N *Location: _____ Stoma appearance: _____ HD access location: _____ Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit <input type="checkbox"/> Comments:	<b>Skeletal</b> Moves extremities: <u>All</u> RA RL LA LL Mobility Level: <u>Dependent</u> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Paralysis <input type="checkbox"/> *Location: _____ Amputation <input type="checkbox"/> Location: _____ Gait: Steady <input type="checkbox"/> Unsteady <input type="checkbox"/> Not observed <input checked="" type="checkbox"/> Comments:
<b>Cardiovascular</b> Edema: <u>None</u> Generalized Dependent Pitting: Y <input type="checkbox"/> N <input type="checkbox"/> If yes: 1+ 2+ 3+ Skin turgor: <u>WNL</u> Tenting Edema Abnormal heart sounds: Y <input checked="" type="checkbox"/> N Chest Pain: Y <input checked="" type="checkbox"/> N Heart rhythm: <u>Sinus Rhythm</u> Comments:	<b>Pacer Settings</b> TPM: Rate _____ MA: <u>A</u> <u>V</u> Sensitivity _____ Mode _____ Transvenous wires <input type="checkbox"/> @ _____ cm Site: _____ Epicardial wires <input type="checkbox"/> PPM Site: _____	<b>Eyes, Ears, Nose, Throat</b> Sclera: <u>White</u> Yellow Red Scleral edema: Y <input checked="" type="checkbox"/> N Nasal Drainage: Y <input checked="" type="checkbox"/> N *If yes, describe: _____ Comments:
<b>Pulmonary</b> Respirations: No distress <input checked="" type="checkbox"/> Accessory M. Use <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> SOB <input type="checkbox"/> Periods of apnea <input type="checkbox"/> Cough: None <input type="checkbox"/> Non-Productive <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Secretions: Color <u>Clear</u> Consistency <u>Thin</u> Oxygen delivery method: <u>Ventilator</u> Amount of oxygen: _____ L # <u>8</u> ETT @ <u>22</u> cm @ <u>feet</u> # _____ Shiley Trach Comments: <u>rough with suction</u>	<b>Lungs</b> 1. Clear 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub Inspiratory: LUL _____ LLL _____ RUL _____ RML _____ RLL _____ Expiratory: LUL _____ LLL _____ RUL _____ RML _____ RLL _____	<b>Skin Assessment</b> Skin Intact <input type="checkbox"/> If not, complete below: Label the figure: 1. Abrasion 2. Decubitus 3. Bruises 4. Edema 5. Laceration 6. Petechiae 7. Hematoma 8. Blister 9. Rash 10. Other: <u>Incision</u> At risk for skin breakdown: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Interventions: <u>Turn @ 2 float heels, keep skin clean and dry</u>
<b>Arterial/Venous Access Sites</b> #1 Line type/location: <u>DL PICC</u> Flushes: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Aspirates blood: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Dsg. status: <u>CDI</u> Site observation: <u>No redness or swelling</u> #2 Line type/location: _____ Flushes: Y <input type="checkbox"/> N Aspirates blood: Y <input type="checkbox"/> N Dsg. status: _____ Site observation: _____ #3 Line type/location: _____ Flushes: Y <input type="checkbox"/> N Aspirates blood: Y <input type="checkbox"/> N Dsg. status: _____ Site observation: _____ Comments:	<b>Incisions/Wounds/Drains</b> #1 Type/Location: <u>Midsternal Incision</u> Sutures <input type="checkbox"/> Staples <input checked="" type="checkbox"/> Wound Vac <input type="checkbox"/> Open to air <input checked="" type="checkbox"/> Dressing: _____ Drainage color: <u>None</u> Comments: <u>No redness or swelling</u> #2 Type/Location: _____ Sutures <input type="checkbox"/> Staples <input type="checkbox"/> Wound Vac <input type="checkbox"/> Open to air <input type="checkbox"/> Dressing: _____ Drainage color: _____ Comments: _____ #3 Type/Location: _____ Sutures <input type="checkbox"/> Staples <input type="checkbox"/> Wound Vac <input type="checkbox"/> Open to air <input type="checkbox"/> Dressing: _____ Drainage color: _____ Comments: _____ #4 Type/Location: _____ Sutures <input type="checkbox"/> Staples <input type="checkbox"/> Wound Vac <input type="checkbox"/> Open to air <input type="checkbox"/> Dressing: _____ Drainage color: _____ Comments: _____	<b>Chest Tubes</b> #1 Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> @ _____ Gravity <input type="checkbox"/> Air Leak: Y <input type="checkbox"/> N Drainage color: _____ Comments: _____ #2 Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> @ _____ Gravity <input type="checkbox"/> Air Leak: Y <input type="checkbox"/> N Drainage color: _____ Comments: _____

	7:00	8:00	9:00	10:00	11:00	12:00	13:00
Hourly Rounding Done: (Pain, Potty, Possessions & Position)	☑	☑	☑				
Oral Care	☑						
Tooth brushing	☑						
Bed Bath		☑					
Shower							
Partial Bed Bath							
Linen Change		☑					
Partial Linen Change							
Repositioned	☑	☑					
*Current Position	Supine	Prone					
<b>Additional Nursing Narrative</b>							
7:00	(0054) Report received, assumed care. Resting in bed, no distress noted. Family at bedside. Denies needs.						
8:00	(0750) Meds given - see MAR. Repositioned for comfort. No other needs identified. (0830) Bed bath given - tolerated						
9:00	with no grimacing, positioned for comfort. —						
(0945)	More family at bedside. Question and answer session						
10:00	held. O2 noted to be low, suctioned and repositioned. O2 saturation increased from 84% to 96%. Will continue						
11:00	to monitor.						
12:00							
13:00							
(1345)	Report given. Relinquished care. James RN —						

# You don't have to put patient/pt. since it's their chart.

# Chart every time you enter a patient's room. Paint a picture of the day! There should be at least ONE note per hour!