

Safety Check	Peripheral Vascular	Neurology/Psychosocial
Suction Set Up & Working <input type="checkbox"/> BVM <input type="checkbox"/> Obturator <input type="checkbox"/> Additional Trachs <input type="checkbox"/> Nipple Nut & Stem (Christmas tree) <input type="checkbox"/> Restraint type: _____ Restraint location: _____ Circulation check done: Y N Secured appropriately: Y N Comments: _____	3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0 Nonpalpable Extremities: Pink Red Cyanotic Warm Cool Calf tenderness/swelling: Y N Capillary Refill: _____ Seconds Ted Hose: Y N SCD's: Y N Pulses: Radial R _____ L _____ Pedal R _____ L _____ Posterior Tibial R _____ L _____ Comments: _____	Glasgow Coma Scale Eyes Opening Verbal Response Motor Response 1 None 1 None 1 None 2 Triceps 2 Incomprehensible sounds 2 Abnormal extension 3 To pain 3 Inappropriate words 3 Abnormal flexion 4 Spontaneously 4 Oriented 4 Withdraw from pain 5 Oriented 5 Localize pain 5 Obey commands
Gastrointestinal	Genitourinary	Skeletal
Abdomen: Soft Firm Distended Pain Bowel sounds: Active Hypo Hyper Absent X _____ Quadrants PEG NGT DHT Stoma Location: _____ Stoma appearance: _____ Comments: _____	Void: Y N Urine color: _____ Consistency: _____ Foley: Y N Size: _____ F Secured: Y N Urostomy: Y 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: _____	Moves extremities: All RA RL LA LL Mobility Level: _____ 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 type="checkbox"/> Comments: _____
Cardiovascular	Pacer Settings	Eyes, Ears, Nose, Throat
Edema: None Generalized Dependent Pitting: Y N If yes: 1+ 2+ 3+ Skin turgor: WNL Tenting Edema Abnormal heart sounds: Y N Chest Pain: Y N Heart rhythm: _____ Comments: _____	TPM: Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous wires <input type="checkbox"/> @ _____ cm Site: _____ Epicardial wires <input type="checkbox"/> PPM Site: _____	Sclera: White Yellow Red Scleral edema: Y N Nasal Drainage: Y N *If yes, describe: _____ Comments: _____
Pulmonary	Lungs	Skin Assessment
Respirations: No distress <input 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 type="checkbox"/> Secretions: Color _____ Consistency _____ Oxygen delivery method: _____ Amount of oxygen: _____ L # _____ ETT @ _____ cm @ _____ # _____ Shiley Trach Comments: _____	Inspiratory: LUL _____ LLL _____ RUL _____ RML _____ RLL _____ Expiratory: LUL _____ LLL _____ RUL _____ RML _____ RLL _____	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: _____ At risk for skin breakdown: Y N Interventions: _____
Arterial/Venous Access Sites	Incisions/Wounds/Drains	Chest Tubes
#1 Line type/location: _____ Flushes: Y N Aspirates blood: Y N Dsg. status: _____ Site observation: _____ #2 Line type/location: _____ Flushes: Y N Aspirates blood: Y N Dsg. status: _____ Site observation: _____ #3 Line type/location: _____ Flushes: Y N Aspirates blood: Y N Dsg. status: _____ Site observation: _____ Comments: _____	#1 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: _____ #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: _____	#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 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 N Drainage color: _____ Comments: _____

