

Patient Name: Ertha Williams Room: 1816 DOB: 1941 Age: 69	MRN: 000-545-000 Doctor Name: Dr. Joan Rivers Date Admitted: 10-30-xx
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Physician's Orders

Allergies: Penicillin

Date/ Time:	
	Bedrest, BRP with assist
	Regular, low fat diet
	I & O
	Neurological assessment Q 4 hours
	Oxygen: maintain SaO2 at or above 90%. Nasal cannula @ 2 liters
	Labs: CBC, biomedical profile, BNP, (brain natriuretic peptide), urine analysis
	IV: Lactated ringers @ 50 ml/hour
	Pantoprazole 40 mg by mouth daily
	Enoxaparin 40mg Sub cut daily
	Amlodipine 10mg by mouth daily
	Hydrochlorothiazide 25 mg by mouth daily
	Escitalopram 20 mg by mouth daily
	ASA 81 mg po daily
	Crestor 20 mg every evening
	Quetiapine 25mg by mouth bid
	Dr. Joan Rivers

Physician Progress Notes

Allergies: Penicillin

Date/Time:	
	Admit. With increased confusion, new onset of patient being combative. Geriatric Specialty to see in am.
	Dr. Joan Rivers

Nursing Notes

Date/Time:	
0130	Admitted via ER at 0130. Lab collected in emergency room. Mary Smith, RN
0830	Admitted to S10. See MD orders and flow sheet. Mark 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:	Date Given:
	Pantoprazole	40 mg	by mouth	Daily	9am	
	Enoxaparin	40 mg	Subcut	Daily	9am	
	Amlodipine	10 mg	by mouth	Daily	9am	
	Hydrochlorothiazide	25 mg	by	Daily	9am	

	de		mout h			
	Escitalopram	20 mg	by mout h	Daily	9am	
	ASA	81 mg	by mout h	Daily	9 am	
	Quetiapine	25 mg	by mout h	bid	9 am 21:00 pm	
	Crestor (Rosuvastatin Calcium)	20 mg	by mout h	every evening	21:00 pm	

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	Medication:	Dosage:	Route:	Frequency	Date/Time
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of Order:				:	Given:
				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:	C°	F°	.	.	.	.	.	.	.	.	.	.	.	.	.
	40	104	.	.	.	.	.	.	.	.	.	.	.	.	.
	39.5	103	.	.	.	.	.	.	.	.	.	.	.	.	.

	39	10 2	.	.	.	.	.	.	.	.	.	.	.	.
	38. 5	10 1	.	.	.	.	.	.	.	.	.	.	.	.
	38	10 0	.	.	.	.	.	.	.	.	.	.	.	.
	37. 5	99	.	.	.	.	.	.	.	.	.	.	.	.
	37	98	X	.	.	.	.	.	.	.	.	.	.	.
	36. 5	97	.	.	.	.	.	.	.	.	.	.	.	.
	BP:		160/9 2	135/8 8										
	Pulse:		110	112										
	O² 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: **TURGOR:**
 acyanotic <3 sec
 pale > 3 sec
 ruddy
 jaundiced
 cyanotic

TEMP: **HAIR:**
 warm/dry shiny
 hot dry/flaking
 cool balding
 cold/clammy lesions
 diaphoretic lice

NEUROLOGICAL: see nursing notes

ORIENTATION:
 person disoriented
 place confused
 time impaired memory

RESPONDS TO:
 name non-responsive
 stimuli

RESPIRATORY: see nursing notes

RESPIRATIONS:
 RATE: 28
 O₂: 2lpm
 SPO₂: 91 %

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
 hypoactive absent

SPEECH:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> clear | <input type="checkbox"/> aphasic |
| <input type="checkbox"/> garbled | <input type="checkbox"/> inappropriate |
| <input type="checkbox"/> slurred | <input type="checkbox"/> cannot follow conversation |

FACE:

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> symmetrical | <input type="checkbox"/> drooling |
| <input type="checkbox"/> drooping | |

EYES:

- PERRLA
- unequal
- drooping lid

SIGHT:

- no correction
- glasses
- contacts
- blind

HEARING:

- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> WNL | <input type="checkbox"/> hearing aid |
| <input type="checkbox"/> HOH | |

HX:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> seizures | <input type="checkbox"/> spinal injury |
| <input type="checkbox"/> CVA | <input type="checkbox"/> other |
| <input type="checkbox"/> brain injury | |

PALPATION:

- | | |
|--|---|
| <input type="checkbox"/> non-tender | <input type="checkbox"/> mass (location)
_____ |
| <input type="checkbox"/> tender
(location)_____ | |

LAST BM: yesterday _____

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> incontinent | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> stoma- _____ | <input type="checkbox"/> mucous |
| <input type="checkbox"/> constipation | <input type="checkbox"/> 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:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> clear | <input type="checkbox"/> cloudy |
| <input type="checkbox"/> light yellow | <input type="checkbox"/> sediment |
| <input type="checkbox"/> amber | <input type="checkbox"/> red/wine |
| <input type="checkbox"/> brown | <input type="checkbox"/> clots |

BLADDER:

- soft firm/distended incontinent

FEMALES: LMP: _____

- WNL dysmenorrheal

BIRTH CONTROL:

- | | |
|------------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> BSE monthly |
| <input type="checkbox"/> no | <input type="checkbox"/> menopause |
| | <input type="checkbox"/> taking estrogen |

none generalized (anasarca)

SITE #1: _____ SITE #2: _____

pitting

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

CAPILLARY REFILL:

FINGERS: **TOES:**

brisk brisk
 slow slow

HX:

Pacemaker CHF
 HTN PVD
 CAD 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: 63 **YESTERDAY'S WT:** _____
kg

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: ___ Mark Hayes, RN _____

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: 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																

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

LAB TEST	RESULT	NORMAL RANGE
WBC	11.8	3.6-10.8 L/uL
HGB	10.0	Female 12-16 g/dL
HCT	30.0	Female 37-47%
CHEMISTRIES		
NA+	127	136-145 mEq/L
K+	4.0	3.5-5.0 mmol/L
GLUCOSE	109	70-110mg/dL critical - <50 or >400 mg/dL
MAGNESIUM	2.1	70-110mg/dL critical - <50 or >400 mg/dL
BNP	250	< 100
ABG'S		
PH	7.34*	7.35-7.45
PCO2	50*	35-45
HCO3	27	22-26
PO2	88	90-100
Urinalysis (UA)		
Appearance	Cloudy	clear
Color	Dark Yellow	amber yellow
Odor		aromatic
PH	7.0	4.6-8.0
Protein		0-80mg/dL
Specific Gravity	1.010	1.005-1.030
Leukocyte Esterase	positive	negative
Nitrites	positive	negative
Ketones	positive	None
Bilirubin	none	None
Urobilinogen	0.01	0.01-1 Ehrlich unit/mL
Crystals	positive	None
Cast	positive	None
Glucose	positive	None
WBC	Too numerous to count	0-4 per low-power field
Red Blood Cells	Too numerous to count	<2
Bacteria	Too numerous to count	negative

WOUND ASSESSMENT # 1-4 Pressure Ulcer I – Incision R – Rash SK – skin tear E –Echymosis A – Abrasion	WOUND BED:	WOUND DRAINAGE:	WOUND CARE: lined with NS size dressing ze dressing W – Gauze wrap A – ABD pad M – Medication O – other**
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