

<b>Patient Name:</b> Henry Williams <b>Room:</b> 1816 <b>DOB:</b> 1941 <b>Age:</b> 69	<b>MRN:</b> 000-555-000 <b>Doctor Name:</b> Dr. Katherine Nelson <b>Date Admitted:</b> 05-01-10
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## Physician's Orders

**Allergies: Penicillin**

Date/ Time:	
	Bedrest, BRP with assist
	Regular, low fat diet
	I & O
	Respiratory treatment: 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 pO <sub>2</sub> .60, add o <sub>2</sub> to maintain SaO <sub>2</sub> at or above 90%. Nasal cannula @ 2 liters ABG's in 30 minutes, after the initiation of O <sub>2</sub> 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.
	Ceftriaxone 2 grams IVPB every 24 hours 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.	M.
	Smith, RN	
0830	Admitted to 2E. See MD orders and flow sheet.	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:	Date Given:
	Deltasone (Prednisone)	40 mg		daily x 10 days		

	Advair diskus (fluticasone propionate and salmeterol)	250 q		12 hours		
	Zestril (Lisinopril)	12.5 mg	po	daily		
	Lopressor (Metoprolol)	50 mg	po	daily		
	ASA	81 mg	po	daily		
	Crestor (Rosuvastatin Calcium)	20 mg	po	every evening		
	Singular (montelukat)	10 mg	po	every evening.		
	Ceftriaxone	2 grams	IVPB	Every 24 hours		

## 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
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**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:	0200	0600	0800	1200	1600	2000	...	.	.	.	.	.
<b>Time:</b>	0200	0600	0800	1200	1600	2000	...	.	.	.	.	.

<b>Temperature:</b>	<b>C°</b>	<b>F°</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>40</b>	<b>104</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>39.5</b>	<b>103</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>39</b>	<b>102</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>38.5</b>	<b>101</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>38</b>	<b>100</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>37.5</b>	<b>99</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>37</b>	<b>98</b>	X	X	.	.	.	.	.	.	.	.	.	.
	<b>36.5</b>	<b>97</b>	.	.	.	.	.	.	.	.	.	.	.	.
<b>BP:</b>			160/92	135/88										

<b>Pulse:</b>	110	112											
<b>O<sup>2</sup> Saturation:</b>	82%	88%											
<b>Weight:</b>													
<b>Respirations:</b>	30	26											
<b>GMR:</b>													
<b>Nurse Initials:</b>	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

<p><b>GENERAL APPEARANCE:</b>  <input type="checkbox"/> male                      <input type="checkbox"/> female</p> <p><b>DOB:</b> _____  <b>AGE:</b> _____  <b>ETHNICITY:</b> _____  <b>OCCUPATION:</b> _____  <b>RELIGION:</b> _____</p> <p><input type="checkbox"/> awake                      <input type="checkbox"/> sleeping                      <input type="checkbox"/> agitated  <input type="checkbox"/> cheerful                      <input type="checkbox"/> lethargic                      <input type="checkbox"/> anxious  <input type="checkbox"/> crying                      <input type="checkbox"/> calm                      <input type="checkbox"/> combative  <input type="checkbox"/> fearful</p>	<p><b>RESPIRATORY:</b> <input type="checkbox"/> see nursing notes</p> <p><b>RESPIRATIONS:</b>          RATE: <u>  28  </u>          O<sub>2</sub>: <u>  2lpm  </u>          SPO<sub>2</sub>: <u>  91  </u>%</p> <p><input type="checkbox"/> regular                      <input type="checkbox"/> labored  <input type="checkbox"/> even                      <input type="checkbox"/> uses accessory muscles  <input type="checkbox"/> irregular                      <input type="checkbox"/> cough</p> <p><b>BREATH SOUNDS:</b></p> <p>LEFT:                      RIGHT:  <input type="checkbox"/> clear                      <input type="checkbox"/> clear  <input type="checkbox"/> crackles                      <input type="checkbox"/> crackles  <input type="checkbox"/> wheezes                      <input type="checkbox"/> wheezes  <input type="checkbox"/> decreased                      <input type="checkbox"/> decreased  <input type="checkbox"/> absent                      <input type="checkbox"/> absent</p> <p><b>THORAX:</b>  <input type="checkbox"/> even expansion  <input type="checkbox"/> uneven expansion</p> <p><b>SMOKING:</b>  <input type="checkbox"/> cigarettes pk/day _____  <input type="checkbox"/> cigars  <input type="checkbox"/> marijuana  <input type="checkbox"/> cocaine</p>
<p><b>SKIN:</b> <input type="checkbox"/> see wound care sheet    <input type="checkbox"/> see nursing notes</p> <p><b>BRADEN SCALE SCORE:</b>                      <input type="checkbox"/> risk skin breakdown</p> <p><b>COLOR:</b>                      <b>TURGOR:</b>  <input type="checkbox"/> acyanotic                      <input type="checkbox"/> &lt;3 sec  <input type="checkbox"/> pale                      <input type="checkbox"/> &gt; 3 sec  <input type="checkbox"/> ruddy  <input type="checkbox"/> jaundiced  <input type="checkbox"/> cyanotic</p> <p><b>TEMP:</b>                      <b>HAIR:</b>  <input type="checkbox"/> warm/dry                      <input type="checkbox"/> shiny  <input type="checkbox"/> hot                      <input type="checkbox"/> dry/flaking  <input type="checkbox"/> cool                      <input type="checkbox"/> balding  <input type="checkbox"/> cold/clammy                      <input type="checkbox"/> lesions  <input type="checkbox"/> diaphoretic                      <input type="checkbox"/> lice</p>	<p><b>NEUROLOGICAL:</b> <input type="checkbox"/> see nursing notes</p> <p><b>ORIENTATION:</b>  <input type="checkbox"/> person                      <input type="checkbox"/> disoriented  <input type="checkbox"/> place                      <input type="checkbox"/> confused  <input type="checkbox"/> time                      <input type="checkbox"/> impaired memory</p> <p><b>RESPONDS TO:</b>  <input type="checkbox"/> name                      <input type="checkbox"/> non-responsive  <input type="checkbox"/> stimuli</p>
<p><b>NEUROLOGICAL:</b> <input type="checkbox"/> see nursing notes</p> <p><b>ORIENTATION:</b>  <input type="checkbox"/> person                      <input type="checkbox"/> disoriented  <input type="checkbox"/> place                      <input type="checkbox"/> confused  <input type="checkbox"/> time                      <input type="checkbox"/> impaired memory</p> <p><b>RESPONDS TO:</b>  <input type="checkbox"/> name                      <input type="checkbox"/> non-responsive  <input type="checkbox"/> stimuli</p>	<p><b>GASTROINTESTINAL/NUTRITION:</b> <input type="checkbox"/> see nursing notes</p> <p><b>APPEARANCE:</b>  <input type="checkbox"/> flat                      <input type="checkbox"/> soft  <input type="checkbox"/> round                      <input type="checkbox"/> gravid  <input type="checkbox"/> obese</p> <p><b>BOWEL SOUNDS:</b>  <input type="checkbox"/> active                      <input type="checkbox"/> hyperactive  <input type="checkbox"/> hypoactive                      <input type="checkbox"/> absent</p>





<p>pitting <input type="checkbox"/> 1+      pitting <input type="checkbox"/> 1+</p> <p><input type="checkbox"/> 2+      <input type="checkbox"/> 2+</p> <p><input type="checkbox"/> 3+      <input type="checkbox"/> 3+</p> <p><input type="checkbox"/> 4+      <input type="checkbox"/> 4+</p> <p><input type="checkbox"/> non-pitting      <input type="checkbox"/> non-pitting</p>	<p><b>DISCHARGE/TEACHING:</b> <input type="checkbox"/> see nursing notes</p> <p><b>NEEDS:</b> ___ case management for placement/home health, finical,o2 needs? _____</p> <p><b>TYPE OF LEARNER:</b></p> <p><input type="checkbox"/> visual</p> <p><input type="checkbox"/> auditory</p> <p><input type="checkbox"/> kinesthetic</p> <p><b>EDUCATIONAL LEVEL:</b> _____</p> <p><b>FAMILY PRESENT:</b></p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>
<p><b>CAPILLARY REFILL:</b></p> <p><b>FINGERS:</b></p> <p><input type="checkbox"/> brisk</p> <p><input type="checkbox"/> slow</p> <p><b>HX:</b></p> <p><input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> HTN</p> <p><input type="checkbox"/> CAD</p> <p><b>TOES:</b></p> <p><input type="checkbox"/> brisk</p> <p><input type="checkbox"/> slow</p> <p><input type="checkbox"/> CHF</p> <p><input type="checkbox"/> PVD</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>FLUID BALANCE:</b> <input type="checkbox"/> see nursing notes</p> <p><b>INTAKE:</b></p> <p><input type="checkbox"/> PO      <input type="checkbox"/> IV</p> <p>SOLUTION: _ Lactated ringers @ 50 ml/hour</p> <p><b>SITE LOCATION:</b> Right hand</p> <p><input type="checkbox"/> clean      <input type="checkbox"/> swelling      <input type="checkbox"/> pain</p> <p><input type="checkbox"/> patent      <input type="checkbox"/> cool      <input type="checkbox"/> tubing change</p> <p><input type="checkbox"/> redness      <input type="checkbox"/> hot      <input type="checkbox"/> dressing change</p> <p><b>MUCOUS MEMBRANES:</b></p> <p><input type="checkbox"/> moist      <input type="checkbox"/> sticky      <input type="checkbox"/> dry</p> <p><input type="checkbox"/> pink      <input type="checkbox"/> coated</p> <p><b>TODAY'S WT:</b> _88      <b>YESTERDAY'S WT:</b> _ kg</p>
<p><b>REASSESSMENT:</b></p> <p><b>TIME:</b> _____</p> <p><input type="checkbox"/> no change      <input type="checkbox"/> see nurses notes      <input type="checkbox"/> initials _____</p> <p><b>TIME:</b> _____</p> <p><input type="checkbox"/> no change      <input type="checkbox"/> see nurses notes      <input type="checkbox"/> initials _____</p> <p><b>TIME:</b> _____</p> <p><input type="checkbox"/> no change      <input type="checkbox"/> see nurses notes      <input type="checkbox"/> initials _____</p>	<p><b>NURSE SIGNATURE:</b> _____ CThomas,RN-BC _____</p> <p><b>TIME COMPLETED:</b> __just now _____</p>

## Risk Assessments & Nursing Care

	<b>Date:</b>	<b>Date:</b>																				
	<b>Braden Scale Score:</b>	<b>Braden Scale Score:</b>																				
	<b>Fall Risk Score:</b>	<b>Fall Risk Score:</b>																				
<b>Time Hourly</b>	<table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											<table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										

<b>PAIN ASSESSMENT</b>																			
Intensity (1-10/10)																			
Pain Type (see legend)																			
Intervention (see legend)																			
<b>PATIENT POSITION</b>																			
<b>PO FLUIDS (ml)</b>																			
<b>IV SITE/RATE CHECKED</b>																			
<b>PATIENT HYGIENE</b>																			
<b>WOUND ASSESSMENT</b>																			
<b>WOUND BED</b>																			
<b>WOUND DRAINAGE</b>																			
<b>WOUND CARE</b>																			
<b>Nurse Initials</b>																			

<b>Initial</b>	<b>Nurse Signature</b>	<b>Initial</b>	<b>Nurse Signature</b>

**LEGEND:** \*= see nursing notes

<b>PAIN TYPE:</b>	
A- aching	T- throbbing
ST- stabbing	B- burning
SH- shooting	P- pressure
<b>PAIN INTERVENTIONS:</b>	
1- Relaxation/Imagery	2 - Distraction
3- Reposition	4-Medication

<b>POSTIONING:</b>
B- back
R- right
L- left
C- chair
A- ambulatory

<b>PT. HYGIENE:</b>	
b- bedbath	a- assist bath
p- partial bath	sh- shower
g- grooming	m mouth care
f- foot care	n- nail care

**WOUND ASSESSMENT**  
 # 1-4 Pressure Ulcer stage  
 I – Incision  
 R – Rash  
 SK – skin tear  
 E –Echymosis  
 A – Abrasion

**WOUND BED:**  
 D– Dry & intact  
 S – Sutures/ staples  
 G – Granulation tissue  
 P – Pale  
 Y – Yellow  
 B- Black

**WOUND DRAINAGE:**  
 0 – none  
 S – Serous  
 P – Purlulent  
 S – Serosanguinous  
 B – Bright red blood  
 D – Dark old blood

**WOUND CARE:**  
 C – Cleaned with NS  
 G – Gauze dressing  
 W – Gauze wrap  
 A – ABD pad  
 M – Medication  
 O – other \*\*

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

Chart Materials Henry Williams Simulation 1  
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