

**Patient Name:** George Palo  
**Room:** 1816  
**DOB:** 19XX  
**Age:** 90

**MRN:** 000-545-000  
**Doctor Name:** Dr. Joan Rivers  
**Date Admitted:** 01-19-xx

## Physician's Orders

**Allergies: Penicillin**

Date/ Time:	
	Bedrest, BRP with assist
	Regular, low fat diet
	I & O
	Peripheral vascular assessment to RLE Q 2hours
	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
	Atenolol 50mg by mouth daily
	Hydrochlorothiazide 25 mg by mouth daily
	Galantamine 12 mg by mouth daily
	ASA 81 mg po daily
	Crestor 20 mg every evening
	Trazodone 25 mg by mouth at bedtime
	Acetaminophen 325 mg by mouth as needed for mild pain
	Hydromorphone 2-4 mg slow IVP every 3 hours needed
	Dr. Joan Rivers

## Physician Progress Notes

**Allergies: Penicillin, lisinopril**

<b>Date/ Time:</b>	
	Admit to med/surg consult ortho trauma surgeon
	Dr. Joan Rivers

## Nursing Notes

<b>Date/ Time:</b>	
0130	Admitted via ER at 0130. Lab collected in emergency room. Mary Smith, RN
0830	Admitted to S6. 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	Sub cut	Daily	9am	

	Atenolol	50 mg	by mouth	Daily	9am	
	Hydrochlorothiazide	25 mg	by mouth	Daily	9am	
	Galantamine	12 mg	by mouth	Daily	9am	
	ASA	81 mg	by mouth	Daily	9 am	
	Acetaminophen	325 mg	by mouth	PRN mild pain		
	Crestor (Rosuvastatin Calcium)	20 mg	by mouth	every evening	21:00 pm	
	Trazodone	25 mg	By mouth	Every evening	21:00pm	
	Hydromorphone	2-4 mg	Slow IVP	PRN severe pain		

## 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:	
				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:									
	<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>

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

**FACE:**  
 symmetrical                 drooling  
 drooping

**EYES:**  
 PERRLA  
 unequal  
 drooping lid

**HEARING:**  
 WNL  
 HOH

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

**SIGHT:**  
 no correction  
 glasses  
 contacts  
 blind

hearing aid

**PALPATION:**  
 non-tender                     mass (location) \_\_\_\_\_  
 tender (location) \_\_\_\_\_

**LAST BM:** \_yesterday\_\_\_\_\_

incontinent                     diarrhea  
 stoma- \_\_\_\_\_             mucous  
 constipation                    blood

**DIET:** \_\_Regular\_\_\_\_\_

impaired swallowing  
 choking  
 NG tube  
   color drainage: \_\_\_\_\_  
 feeding tube  
 tube feeding  
   type: \_\_\_\_\_ rate: \_\_\_\_\_

**MUSCULOSKELETAL:**  see nursing notes

**GAIT:**  
 steady                       non-ambulatory  
 unsteady

**ACTIVITY:**  
 up ad lib  
 walker  
 cane  
 crutches  
 wheelchair

**HAND GRIPS:**  
**AMPUTATION:**  left             right  
**LOCATION:** \_\_\_\_\_

**LEFT:**  
 strong  
 weak  
 flaccid  
 contractures

**RIGHT:**  
 strong  
 weak  
 flaccid  
 contractures

**ASSIST:**  
 x1  
 x2  
 lift  
 bed bound

**GENITOURINARY:**  see nursing notes

voids                       catheter                       stoma

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

**BLADDER:**  
 soft                       firm/distended                       incontinent

**FEMALES:** LMP: \_\_\_\_\_

WNL                       dysmenorrheal

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



<p>#1: <u>  LLE  </u> <u>  RLE  </u></p> <p>pitting <span style="margin-left: 100px;">pitting</span></p> <p><input type="checkbox"/> 1+ <span style="margin-left: 100px;"><input type="checkbox"/> 1+</span></p> <p><input type="checkbox"/> 2+ <span style="margin-left: 100px;"><input type="checkbox"/> 2+</span></p> <p><input type="checkbox"/> 3+ <span style="margin-left: 100px;"><input type="checkbox"/> 3+</span></p> <p><input type="checkbox"/> 4+ <span style="margin-left: 100px;"><input type="checkbox"/> 4+</span></p> <p><input type="checkbox"/> non-pitting <span style="margin-left: 100px;"><input type="checkbox"/> non-pitting</span></p>	<p><b>DISCHARGE/TEACHING:</b> <input type="checkbox"/> see nursing notes</p> <p><b>NEEDS:</b> _____</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>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>EDUCATIONAL LEVEL:</b> _____</p> <p><b>FAMILY PRESENT:</b></p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>
<p><b>FLUID BALANCE:</b> <input type="checkbox"/> see nursing notes</p> <p><b>INTAKE:</b></p> <p><input type="checkbox"/> PO <span style="margin-left: 100px;"><input type="checkbox"/> IV</span></p> <p>SOLUTION: <u>  Lactated ringers @ 50 ml/hour  </u></p> <p><b>SITE LOCATION:</b> Right hand</p> <p><input type="checkbox"/> clean <span style="margin-left: 50px;"><input type="checkbox"/> swelling</span> <span style="margin-left: 50px;"><input type="checkbox"/> pain</span></p> <p><input type="checkbox"/> patent <span style="margin-left: 50px;"><input type="checkbox"/> cool</span> <span style="margin-left: 50px;"><input type="checkbox"/> tubing change</span></p> <p><input type="checkbox"/> redness <span style="margin-left: 50px;"><input type="checkbox"/> hot</span> <span style="margin-left: 50px;"><input type="checkbox"/> dressing change</span></p> <p><b>MUCOUS MEMBRANES:</b></p> <p><input type="checkbox"/> moist <span style="margin-left: 50px;"><input type="checkbox"/> sticky</span> <span style="margin-left: 50px;"><input type="checkbox"/> dry</span></p> <p><input type="checkbox"/> pink <span style="margin-left: 50px;"><input type="checkbox"/> coated</span></p> <p><b>TODAY'S WT:</b> 63 <b>YESTERDAY'S WT:</b> _____ kg</p>	<p><b>NURSE SIGNATURE:</b> <u>  Mark Hayes, RN  </u></p> <p><b>TIME COMPLETED:</b> <u>  just now  </u></p> <p><b>REASSESSMENT:</b></p> <p><b>TIME:</b> _____</p> <p><input type="checkbox"/> no change <span style="margin-left: 50px;"><input type="checkbox"/> see nurses notes</span> <span style="margin-left: 50px;"><input type="checkbox"/> initials _____</span></p> <p><b>TIME:</b> _____</p> <p><input type="checkbox"/> no change <span style="margin-left: 50px;"><input type="checkbox"/> see nurses notes</span> <span style="margin-left: 50px;"><input type="checkbox"/> initials _____</span></p> <p><b>TIME:</b> _____</p> <p><input type="checkbox"/> no change <span style="margin-left: 50px;"><input type="checkbox"/> see nurses notes</span> <span style="margin-left: 50px;"><input type="checkbox"/> initials _____</span></p>

## Risk Assessments & Nursing Care

	<p><b>Date:</b></p> <p><b>Braden Scale Score:</b></p> <p><b>Fall Risk Score:</b></p>	<p><b>Date:</b></p> <p><b>Braden Scale Score:</b></p> <p><b>Fall Risk Score:</b></p>
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<b>Time Hourly</b>																			
<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

LAB TEST		RESULT	NORMAL RANGE
<b>WBC</b>		<b>11.8</b>	3.6-10.8 L/uL
<b>HGB</b>		10.0	
<b>HCT</b>		30.0	
<b>CHEMISTRIES</b>			
<b>NA+</b>	<b>B-</b> Black	137	<b>D-</b> Dark old blood 136-145mEq/L
<b>K+</b>		4.0	3.5-5.0 mmol/L
<b>GLUCOSE</b>		109	70-110mg/dL <b>critical - &lt;50 or &gt;400 mg/dL</b>
<b>MAGNESIUM</b>		2.1	70-110mg/dL <b>critical - &lt;50 or &gt;400 mg/dL</b>
<b>BNP</b>		250	< 100
<b>ABG'S</b>			
<b>PH</b>		7.35	7.35-7.45
<b>PCO2</b>		38	35-45
<b>HCO3</b>		25	22-26
<b>PO2</b>		90	90-100
<b>Urinalysis (UA)</b>			
<b>Appearance</b>		Cloudy	clear
<b>Color</b>		Dark Yellow	amber yellow
<b>Odor</b>			aromatic
<b>PH</b>		7.0	4.6-8.0
<b>Protein</b>			0-80mg/dL
<b>Specific Gravity</b>		1.010	1.005-1.030
<b>Leukocyte Esterase</b>		positive	negative
<b>Nitrites</b>		positive	negative
<b>Ketones</b>		positive	None
<b>Bilirubin</b>		none	None
<b>Urobilinogen</b>		0.01	0.01-1 Ehrlich unit/mL
<b>Crystals</b>		positive	None
<b>Cast</b>		positive	None
<b>Glucose</b>		positive	None
<b>WBC</b>		Too numerous to count	0-4 per low-power field
<b>Red Blood Cells</b>		Too numerous to count	<2
<b>Bacteria</b>		Too numerous to count	negative

**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

**WOUND DRAINAGE:**  
 O – none  
 S – Serous  
 P – Purulent

**WOUND CARE:**  
 C – Cleaned with NS  
 G – Gauze dressing  
 W – Gauze wrap  
 pad  
 igation  
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