

S	Patient initial WD Age 84 M F Room 787 Admit date X/XX/20XX Weight (kg) 71 kg Height 66" 1 Dx Urosepsis 2 Dx	Physician Service: <i>Internal Medicine</i> Consults (Ex: Speech, PT/OT, Surgery, Neuro) <i>Neurology</i>	
B	History: CVA 3 months ago, Hypertension Home Medications: Clopidogrel 75 mg PO Daily, Clonidine 0.2 mg PO Daily, Lisinopril 20 mg PO Daily Pertinent RECENT History: Nurse aide at long-term care facility noted changes in the level of consciousness, chills, fever, nausea, vomiting, and malodorous urine. Arrived via ambulance to ER at acute care facility. IV fluid initiated and the first dose of Levofloxacin given in ER. Foley catheter placed in the ER. Initial lab work was drawn in ER. Patient admitted to Med-Surg unit at 1000.	Allergies (reactions) NKDA Code status FULL DNR/AND Advance directive: Y N	Isolation: Restraints: Y N Type: Fall risk Vaccine- PNA Flu
A	Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rxn/ Pupil Size/ GCS		Vital Signs: T/ P/ R / BP/ O2 T101.5, HR 100, R 20, B/P 140/88, O2Sat 96% on RA.
	Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular		Pain None Pain scale Location
	Pulmonary: Breath sounds/Secretions	Oxygen: _____ L O2 NC 100NRB VM Room Air	Accu checks: NA Frequency Results
	GI : BS Last BM: PTA NGT OGT	Diet NPO Breakfast % eaten: Lunch % eaten:	Skin: Wounds/Drainage Staples /Drains Location:
	GU: 16 Fr Foley Placed on: ER		
	IV Site & Type <i>Right 20 gauge NS at 80 ml/hr</i> Date inserted: X/XX/20XX <i>Site without redness, edema or erythema. Occlusive dressing intact.</i>		Psych Social:
	Na Cl Bun Gluc Mg BNP	Hct	Notes:
	K Co Cr Ca Phos DDimer	WBC Plt	
		Hgb	
R	Required work will include: <ol style="list-style-type: none"> 1. Write up patient home medications and assigned medications on medication worksheet 3. Bring entire packet with completed medications to simulation Recommended review of the following: <ol style="list-style-type: none"> 1. Review Universal Competencies in the <u>CURRENT</u> Nursing Intervention Instructions (NII) 2. Review neurological assessment and other pertinent assessments (NII) 3. Review Nursing Management, Care Planning, Pharmacology and Health Promotion/Patient Teaching related to pertinent data and medications 4. Lab work including CBC, BMP. Student may use the designated lab on SBAR to fill out values 		

Student Name: _____

Date: _____ 20XX

Allergies: _____

SCHEDULED TIME OR Last Dose Given if PRN	Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If no, what is correct?	IVP - List solution to dilute and rate to push. IVPB - List mL/hr and time to give over	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, etc.)
See MAR	0.9% Sodium Chloride			125 ml/hr, IV, continuous	Y N			1. 2. 3.
See MAR	Levofloxacin			500 mg, IV, daily	Y N			1. 2. 3.
See MAR	Lisinopril			20 mg, PO, daily	Y N			1. 2. 3.
See MAR	Morphine Sulfate			2 mg, IVP, PRN	Y N			1. 2. 3.
See MAR	hydrocodone/acetaminophen			5/325 mg, PO, PRN	Y N			1. 2. 3.
See MAR	Clopidogrel			75 mg, PO, daily	Y N			1. 2. 3.
See MAR	Acetaminophen			500 mg, PO, daily	Y N			1. 2.

Student Name: _____

Date: _____ 20XX

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