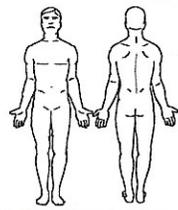


PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: <u>2</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>2</u> L <u>2</u> Pedal R <u>1</u> L <u>1</u> Post. Tib. R <u>1</u> L <u>1</u> Comments: <u>/</u>	Family at bedside <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S.Strong, W.Weak, N.None) Grips: Rt. <u>5</u> Lt. <u>5</u> Pushes: Rt. <u>5</u> Lt. <u>5</u> Comments: Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Appro. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: <u>/</u>	Edema: <input type="checkbox"/> Generalized <input checked="" type="checkbox"/> Dependent <u>NA LTR of</u> Pitting: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PPM Site: <u>/</u> Rhythm: <u>/</u>
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent <u>NA</u> Stool Color <u>Brown</u> Consistency <u>Firm</u> Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X <u>4</u> Quadrants Appetite: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>Bm last night 9/16</u>	Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation <u>/</u> Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>not visualized</u>	<input type="checkbox"/> None Rate: <u>/</u> MA: A <u>/</u> V <u>/</u> Sensitivity <u>/</u> Mode <u>/</u> Transvenous @ <u>/</u> cm Site <u>/</u> <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input checked="" type="checkbox"/> Voids <input type="checkbox"/> Foley Size <u>/</u> Fr Insertion Date <u>/</u> <input type="checkbox"/> Urostomy <input checked="" type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u>/</u>	Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: <u>/</u>	<input type="checkbox"/> None #1 Location: <u>lt leg xl 9/3</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <u>NONE</u> <input type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u>COI</u> <input type="checkbox"/> Comments #2 Location: <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments #3 Location: <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments #4 Location: <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments
ARTERIAL AND VENOUS SITES	PULMONARY	CHEST TUBES
A -Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>/</u> <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>/</u> <input type="checkbox"/> PICC <input type="checkbox"/> R <input checked="" type="checkbox"/> L <u>ADCOI</u> Start: <u>9/11</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>/</u> <input type="checkbox"/> Peripheral <input checked="" type="checkbox"/> R <input type="checkbox"/> L <u>ADCOI</u> Start: <u>9/11</u> <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>/</u> <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ <u>/</u> cm <input type="checkbox"/> R <input type="checkbox"/> L Start: <u>/</u> Hemodialysis Access Location <u>/</u> <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit	Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input type="checkbox"/> RA O2: <u>/</u> <input checked="" type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # <u>/</u> ETT @ <u>/</u> cm # <u>/</u> Shiley Trach BVM at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color <u>clear/white</u> Consistency <u>thick</u> Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Minimal Comments: <u>/</u>	<input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments
SKIN ASSESSMENT	LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub	
<input type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitis 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: Skin Color normal for patient <input type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score <u>18</u> <input type="checkbox"/> If Braden Scale \leq 18 Initiate Skin Care Protocol Comments:		

Initial Assessment See Narrative for Additional information Signature: Cetia Herrera Date: 9/17 Time: 0950
 No Changes to initial assessment See Narrative for s Signature: _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for s Signature: _____ Date: _____ Time: _____

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<p>PERIPHERAL VASCULAR</p> <p>3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable</p> <p>Extremities: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Plexipulses Capillary Refill: <u>2</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>2</u> L <u>2</u> Pedal R <u>2</u> L <u>2</u> Post. Tib. R <u>2</u> L <u>2</u> Comments: <u>/</u></p>	<p>NEUROLOGY/PSYCHOSOCIAL</p> <p>Family at bedside <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>S</u> Lt. <u>S</u> Pushes: Rt. <u>S</u> Lt. <u>S</u> Comments: <u>/</u> Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Appro. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: <u>/</u></p>	<p>CARDIOVASCULAR</p> <p>Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent <u>NA</u> Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PPM Site: <u>/</u> Rhythm: <u>/</u></p>
<p>GASTROINTESTINAL</p> <p><input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color: <u>not vis.</u> Consistency: <u>loose</u> Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X4 Quadrants Appetite: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>not on 9/15/24 not visualized</u></p>	<p>SKELETAL</p> <p>Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation <input checked="" type="checkbox"/> Gait <input checked="" type="checkbox"/> Steady <input checked="" type="checkbox"/> Unsteady Comments: <u>/</u></p>	<p>PACER SETTINGS</p> <p><input checked="" type="checkbox"/> None Rate: <u> </u> MA: A <u> </u> V <u> </u> Sensitivity <u> </u> Mode <u> </u> Transvenous @ <u> </u> cm Site <u> </u> <input checked="" type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular</p>
<p>GENITOURINARY</p> <p>Urine: <input type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input checked="" type="checkbox"/> Voids <input type="checkbox"/> Foley Size <u> </u> Fr Insertion Date <u> </u> <input type="checkbox"/> Urostomy <input checked="" type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u>/</u></p>	<p>EYES, EARS, NOSE, THROAT</p> <p>Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: <u>/</u></p>	<p>INCISIONS/WOUNDS/DRAINS</p> <p><input checked="" type="checkbox"/> None #1 Location: <u> </u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments #2 Location: <u> </u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments #3 Location: <u> </u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments #4 Location: <u> </u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments</p>
<p>ARTERIAL AND VENOUS SITES</p> <p>A -Without Redness or Swelling B-Redness C-Swelling D-Dressing</p> <p><input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> R <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> T Start: <u>9/12/24</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ <u> </u> cm <input type="checkbox"/> R <input type="checkbox"/> L Start: <u> </u> Hemodialysis Access Location <u> </u> <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit</p>	<p>PULMONARY</p> <p>Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input type="checkbox"/> RA O2: <u>2</u> <input checked="" type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # <u>1</u> ETT @ <u> </u> cm # <u> </u> Shiley Trach BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color <u> </u> Consistency <u> </u> Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: <u>/</u></p>	<p>CHEST TUBES</p> <p><input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments <u> </u> #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments <u> </u> #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments <u> </u></p>
<p>SKIN ASSESSMENT</p> <p><input checked="" type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitus 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: <u> </u> Skin Color normal for patient <input type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score <u>22</u> <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: <u> </u></p> 	<p>LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub</p> 	<p>CHEST TUBES</p> <p><input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments <u> </u> #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments <u> </u> #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <u> </u> Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments <u> </u></p>

Initial Assessment See Narrative for Additional information Signature Leticia Herrera Date: 9/17 Time: 737
 No Changes to initial assessment See Narrative for s Signature _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for s Signature _____ Date: _____ Time: _____

7d primary

Student Name: Leticia Herrera

Date: 09/17

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

0737, abdominal pain/nausea, Clean, well kept /groomed

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Ax4, HGTW Strong bilaterally, well coordinated, Speech clear and understandable, responds readily and follows simple commands, Pupil = PERLA-3

Comfort level: Pain rates at 5 (0-10 scale) Location: Lt side -aching

Psychological/Social (affect, interaction with family, friends, staff)

Calm, relaxed, friendly with staff, responsive

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

EENT Summetrical, no drainage, no missing teeth. Nodes not palpable, Gag reflex present, Swallowing without difficulty

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Chest configuration summetrical, clear breath sounds, RR 14, Regular rhythm, depth, and pattern

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

S₁S₂ -normal auscultated, apical 66, radial 68, equal rhythm, 2+ radial pulse and 2+ pedal pulse. Normal Sinus rhythm and pattern.

leticia Herrera

Diagnostic Worksheet

Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory.</small>	Dates		Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory.</small>	Dates	
		Admit day	Most Recent			Admit day	Most Recent
CBC	WBC 3.6-10.8 k/uL	9.77	1029	-	Sp Gravity	1.030	1.042
	HGB 14-18 g/dL	11.6	12.3	↓	Protein	100	↑
	HCT 42% - 52%	34.9	37.8	-	Glucose	-	↑
	RBC 4.7-6.1 m/uL	4.56	4.26	↓	Ketone	-	-
	PLT 150 - 400 k/uL	218	185	-	Nitrite	+	↑
	Glucose 70-110 mg/dL	114	102	↑	Leukocytes	moderately small	↑
	Sodium 134 - 145 mmol/L	137	141	-	Bilirubin	small	↑
	Potassium 3.5 - 5.3 mmol/L	3.8	5.7	-	Blood	large	↑
	BUN 9-21 mg/dL	17	12	-	pH	5.0-7.0	-
	Creatinine 0.8-1.5 mg/dL	0.70	0.60	↓	Other Labs		
	Chloride 98 - 108 mmol/L	105	109	↑	Date		
	Calcium 8.4 - 11.0 mg/dL	8.8	9.0	-	Culture		Result
	Mg++ 1.6 - 2.3 mg/dL	/	/	-	9/11	Blood	no growth after 5 days
	Total Protein 5.5 - 7.8 g/dL	6.3	6.8	-	09/15	Urine	>100,000 CFU/ml enterobacter
	Albumin 3.4 - 5 g/dL	3.2	3.6	↓		Wound	not cloacal complex
	Total Bilirubin 0.1 - 1.3	0.4	0.3	↑		Wound	eliminate
	AST(SGOT) 5 - 45 u/L	15	29	-	9/13	Stool	C.diff inter-imp
	ALT (SGPT) 7-72 u/L	20	23	-			
	Alk Phos (ALP) 38 - 126 u/L	59	78	-			
	Cholesterol 200mg/dL				Other Diagnostic / Procedures		
Lipid Panel	TRIG 0-150 mb/dL				Examples: CT/Xray/MRI/Paracentesis		
	HDL >60mg/dL				Date	Type	Result
	LDL 0-100 mg/dL				9/11	XR anast Zviews	negative
	GFR >= 60 mL/min				9/12	CT Abdomen Pelvis w/out contrast	findings concerning w malignancy
	TSH Refer to lab specific data				9/13	Colonoscopy	- erythematous mucosa in Cecum
	Digoxin 0.8 - 2 ng/dL						Diverticulosis in sigmoid colon
	PT 10.0 - 12.9 secs				09/13	EGF	- normal esophagus - gastric polyps - Erosive gastritis
	INR Therapeutic 2 - 3						w/ Stigmata of re-bleed
	PTT 25.3 - 36.9 secs						Bleeding
	BNP 5 - 100 pg/dL				9/11	Time	Result
	CKMB 0 - 5 ng/dL				9/13	90102	98
	Troponin neg = < 0.07 ng/mL				9/14	90	103
						98	114

Leticia Herrera

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies: Fosamax, meloxicam (possible Rocephin)

Primary IV fluid and rate: NA

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): NA

Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Morphine	4mg IVP every 4 hours PRN severe pain	4mg/mL- push slowly over a period of 4 to 5 minutes	Pain	<ol style="list-style-type: none">1. May cause constipation, eat fiber, drink water & exercise to help avoid2. May cause dizziness/lightheadedness, avoid driving/operating heavy machinery while taking3. May cause slow/shallow breathing, difficulty walking up, contact provider if symptoms occur
Acetaminophen	650 mg po every 6 hours prn pain	NA	Pain	<ol style="list-style-type: none">1. May cause upset stomach, avoid laying down for at least 10 minutes. If upset stomach occurs, you may take with food or milk2. Take only as directed, not to exceed 4000mg/24hrs. Taking too much can lead to severe liver damage or overdose (s/s include nausea, vomiting, abdominal pain, confusion, and jaundice) contact your health care provider if you notice these symptoms3. Caution if taking with anticoagulants. It may significantly increase effect of blood thinners which increases your chances of bleeding or bruising (have INR levels checked) Take caution with every day activities, protective foot wear, gently brush/floss.
Rosuvastatin	20mg po daily	NA	antihyperlipidemic	<ol style="list-style-type: none">1. Limit the amount of alcohol use while taking, it can increase the risk of liver damage.2. Regular follow ups are required to allow healthcare provider to check if medication is working properly to lower your cholesterol and triglyceride levels.3. Can cause the breakdown of muscle tissue and cause substances from inside the muscle cells to leak out into the blood. Can be harmful on your kidneys. If you begin to have dark urine, fever, muscle cramps/spasms/pain/stiffness, or unusual tiredness or weakness, notify your health care provider immediately.
Losartan	25mg po daily	NA	Antihypertensive	<ol style="list-style-type: none">1. May cause dizziness, lightheadedness, and fainting when standing too quickly. Get out of bed slowly, rest your feet on the ground for a few minutes before standing. Usually only occurs with you first start taking medication, symptoms may subside.2. If missed dose, take as soon as you remember. If too close to next dose, wait until next dose to take regularly scheduled dose. Do not double dose, it can lead to an overdose. Symptoms may include dizziness, sleepiness, and pounding heartbeat. Contact healthcare provider for further instructions.3. Do not stop abruptly without talking to your provider, it cause your blood pressure to rise and increase your chances of having a heart attack or stroke.

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Allergies: Fosamax, meloxicam (possible Rocephin)

Primary IV fluid and rate: NA

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): NA

Fidaxomicin	200mg po BID	NA	C.Diff/recurrent C.Diff	1. Take medicine for full prescribed length of time. Skipping doses can increase your risk of infection that is resistant to medication. 2. Take antibiotics only as prescribed, if taken longer than needed, it may cause a secondary infection 3. May cause nausea, vomiting, and constipation. Take with food to help with nausea and vomiting. Drink plenty of water to help with constipation.
Famotidine	20mg po BID	NA	ulcers	1. Avoid eating or drinking 15-60 minutes before taking to help prevent heartburn and acid indigestion. 2. Avoid smoking or drinking alcohol while taking, it can cause irritation in your stomach and can increase the time it will take for ulcers to heal. 3. Excessive or prolonged confusion, hallucinations, and headaches should be reported to health care provider. May need a reduction in dosage.
Enoxaparin	40mg/0.4mL Sub q daily	NA	Anticoagulant	1. Take caution with every day activities (protective foot wear, gently brush/floss), it increases your chances of bleeding or bruising due to it being used as a blood thinner. 2. Increased risk of gastrointestinal bleeding, monitor for unusually bleeding, red or black tarry stools, coughing/vomiting up blood or materials that look like coffee grounds. Contact your provider immediately if symptoms occur 3. Close dosage monitoring is required by health care provider. If dose is too high, bleeding can result but if dose is too low, blood clots can occur. Regular prothrombin time blood testing is required to measure how quickly your blood clots.

Medication reference: Lexicomp, Davis's drug guide, Medscape