

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

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|---|--|--|---|---|-------|---------------|--|---------------|--|-----|-----|-----|-----|----|--|--|----|----|----|------|-------|----------|--|--|--|--|--|--|--|--|
| S | Pt Initials: _____ Room: _____ DOB: _____ Admit Date: _____ Admit Wt: _____ Current Wt: _____ Ht: _____ M F _____ Primary Dx: _____ Secondary Dx: _____ | Physician: _____ Consults (Ex: Speech, PT/OT, Surgery, Neuro) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | History | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"> Allergies (reactions) Code status FULL DNR/AND Advance directive: Y N </td> <td style="width:30%;"> Isolation: Restraints: Y N Type: Fall risk Vaccine- PNA Flu </td> </tr> </table> | Allergies (reactions) Code status FULL DNR/AND Advance directive: Y N | Isolation: Restraints: Y N Type: Fall risk Vaccine- PNA Flu | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A | Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | Vital Signs: BP/HR/RR/Temp/SpO2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular | Pain Pain scale Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pulmonary: Breath sounds/Secretions | Oxygen: _____ L O2 NC 100NRB VM Accu checks: Frequency Results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GI : BS _____ Last BM: _____ NGT OGT _____ | Diet Breakfast % eaten: _____ Lunch % eaten: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GU: Void _____ Foley _____ FR Placed on: _____ | Skin: Wounds/Drainage Staples /Drains Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IV Peripheral INT IV _____gauge Site: _____ IV Fluid type: _____ Rate: _____ Central- type/site (subclavian/port/broviac) _____ PICC@ _____ | Psych Social | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Intake Total: _____ mL Parenteral _____ Enteral _____ Output Total: _____ mL Void _____mL Emesis _____mL Balance: _____ mL (Positive or negative) What does this mean for your pt? | Pending orders (ex: CBC, specimen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| R | ***Nursing Interventions & Teaching: (use your Critical Thinking Map) DC Plan. Is pt informed of plan? Y N _____ 24 hour orders reviewed Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> What does the patient need when they are discharged? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Shift goals: Met Unmet Revise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |