

NAME TELE #

AVF / AVG

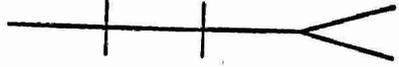
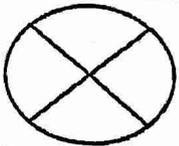
R / L

V: _____

O₂: _____

DIET: _____

IV: _____



MEDS

	08	12	16
T			
P			
R			
O ₂			
BP			

TO DO LIST:

AC/HS:

0500		
1100		
1630		

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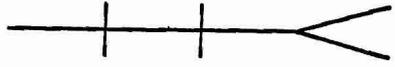
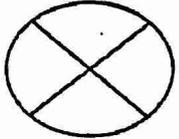
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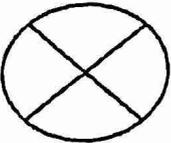
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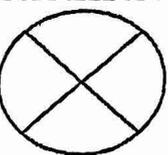
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Emergency Contact:			
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Discharge Planning:			
IP Rehab	SNF	HH	Home
Hm O2			
DME Equipment:			
Best Care:			
Current IP Meds:			
Height:			
Weight:			
Mental Status:			
Diet:			
Fluid Restrictions:			
Activity:			
ISOLATION:			
Tube Feeding:			
Voids: Yes No Foley Size Date			
Date of Last BM:			
DATE:			
AccuChecks:			
Code Status: Full DNR Meds Only Limited Code			

Attending Physician:	
Consults:	
PT OT ST ET	
Procedures / Test / Treatments:	
G-tube DHT NGT PEG NGT Other:	
IV Site: Date:	
IVF / Gts: Date:	
IVF / Gts: Date:	
IVF / Gts: Date:	
IVF / Gts: Date:	
Pending Labs / X-Rays / Test / Treatments:	
PRN'S:	
Surgical Sites:	
Pressure Ulcers:	

Allergies:	
Admitting Diagnosis:	
History:	
Vital Signs: Rhythm: Rate:	
O ₂ Route: RA Sat%:	
CPAP / BiPAP:	
TRACH Date: #	
Vent Settings: VT FIO ₂ Rate PEEP PS	
HFN:	
Pacer Wires: A V	
Rate: AmA: VmA: Date:	
Tube/Drain: Date:	
Tube/Drain: Date:	
Tube/Drain: Date:	
Tube/Drain: Date:	
Dialysis Access:	
R / L AVG AVF SCHON TESSIO CAPD	
Last HD: MWF TTS Other:	
Dialysis Meds:	
Pressure Ulcers Y N Braden Score:	
Acquired: Home SS Other:	

PATIENT STICKER



S ITUATION	Best Care =:		CN / TPCN	Admit Dx: _____
			DNR	Consults: PT / OT / ST / Dietary / TPN
			OBS	
			NIP/VIP	
			Acuity:	

B BACKGROUND	Date / Surgical / Invasive Procedures: _____	History: _____
	_____	_____
	_____	_____

A ASSESSMENT	IV Site: _____	Allergies: _____	
	IVF: _____ TC: _____	Intake: _____	Void/Foley: _____
	PCA/Epidural _____	Diet: _____	Bedpan _____ Urinal _____
	HAL _____	Cal. Ct.: _____	BSC _____ BRP _____ Incontinent _____
	Safety / Precautions: Fall Precautions: Y / N	Fluid Restriction _____	Last BM: _____
	Seizure Suicide VS: Routine Q4	7-3 _____	Drains #1 _____ #2 _____
	Blind K+ Protocol Current VS: _____	3-11 _____	#3 _____ #4 _____
	HOH _____	11-7 _____	Murphy Gtt _____
	Contingency Orders: RX Non-Rx		CT _____ R↑ L↓
	Restraints: Posey Wrist Ankle		

A	Wounds / Dressings Braden Score: _____	Tube Feeding: GT / JT _____
	_____	_____
	_____	_____

A	Labs/Specimens	Radiology	NG: _____	Wall/Gomco _____
	_____	_____	Equipment TEDs SCDs Plexi Pulse BSC	
	_____	_____	Walker W/C Trapeze Port O2	
	_____	_____	Specialty Bed: _____	
	_____	_____	AccuChecks: _____	SSI ↑

A	Respiratory	Dialysis:	Pain Meds Given:
	O2 _____	MWF - TTS CAPD	_____
	Pulse Ox _____	Trach Care:	_____
	Treatments: _____	Suction:	Flu and Pneumonia Screen Given <input type="checkbox"/> Date: _____
	Weight: Daily Standing Bed		Activity: _____

R RECEIVED	New Orders: _____

