

<b>Patient Name:</b> Millie Larsen	<b>MRN:</b> 000-555-000
<b>Room:</b> 816	<b>Doctor Name:</b> Dr. Eric Lund
<b>DOB:</b> 01/23/1926	<b>Date Admitted:</b>
<b>Age:</b> 84	

## Physician's Orders

**Allergies: NKA**

Date/ Time:	
	Bedrest, BRP with assist
	Regular, low fat diet
	I & O
	captopril 25 mg po three times a day
	metoprolol 100 mg every day
	furosemide 40 mg po twice per day
	Lipitor 50 mg once daily
	pilocarpine eye drops 2 drops each eye 4 times a day
	Fosamax 10 mg every day
	Celebrex 200 mg po once a day
	tramadol for arthritis pain prn
	Ciprofloxacin 250 mg every 12 hours
	Acetaminophen 325 mg po prn
	IV fluids D5 .45 NaCl 20 mEq KCL at 60ml/hr
	Dr. Eric Lund

## Physician Progress Notes

**Allergies:**

Date/ Time:	

	Admit. Will see later in a.m.
	Dr. Eric Lund

## Nursing Notes

Date/Time:	
0200	Admitted to ER with daughter, stable; no bed available  T. Wade RN
0900	Admit to 6E. see flow sheet  T. Wade RN

## Medication Administration Record

### Allergies:

### Home Meds

Date of Order:	Medication:	Dosage:	Route:	Frequency:	Hours to be Given:	Date Given:
	Captopril	25 mg	po	three times a day	0800,1200,1600	
	Metoprolol	100 mg		every day	0800	
	Furosemide	40 mg	po	twice per day	0800, 1600	
	Lipitor	50 mg		once daily	0800	
	Pilocarpine eye drops	2 drops each eye		four times a day	0800,1200,1600,2000	
	Fosamax	10 mg		every day	0800	
	Tramadol			for arthritis pain/prn		
	Ciprofloxacin	250 mg		every 12 hours	0800,2000	
	Acetaminophen	325 mg	po	prn		
	Celebrex	200 mg	po	once a	0800	

				day		
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## Intravenous Therapy

Date of Order:	IV Solution	Rate Ordered:	Date/Time Hung:
	IV fluids D5 .45 NaCl 20 mEq KCL	60ml/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

**Allergies:**

## PRN Medications

Date of Order:	Medication:	Dosage:	Route:	Frequency :	Date/Time Given:
					Date:
					Time:
					Site:
					Initials :

## Insulin Administration

Date	Medication:	Dosage:	Route:	Frequency	Date/Time Given:
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Chart Materials Millie Larsen Simulation 1  
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<b>of</b>				<b>:</b>	
<b>Order:</b>					Date:
					Time:
					Site:
					GMR:
					Initials :

## Nurse Signatures

<b>Initial</b>	<b>Nurse Signature</b>	<b>Initial</b>	<b>Nurse Signature</b>

## Vital Signs Record

		<b>Date:</b>											
		<b>Time:</b>	020	060	0800	120			...	.			
			0	0		0			.	.			
<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>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>36.5</b>	<b>97</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>36</b>	<b>96</b>	.	.	.	.	.	.	.	.	.	.	.	.
	<b>BP:</b>		156/ 88	160/ 88	148/ 86	146/ 90								
	<b>Pulse:</b>		78	80	80	76								
	<b>O<sup>2</sup> Saturation:</b>		94	94	96	95								
	<b>Weight:</b>													
	<b>Respirations:</b>		14	12	16	14								
	<b>GMR:</b>													
	<b>Nurse Initials:</b>		TB	TB	CR	CR								

## 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

**GENERAL APPEARANCE:**  
 male                       female

**DOB:** \_\_\_\_\_  
**AGE:** \_\_\_\_\_  
**ETHNICITY:** \_\_\_\_\_  
**OCCUPATION:** \_\_\_\_\_  
**RELIGION:** \_\_\_\_\_

awake                       sleeping                       agitated  
 cheerful                       lethargic                       anxious  
 crying                       calm                       combative  
 fearful

**SKIN:**  see wound care sheet     see nursing notes

**BRADEN SCALE SCORE:** \_\_\_\_\_  risk skin breakdown

**COLOR:**  
 acyanotic  
 pale  
 ruddy  
 jaundiced  
 cyanotic

**TURGOR:**  
 < 3 sec  
 > 3 sec

**TEMP:**  
 warm/dry  
 hot  
 cool  
 cold/clammy  
 diaphoretic

**HAIR:**  
 shiny  
 dry/flaking  
 balding  
 lesions  
 lice

**NEUROLOGICAL:**  see nursing notes

**ORIENTATION:**  
 person                       disoriented  
 place                       confused  
 time                       impaired memory

**RESPONDS TO:**  
 name                       non-responsive

**RESPIRATORY:**  see nursing notes

**RESPIRATIONS:**  
**RATE:** \_\_\_\_\_  
**O<sub>2</sub>:** \_\_\_\_\_  
**SPO<sub>2</sub>:** \_\_\_\_\_%

regular                       labored  
 even                       uses accessory muscles  
 irregular                       cough

**BREATH SOUNDS:**

**LEFT:**  
 clear  
 crackles  
 wheezes  
 decreased  
 absent

**RIGHT:**  
 clear  
 crackles  
 wheezes  
 decreased  
 absent

**THORAX:**  
 even expansion  
 uneven expansion

**SMOKING:**  
 cigarettes pk/day \_\_\_\_\_  
 cigars  
 marijuana  
 cocaine

**GASTROINTESTINAL/NUTRITION:**  see nursing notes

**APPEARANCE:**  
 flat                       soft  
 round                       gravid  
 obese

**BOWEL SOUNDS:**

stimuli

**SPEECH:**

clear                       aphasic  
 garbled                    inappropriate  
 slurred                     cannot follow conversation

**FACE:**

symmetrical               drooling  
 drooping

**EYES:**

PERRLA                    **SIGHT:**  
 unequal                     no correction  
 drooping lid               glasses  
    contacts  
    blind

**HEARING:**

WNL                          hearing aid  
 HOH

**HX:**

seizures                     spinal injury  
 CVA                          other  
 brain injury

active                       hyperactive  
 hypoactive                absent

**PALPATION:**

non-tender                 mass (location)  
   \_\_\_\_\_

tender  
(location) \_\_\_\_\_

**LAST BM:** Pt cannot recall -maybe last night

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

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

impaired swallowing  
 choking  
 NG tube  
   color drainage: \_\_\_\_\_

feeding tube  
 tube feeding  
   type: \_\_\_\_\_ rate: \_\_\_\_\_

**MUSCULOSKELETAL:**  see nursing notes

**GAIT:**

steady     unsteady     non-ambulatory

**ACTIVITY:**

up ad lib  
 walker  
 cane  
 crutches  
 wheelchair

**ASSIST:**

x1  
 x2  
 lift  
 bed bound

**HAND GRIPS:**

AMPUTATION:  left     right  
LOCATION: \_\_\_\_\_

**LEFT:**                      **RIGHT:**

strong                       strong

**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

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> weak         | <input type="checkbox"/> weak         |
| <input type="checkbox"/> flaccid      | <input type="checkbox"/> flaccid      |
| <input type="checkbox"/> contractures | <input type="checkbox"/> contractures |

**ROM:**

- ARMS:**
- full
  - weak
  - flaccid
  - contractures

- LEGS:**
- full
  - weak
  - flaccid
  - contractures
  - TED hose

**AMPUTATION:**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> right | <input type="checkbox"/> BKA   |
| <input type="checkbox"/> left  | <input type="checkbox"/> AKA   |
|                                | <input type="checkbox"/> other |

**SPINE:**

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> kyphosis  | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> scoliosis |                                       |

**OTHER:**

- CAST LOCATION: \_\_\_\_\_
- TRACTION: \_\_\_\_\_

**BIRTH CONTROL:**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> BSE monthly     |
| <input type="checkbox"/> no  | <input type="checkbox"/> menopause       |
|                              | <input type="checkbox"/> taking estrogen |

**SEXUALITY:**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> sexually active | <input type="checkbox"/> safe sex |
|--|-----------------------------------|

**MED HX:**

- urinary retention
- BPH
- Frequent UTI

**CARDIOVASCULAR:**  see nursing notes

**HEART SOUNDS:**

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> normal S <sub>1</sub> -<br>S <sub>2</sub> | <input type="checkbox"/> abnormal S <sub>3</sub> -<br>S <sub>4</sub> | <input type="checkbox"/> murmur |
|--|--|---------------------------------|

**PULSE:**

- |                                    |                                      |                                      |
|------------------------------------|--------------------------------------|--------------------------------------|
| <b>APICAL:</b>                     | <b>RADIAL:</b>                       | <b>PEDALIS:</b>                      |
| <input type="checkbox"/> regular   | <input type="checkbox"/> regular     | <input type="checkbox"/> regular     |
| <input type="checkbox"/> irregular | <input type="checkbox"/> irregular   | <input type="checkbox"/> irregular   |
| <input type="checkbox"/> strong    | <input type="checkbox"/> strong      | <input type="checkbox"/> strong      |
| <input type="checkbox"/> faint     | <input type="checkbox"/> faint       | <input type="checkbox"/> faint       |
|                                    | <input type="checkbox"/> nonpalpable | <input type="checkbox"/> nonpalpable |

**EXTREMITY COLOR & TEMP:**

- |                               |                                    |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> warm | <input type="checkbox"/> acyanotic |
| <input type="checkbox"/> cool | <input type="checkbox"/> cyanotic  |
| <input type="checkbox"/> cold | <input type="checkbox"/> discolor  |

**PAIN ASSESSMENT:**  see nursing notes  
 see MAR

**PRECIPITATING:** "walking too much"

**QUALITY:** \_\_\_\_\_

**REGION:** bil Knees

**SEVERITY (0-10/10):**

NOW: 0            AT WORST: 5            AT BEST: 0

**TIMING:** No specific time

**SAFETY:**  see nursing notes  
 fall risk

**PRECAUTIONS:**

**EDEMA:**  
 none                       generalized (anasarca)

SITE #1: \_\_\_\_\_ SITE #2: \_\_\_\_\_

pitting                                      pitting  
 1+                                       1+  
 2+                                       2+  
 3+                                       3+  
 4+                                       4+  
 non-pitting                               non-pitting

**CAPILLARY REFILL:**

**FINGERS:**                                      **TOES:**  
 brisk                                       brisk  
 slow                                       slow

**HX:**  
 Pacemaker                                       CHF  
 HTN     PVD  
 CAD     Other: \_\_\_\_\_

side rails x2                                       restraints  
 bed down                                       wrist  
 call light                                       vest  
 nightlight

**DISCHARGE/TEACHING:**  see nursing notes

**NEEDS:** Home Health,

**TYPE OF LEARNER:**  
 visual  
 auditory  
 kinesthetic

**EDUCATIONAL LEVEL:** High School

**FAMILY PRESENT:**  
 yes  
 no

**FLUID BALANCE:**  see nursing notes

**INTAKE:**  
 PO                                       IV

SOLUTION: D5 0.45% NaCl + 20mEq KCL  
 RATE: 60mL/hr ml/hr

**SITE LOCATION:** rt forearm    20 ga

clean                       swelling                       pain  
 patent                       cool                       tubing change  
 redness                       hot                       dressing change

**MUCOUS MEMBRANES:**  
 moist                       sticky                       dry

**NURSE SIGNATURE:** \_\_\_\_\_

**TIME COMPLETED:** \_\_\_\_\_

**REASSESSMENT:**

**TIME:** \_\_\_\_\_

no change                       see nurses notes                       initials \_\_\_\_\_

**TIME:** \_\_\_\_\_

no change                       see nurses notes                       initials \_\_\_\_\_

**TIME:** \_\_\_\_\_

<input type="checkbox"/> pink	<input type="checkbox"/> coated	<input type="checkbox"/> no change	<input type="checkbox"/> see nurses notes	<input type="checkbox"/> initials_____
<b>TODAY'S WT:</b> 48 kg	<b>YESTERDAY'S WT:</b> _____			

## Risk Assessments & Nursing Care

	Date: Braden Scale Score: Fall Risk Score:	Date: Braden Scale Score: Fall Risk Score:
<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>		

Initial	Nurse Signature	Initial	Nurse Signature

**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
p- partial bath
g- grooming
f- foot care
a- assist bath
sh- shower
m mouth care
n- nail care

LAB TEST	RESULT	NORMAL RANGE
<b>WBC</b>	12,000	
<b>HGB</b>	9.9	
<b>HCT</b>	32	
<b>WOUND ASSESSMENT</b> # 1-4 Pressure Ulcer stage I - Incision R - Rash SK - skin tear E - Echymosis	<b>WOUND BED:</b> D - Dry & intact S - Sutures/ staples G - Granulation tissue P - Pale Y - Yellow	<b>WOUND DRAINAGE:</b> 0 - none S - Serous P - Purlulent S - Serosanguinous B - Bright red blood
<b>GLUCOSE</b>	105	
<b>UA</b>	Urine color: dark amber, cloudy Specific gravity: 1.050 (normal 1.005-1.035) ph 6.0 (normal 4.5-8.0) RBC - 9 (normal 0-2) WBC - 150,000 (normal 0-5)	

<b>WOUND CARE:</b> C - Cleaned with NS G - Gauze dressing W - Gauze wrap A - ABD pad M - Medication
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