GENERAL INFORMATION:

Patient Initials:_____

Physician:_____

TPCN:_____ Aide:_____

Code status:_____ Telemetry#_____

Admit Dx:_____

Allergies:_____

□ Isolation (Type):_____

O2 @ _____liters per min _____%

Diet:_____ □Needs asst. w/meals

□ Glasses □ Hearing aids X _____

Notes:_____

_____

_____

INTAKE AND OUTPUT:

Intake / time:			
Output / time:			

CARDIOVASULAR:

Rhythm □ Regular □ Irregular

Pulses: Radial L_____ R_____

Pulses: Pedal L_____ R_____

0 absent 1+ weak 2+ normal 3+ strong 4+ bounding

□ Edema _____ Location _____

□ Edema _____ Location _____

1+ rapid recovery 2+ 10-15 sec 3+ 15-30 sec 4+ > 30 sec

Capillary refill _____ seconds

MUSCULOSKELETAL:

□ Moves all extremities

□ Joint stiffness □ Contracted □ Weakness

□ Cramping □ Spasms □ Tremors

Calf tenderness □ None □ R □ L

Equipment □ TEDs □ SCDs □ PlexiPulse

□ Walker □ W/C □ Barton □ Immobilizer

□ Polar Care □ Traction □ Cast/Sling

Comments:_____

_____

_____

VITAL SIGNS:

Time:		
BP:		
P:		
T:		
R:		
SaO2%:		

PAIN ASSESSMENT:

Time:			
Scale/Observation			
Location			
Intervention			
Reassess score			

CAPILLARY BLOOD GLUCOSE

Time:				
Result:				

GENERAL APPEARANCE:

□ Neat, Clean / Normal Development

□ Emaciated □ Unkept □ Delayed Dev Age

Comments:_____

RESPIRATORY:

□ Breath sounds clear bilaterally

□ Wheezes: Loc:_____ Inspir/Expir

□ Diminished: Loc:_____ Inspir/Expir

□ Crackles: Loc:_____ Inspir/Expir

□ Absent: Loc:_____ Inspir/Expir

Cough: □ Yes □ No Productive □ Yes □ No

Secretions: Color_____

Consistency:_____ □ Suction

Comments:_____

MOBILITY:

□ Independent □ Amb with asst X _____

□ Transfers alone □ Trans with asst X _____

□ Assistive device:_____

□ Bedridden □ Paralysis □ Para □ Quad

□ Hemiplegia □ Right □ Left

□ Restraints Type:_____

NEUROLOGICAL:

□ Awake/Alert/Oriented to person, place, time

□ Confused □ Sedated □ Unresponsive

□ PERRL □ Pupils Unequal □ Dysphagia

Grips R____ L____ Pushes R____ L____

S - Strong, W - Weak, N - None

Comments:_____

ORAL:

□ Membranes □ pink □ moist □ intact □ dry

□ Ulcerations □ Discoloration Color:_____

□ Dentures/Dental Device Type:_____

Able to care for own teeth □ Yes □ No

Comments:_____

IVs

□ No IV □ Peripheral IV □ CVAD

□ Red □ Dressing intace/no redness

Location:_____ Next △Date:_____

GASTROINTESTINAL:

Abdomen: □ Flat □ Soft □ Nontender

□ Distended □ Firm □ Tender □_____

Bowel Sounds: □ Active X 4 quads □ Hypo

□ Hyper □ Absent □ Nausea/vomiting

□ Diarrhea □ Constipation □ Bleeding

Comments:_____

ELIMINATION:

□ Continent □ Catheter △ Date:_____

Incontinent □ Bowel □ Bladder

Urine appearance:_____

Comments:_____

SKIN:

□ Warm □ Dry □ Color normal for race

□ Diaphoretic □ Flushed □ Jaundice □ Pale

□ Cyanotic □ Cool □ Specialty bed

□ Turgor < 5 sec □ Turgor > 5 sec

□ Wounds/Dressings/Breakdown

Describe:_____

_____

ADDITIONAL NOTES:

BRADEN SCALE/SKIN RISK:

□ No risk □ Low risk (15 or 16)

	□ Mod risk (13 or 14) □ High risk (12 or less)
	□ Skin Care Protocol (18 or less)