

S Name: _____ Age: _____ Code Status: _____
 Family: _____ Allergies: _____
 Reason for MICU Admission: _____

B History/Hospital course of events: _____

Isolation-Pathogen: _____ Source: _____

A	ABCDEF	CV	Resp	GI/GU	Integ	Critical and Serial Labs
	<u>PAIN</u> CPOT _____ NUMERIC _____ SCH/PRN MEDS GIVEN IN 24HR <u>AGITATION</u> TARGET RASS _____ ACTUAL RASS _____ <u>SEDATION</u> <u>SAT/SBT</u> <u>DELIRIUM</u> CAM + / - <u>MOBILITY</u> <u>PT/OT</u> Restraints Y / N Order D/T Pupils MAE Y / N <u>Family:</u>	<u>HR</u> <u>RHYTHM</u> <u>BP</u> <u>BP GOAL</u> <u>PRESSORS</u> <u>TMAX</u> <u>TCURRENT</u> <u>CVP</u> Pulses Edema Heart Tones <u>CARDIAC</u> <u>GTTs:</u>	<u>OXYGEN via</u> <u>SpO2</u> <u>RR</u> <u>BS</u> Intubated Y / N ETT (Fr) Taped ____ @ ____ D/T Taped Trach Trach Care <u>Vent</u> <u>FiO2</u> <u>PEEP/PS</u> <u>RR</u> <u>PEEK</u> <u>TV</u> <u>MV</u> <u>SECRETIONS</u> Subglottic sxn Y/N CT _____ CT _____	UOP/HR <u>24HR I</u> <u>24HR O</u> <u>FOLEY Y / N</u> DATE INS <u>DC FOLEY</u> <u>Y / N</u> <u>VOIDS</u> <u>BM</u> BS <u>DIET</u> <u>% EATEN</u> <u>FEEDING</u> <u>TUBE</u> <u>@ ____ CM</u> <u>TF</u> <u>TF RATE</u> <u>TF GOAL</u> <u>H2O</u> <u>RESIDUALS</u> <u>ACCUV</u> <u>BG</u> <u>INSULIN</u>	<u>PU</u> Mepilex Y / N Bath _____ IVs/Gtts <u>IV</u> <u>IV</u> <u>IV</u> <u>CVC</u> <u>DATE INS</u> Drsg Date_ <u>D/C Y / N</u> <u>OTHER</u> <u>ACCESS:</u> <u>GTTs</u>	Blood Products/Boluses Other

R Plan for this shift: _____
 Issues MDs need to know: _____
 Needs (Consults, Meds, Labs): _____

Pt/Family "What questions or concerns do you have for us?"

- Nurses Both Nurses check together:
- IV Infusions (Drugs, Setup, Concentration, Rates, IV Tubing labeled)
 - IV Dressings/Sites
 - Tube Feeding (Type, Rate, D/T hung)
 - Any special equipment (CRRT, EVD, TPM, Swan)
 - Monitor Settings