

PT: _____	NURSE: _____	ALLERGIES: _____
ROOM: _____	ATTENDING: _____	ISOLATION: _____
AGE: _____	AMBULATION: _____	TELE: _____ DIET: _____
DOB: _____	BPEWS: _____	CODE: _____
ADMIT DATE: _____	WEIGHT: _____	VOCERA: #66900 say Clinical Instructor & Location

<u>IV</u>	<u>ADMITTING DX</u>	<u>HOURLY INTAKE:</u>	<u>PROCEDURES/SURGERIES/TESTS:</u>
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DATE	LAB	VALUE	HISTORY/NOTES:	VITALS

<u>HOURLY CHECKS:</u>	MED, DOSE, ROUTE & FREQ	CLASS	USE	SIDE EFFECTS	TIME
Comfort: Sedation, Activity/Cues & Positioning 0700 0800 0900 1000 1100 1200 1300					
IV fluids: volume infused & clear pump 0700 0800 0900 1000 1100 1200 1300					
IV site assessment: 0700 0800 0900 1000 1100 1200 1300					
Continuous Enteral Feeds: vol inf & clear pump 0700 0800 0900 1000 1100 1200 1300					
Continuous Pulse Ox: O2 value & alarms: 0700 0800 0900 1000 1100 1200 1300					
Cardio/Resp monitor: alarms & values 0700 0800 0900 1000 1100 1200 1300					
PCA pump: 0700 0800 0900 1000 1100 1200 1300					
Parent at Bedside: 0900 1100 1300					
Δ Pulse Ox site, PAIN scale & VITALS Q4H: 0800 1200 OR 0700 1100					

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| <p>CARES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Room & Patient Safety Check <input type="checkbox"/> Continuous Enteral Feeds <input type="checkbox"/> Parent at Bedside <p>INTAKE & OUTPUT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuous Enteral Feeds <p>IV LINES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IV Site Assessment <input type="checkbox"/> DRIPS/IV MEDS <input type="checkbox"/> IV Fluid Rate | <ul style="list-style-type: none"> <input type="checkbox"/> PCA Pump <input type="checkbox"/> MAR <input type="checkbox"/> IV Fluid Verification <p>COMFORT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sedation Score <input type="checkbox"/> Activity/Cues <input type="checkbox"/> Positioning <input type="checkbox"/> Pain Assessment <p>VITALS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BPEWS Score | <ul style="list-style-type: none"> <input type="checkbox"/> Alarms On <input type="checkbox"/> Pulse Ox <input type="checkbox"/> Cardio-Resp Monitor <p>MED TEACHING</p> <ul style="list-style-type: none"> <input type="checkbox"/> After Visit Summary (AVS) <p>NURSING IMPLICATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plan: 1st, 2nd, 3rd priority <p>LDAs</p> <ul style="list-style-type: none"> <input type="checkbox"/> HACS- PIVIE, CLABSI, CAUTI <input type="checkbox"/> NG/GT/CT |
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