Dx:____
MDs:____**HX:**____
Surgery:__________________________________**Consults:**____________________________________

Report Given	Detailed Focus Points	My Daily Notes
Lines	○ Central line insertion date:______________________ ○ Foley insertion date: ______________________ ○ Intubation date: ______________________ ○ Goals met/not met__________________________	
Neuro/Restraints	○ Neuro DX ______________________________ ○ ICP /CPP______________________________ ○ EEG/CT/MRI____________________________ ○ **Daily wakeup**____________________________ ○ Neuro check____________________________ ○ Analgesia plan___________________________ ○ Restraints_______________________________ ○ Sedation________________________________ ○ Goals met/not met__________________________	
Cardiac	○ HR/BP goal ______________________________ ○ Rhythm_________________________________ ○ STs set? _______________________________ ○ Studies: _______________________________ ○ Goals met/not met__________________________	
Current Drips/IV		
Respiratory	○ Oxygen Goal_____________________________ ○ Oxygen Delivery Mode_______________________ ○ IS GOAL_______________________________ ○ LS/Sputum_____________________________ ○ Aspiration Risk?__________________________ ○ CT: __________IWS / CWS Output______________ Purpose______________________Air Leak: 1 2 3 4 5 ○ Bronch_________________________________ ○ Treatments______________________________ ○ Goals met/not met__________________________	
Renal	○ Fluid Status – even / +ve / -ve __________cc +/- last 24 hours __________cc +/- since admit ○ I/O goal_________________________________ ○ Dialysis_________________________________ ○ Electrolyte Rep?__________________________ ○ Remove Foley?____________________________ ○ Weight__________________________________ ○ Goals met/not met__________________________	
ID	○ Culture, Stools C. Diff______________________ ○ Remove / Replace lines_____________________ ○ Isolation_______________________________ ○ Sepsis Clock Done?___Y___N_________________ ○ Goals met/not met_________________________	
Endocrine	○ Insulin Coverage___________________________ ○ Lantus__________________________________ ○ Type 1 / Type 2. Education___________________ ○ Goals met_______________________________ ○ Goals not_______________________________	
Heme/Onc	○ Transfusion consent_________________________ ○ Transfusion History_________________________ ○ HIT/DIC_________________________________ ○ Other___________________________________	
GI Nutrition	○ Nutrition plan____________________________ ○ OG/NG/GT_______________________________ ○ TF Goal________________________________ ○ Imaging study____________________________ ○ Last BM_______________________________ ○ Goals met/not met__________________________	
Skin/Mobilize	○ Pressure Ulcer___________________________ ○ ET Consult/Specialty Bed____________________ ○ PT/OT_________________________________ ○ Goals met/not met__________________________	
Labs	○ Morning labs done? _________________________ ○ Labs still needed: __________________________	
Social	○ Code status_____________________________ ○ Social service consult_______________________ ○ AD____________________________________ ○ Barriers to transfer_________________________	
Pharmacy	○ Stop, start, change__________________________ ○ DVT Proph______________________________ ○ GI Proph_______________________________ ○ ABX days_______________________________ ○ Other__________________________________	

0800
0900
1000
1100
1200
1300
1400
1500
1600
1700
1800
1900

Pt Label