

#

Today's Date: _____ VS _____

Patient Label

Admission Status: []Obs []Inpt []Swing

Admitted:**Diagnosis:****Surgery:****HX:****Allergies:**

*More Allergies

Admission Checks

Admission HX done __Y__N Care Plan __Y__N

Ask 3 Teach 3 done __y__N Med Rec __Y__N

Code __Full__DNR__Comfort Care

Consults

GI _____ Urology _____

PT _____ OT _____

ST _____ SW\CM _____

Other _____

IV

IV PICC	GAUGE	LOCATION	INSERTED DATE

DRIPS _____

IV FLUIDS _____

FREQUENCY	BSFS	LAST RESULT
LAST DOSE	PILOT __Y__N	

Medication Notes: _____

Meds not give _____

MD notified _____

WBW

HGB\HCT

PLATELETS

PT\INR

NA

K

BUN

CREATININE

LACTIC

Pending Labs:**Lab Test**

Specimen	Date Sent	Results
<input type="checkbox"/> Urine		
<input type="checkbox"/> Sputum		
<input type="checkbox"/> Blood		
<input type="checkbox"/> Wound		
<input type="checkbox"/> Stool x 1/2/3		

Diagnostic Test

DATE	TEST	RESULTS
UPCOMING TEST:		

Infection Precaution

[] Isolation Type _____ [] Edu done

Core Measures

[]CHF []PNA []SEPSIS
Missing CM Elements _____

Post-Surgery

PROCEDURE _____
EBSL _____ TOTAL INTAKE _____ TOTAL OUTPUT _____
[]GENERAL []DURAMORPH expires _____
LAST MEDICATION GIVEN _____

Other notes: _____

Pain Management

Last Pain Score _____ Pain Goal _____
Pain Site _____
Last pain medication given _____
PCA _____



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Neuro

[] Alert Oriented [] Person [] Place [] Time [] Situation
[] Pulses WDL [] except _____
[] ROM Extremities WDL [] except _____
[] Seizures Precautions [] Neuro Check Q _____ hours
Neuro Deficit _____

Cardiac\Respiratory

Tele Monitor [] Y [] N **Box #** _____
Alarms Reviewed _____ Parameters Changed _____
Rhythm _____
Pacer [] Y [] N Edema _____ Location _____
Daily WT _____
Lung Sounds _____
O2 [] Y [] N LPM _____ IS [] Y [] N
SVNs [] Y [] N Frequency _____ Suction [] Y [] N
Continuous Pulse Ox [] Y [] N
Anticoagulation [] Y [] N Edu done [] Y [] N
TEDS _____ SCDs _____ Lovenox _____ Coumadin _____

GI

Diet _____ NPO after _____
Feeder [] Y [] N
[] Supplements _____ Frequency _____
[] NG Suction _____
Bowel Sounds [] Y [] N Except _____

GU

[] Voiding [] Incontinent @ _____ y
Vag Pack [] Y [] N Removed _____ 7
[] Foley Date inserted _____

Notes

Nurse Reporting	Nurse Receiving	Date and Shift

Integumentary

[] Braden Score _____
[] Wound _____
[] Wound Care _____
[] Incision _____
[] Drains: JP []
Other [] _____
[] Dressing _____
Last Time Changed _____

ADLS\Musculoskeletal

Activity Level _____
Devices _____
Fall Precautions [] Y [] N O 7
Interventions _____
Bed Alarm [] Persona Alarm []
[] Restraints [] Chemical [] Physical
[] Order Last Time Charted _____
Order expires _____

Vaccines

Pneumonia Vaccine Given [] Y [] N Date Given _____
Influenza Vaccine Given [] Y [] N Date Given _____

Discharge Planning

Expected Discharge date: _____
Patient being discharged [] Home [] Family []
[] Assistant Living [] Nursing Home
[] Other
Issues Need to Be Addressed Before Discharge _____

Unresolved Issues for Follow Up

Nurse Reporting	Nurse Receiving	Date and Shift