Today's Date:_____ **VS**

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

Admitted:

Diagnosis:

HX:

Surgery:

Allergies:

WBC	HGB\HCT	PLATELETS
PT\INR	NA	K
BUN \CREATININE	MAG	TROPONIN
LACTIC		

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·__   DNI__

Consults

GI_____ **Urology**_____
PT_____**OT**_____
ST_____**SW\CM**_____
Other_____

IV

IV PICC	GAUGE	LOCATION	INSERTED DATE

DRIPS_____

IV FLUIDS_____

BSFS
FREQUENCY ·_____ LAST RESULT_____
LAST DOSE_____ PILOT__Y __N
Medication Notes:_____
_____
_____
_____

Pending Labs:

Lab Test

Specimen	Date Sent	Results
[ ] Urine		
☐ Sputum		
☐ Blood		
☐ Wound		
☐ 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 Managment

Last Pain Score_____ Pain Goal_____
Pain Site_____
Last pain medication given_____
PCA_____

Today's Date:_____   VS Q 4 HRS   Patient Label

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

Neuro

[ ]Alert Oriented [ ]Person [ ]Place [ ]Time [ ]Situation
[ ]Pulses WDL [ ] except_____
[ ]ROM Extremities WDL [ ] except_____
[ ]Seizures Precautions   [ ]Neuro Check Q N/A___ 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 ->[ ]Intermittent [ ] Urine or
Vag Pack [ ] Y [ ]N Removed_____   [ ] Feces
[ ] Foley   Date inserted _____

Notes

Integumentary

[ ] Braden Score_____
[ ] Wound_____
[ ] Wound Care_____
[ ] Incision _____
[ ] Drains: JP [ ]
              Other [ ]_____
[ ] Dressing_____
Last Time Changed_____

ADLS\Musculoskeletal

Activity Level_____
Devices_____
**Fall Precautions [ ]Y [ ]N   Last Fall_____
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

TOM CHECK (Task List)_____

DO DISCREPENCY REPORT!