

PATIENT Rm _____ Admitted _____ Team _____ Name _____ Age / Sex _____ Wt _____ Code ☐ Full ☐ DNR ☐ DNI ☐ Comfort Allergies _____ Isolation _____	NEURO A&O x _____ GCS _____ RASS _____ CAM-ICU ☐ + ☐ - NIH / neuro checks q _____ Pupils _____ Pain _____ Restraints ☐ Y ☐ N Type _____ Sedation _____	CARDIOVASCULAR Rhythm _____ BP goal ☐ SBP ☐ MAP _____ Neurovasc checks q _____ Pulses _____ Edema _____ Echo / EF _____ Tmax _____	RESPIRATORY ☐ RA ☐ NC ☐ HFNC ☐ BiPAP ☐ Vent ETT / trach size _____ @ _____ cm <table><tr><th>Mode</th><th>FiO2</th><th>Pinsp</th><th>Ti</th><th>RR</th><th>PEEP</th><th>Vt</th></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ABG _____ Secretions / SBT _____	Mode	FiO2	Pinsp	Ti	RR	PEEP	Vt							
Mode	FiO2	Pinsp	Ti	RR	PEEP	Vt											
DX & HISTORY Dx _____ Hx _____ LABS WBC Hgb Hct Plt Ca Mg Phos Na Cl BUN K HCO3 Cr Glu	GI / GU Accucheck q _____ ☐ SSI ☐ Insulin gtt _____ Diet / tube feeds / flush _____ ☐ OG ☐ PEG ☐ NG ☐ Dobhoff Side ☐ L ☐ R @ _____ cm Last BM _____ ☐ BSC ☐ Toilet ☐ Urinal ☐ Ext. catheter ☐ Foley Placed _____ Indication ☐ Acute ☐ Chronic ☐ Critical UOP / I&O _____	SKIN Front Back Sacrum _____ Heels _____ Buttocks _____ Braden _____ Wound care ☐ Y ☐ N Turns q _____ Ambulation _____	LINES & DRIPS PIV _____ CVC / port ☐ Y ☐ N Site _____ Indication _____ HD cath / fistula ☐ Y ☐ N Site _____ Schedule ☐ MWF ☐ TTS Last _____ Art line ☐ Y ☐ N Site _____ Drips _____														
BACKGROUND / SUMMARY			EVENT TRACKER Surgeries / procedures _____ Intubated _____ Extubated _____ Off pressors _____ Family contact _____														

OVERNIGHT EVENTS	Tele / rhythm changes _____ Oxygenation changes _____ Tmax _____ Drip changes _____ Significant events _____ _____														
RESPIRATORY / VENT	Device / settings _____ ABG _____ SBT / wean plan _____ _____														
LINES / DRAINS / TUBES	CVC ☐ Y ☐ N HD cath ☐ Y ☐ N Foley ☐ Y ☐ N Still needed? _____														
SKIN / WOUND	_____ Wound care consult ☐ Y ☐ N														
GI	Diet / supplement _____ Last BM _____														
VOLUME STATUS	Drips _____ Free water _____ UOP / I&O 24 h _____ Overall ☐ Edema ☐ Dry / tenting ☐ Even														
PHARMACY	<table border="0"> <tr> <td>Nasal swab ☐Y ☐N</td> <td>Na _____</td> </tr> <tr> <td>Drips _____</td> <td>K _____</td> </tr> <tr> <td>Blood sugar / SSI _____</td> <td>Cr _____</td> </tr> <tr> <td>Cultures _____</td> <td>Ca _____</td> </tr> <tr> <td>Antibiotics ☐IV ☐PO _____</td> <td>Phos _____</td> </tr> <tr> <td>Home meds _____</td> <td>Mg _____</td> </tr> <tr> <td>DVT / GI prophylaxis _____</td> <td>H&H _____</td> </tr> </table>	Nasal swab ☐ Y ☐ N	Na _____	Drips _____	K _____	Blood sugar / SSI _____	Cr _____	Cultures _____	Ca _____	Antibiotics ☐ IV ☐ PO _____	Phos _____	Home meds _____	Mg _____	DVT / GI prophylaxis _____	H&H _____
Nasal swab ☐ Y ☐ N	Na _____														
Drips _____	K _____														
Blood sugar / SSI _____	Cr _____														
Cultures _____	Ca _____														
Antibiotics ☐ IV ☐ PO _____	Phos _____														
Home meds _____	Mg _____														
DVT / GI prophylaxis _____	H&H _____														
MOBILITY	Ambulation status _____ PT / OT / speech _____														
PLAN / BARRIERS / NEEDS	_____ _____ _____ _____														