

Name: _____

Room #: _____

Age: ____ y/o M / F

Hospitalists / Trauma / CFP

Admitted: _____

FULL CODE / DNR

S Situation					
B Background	PMH: DM / CHF / HTN / CAD / PCI / HLD / PVD / GERD / COPD / Asthma / CKD / ESRD / Smoker / Drug Abuse / Psych / CVA / Dementia / Hypothyroid / CA / Tests: MRI / X-Ray / CT / Echo EF: ____ / Endo / US / Cath				
A Assessment	IV: # ____ R / L SL Date: _____ Site: AC / FA / Hand / Wrist / UA Central: IJ / PICC / Port / Trialysis		IVF: NS / ½ NS / D5 ½ / D5 NS / LR / Abx IV Rate: ____ ml/hr / ____ u/kg/hr Drips: Heparin / Blood / TPN / Dilt		
Contact: MRSA C-Diff ESBL Flu Droplet Neutropenic	Neuro A & O x ____ / Confused Activity: Up ad lib / 1 / 2 / Bed-rest Walker / Cane Neuro Checks / Restraints / Bed Alarm		Pain Level: Location: Medication: Frequency:		
Need: Urine Cx Resp Cx Flu Swab MRSA Swab	Respiratory O2 @ ____ L NC / Room air / NRB / CPAP / BIPAP / Trach: _____ Breath Sounds: Clear / Diminished / Wheezing / Crackles / Coarse Treatments: Nebs / IS / CPT Cough: Productive / Non-productive		VS Trend HR Temp BP RR O ₂		
Extras: Daily Weight Strict I&Os Fall Risk Observation 1:1 Sitter NPO @ Midnight	Cardiovascular SB / NSR / ST / A-Fib / A-Flutter / A-Paced / V-Paced / PACs / PVCs AICD / Murmur / Block Edema: None / Gen / Trace / 1+ / 2+ / 3+ Pitting / Non-pitting R / L / Bilateral Arms / Legs Pulses: DP Radial Dopplers / +1 / +2		VTE Prophylaxis SCDs / Foot Pumps Heparin / Lovenox Coumadin / Xarelto Eliquis / None Needed Needs Order		
	Gastrointestinal Diet: Reg / Clear / Full / AHA / ADA / Dysphagia I II III Soft / Renal / NPO Hypo / Active / Hyper / Nausea / Vomiting / Diarrhea G-tube (LWS / Gravity) / Ostomy Last BM: _____		Genitourinary Voiding / Foley / Incontinence / Anuria Clear / Cloudy Yellow / Amber / Bloody BR / Urinal / Bedside Comm / Bedpan Dialysis: M Tu W Th F Sa Su		
	Musculoskeletal Weakness: RUE / LUE / RLE / LLE Numbness: RUE / LUE / RLE / LLE		Skin (Wounds & Dressings)		
	BG Monitoring AC&HS / Q6° / Q____°	AC B	AC L	AC D	HS
	Drains Chest Tube / JP / Hemovac / Accordion / Wound Vac (R / L) Level: _____ Serosanguinous / Sanguineous		Labs WBC K CKMB Hgb INR BNP Na Anti-Xa Trop Plt Cr Lipase NH ₃ LFTs		
R Recommendation	Scheduled Procedures: Cath / US / Stress / Echo / Dopplers / MRI Consults: CM / PT / OT / GI / Cards / Neuro / Nephro / Wound / Ortho / Psych / Pulm / Surg Discharge to: Home / Home Health / ALF / SNF / Rehab				