

S (Situation)

DIAGNOSIS:

CODE:  FULL  PARTIAL  DNR  PALLIATIVE  
 No transfer to acute

ALLERGIES:

Fax received by: \_\_\_\_\_  
Unit/Room# \_\_\_\_\_ to Unit/Room# \_\_\_\_\_

B (Background)

PMH: SEE ADMIT SUMMARY

ISOLATION:  Contact  Droplet  Airborne  Immunocomp

XRAY:  done/ordered  Multiple exams today?

EKG:  done/ordered ECHO:  done/ordered PT/OT:  done/ordered

ACUITY: # \_\_\_\_\_  Acute  SNF/ICF  Hospice

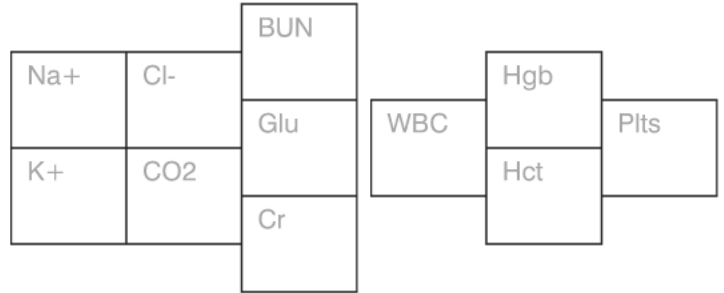
LABS: Cardiac Enzymes \_\_\_\_\_ Magnesium \_\_\_\_\_ BNP \_\_\_\_\_

OTHER: \_\_\_\_\_

OB: G \_\_\_\_\_ P \_\_\_\_\_ Ab \_\_\_\_\_ EDC \_\_\_\_\_ Blood Type \_\_\_\_\_

Ped \_\_\_\_\_ Feeding \_\_\_\_\_ Del Date \_\_\_\_\_ Time \_\_\_\_\_

NSD  C/S  Ma  Fe  Intact  Epis  Lac



A (Clinical Assessment)

Neuro:  A&O x \_\_\_\_\_  Confused  Forgetful  Anxious  Falls Risk # \_\_\_\_\_  GCS # \_\_\_\_\_

Pain: Range \_\_\_\_\_ Medicated \_\_\_\_\_ Last Dose \_\_\_\_\_

R (recommendations):  N/A \_\_\_\_\_

Respiratory:  O2 \_\_\_\_\_ L  Ventilator FiO2 \_\_\_\_\_  Bipap FiO2 \_\_\_\_\_  O2 sats \_\_\_\_\_ - \_\_\_\_\_

Lung sounds:  clear  course  crackles  decreased  secretions  SOB  next tx due \_\_\_\_\_

R (recommendations):  N/A \_\_\_\_\_

Cardiac:  Chest pain # \_\_\_\_\_  HR \_\_\_\_\_ - \_\_\_\_\_  SBP \_\_\_\_\_  DBP \_\_\_\_\_  Swan Ganz

Rhythm:  SR  ST  SVT  SB  AF  Aflutter  PVC  Pacer  AICD  VT  Junc

R (recommendations):  N/A \_\_\_\_\_

GI:  regular  cardiac  renal  soft  pureed  liquid  TF  NPO  fluid restrict \_\_\_\_\_ ml

Appetite:  good  poor  nausea  emesis BM:  norm  soft  liquid  constipated x \_\_\_\_\_ days

R (recommendations):  N/A \_\_\_\_\_

GU:  foley  urinal  commode  BRP  diuretic  assist  dialysis \_\_\_\_\_ / type of access \_\_\_\_\_

R (recommendations):  N/A \_\_\_\_\_

OB: Fundus:  Firm  Boggy Lochia:  Small  Mod  Large Perineum:  Clean  Swollen

R (recommendations):  N/A \_\_\_\_\_

Endocrine:  DM  FSBS  AC&HS  4xdaily  Q \_\_\_\_\_ hrs  Insulin gtt \_\_\_\_\_ Unit(s)/hr  Last FSBS result/time \_\_\_\_\_

R (recommendations):  N/A \_\_\_\_\_

Integument:  Wound \_\_\_\_\_  Dressing Change \_\_\_\_\_

R (recommendations):  N/A \_\_\_\_\_

Core Initiated:  AMI/ASA  CHF/ECHO  PNA/BC/ABX  SCIP/ABX

IV Access: PIV \_\_\_\_\_ PIV \_\_\_\_\_  PICC \_\_\_\_\_

IV Expire <24 hrs:  #1  #2  #3 IV GTTS: \_\_\_\_\_

R (recommendations):  N/A \_\_\_\_\_

R (Recommendations):

Date: \_\_\_\_\_ Time: \_\_\_\_\_ RN Signature: \_\_\_\_\_