

S Name: _____ Age: _____ Code Status: _____
 Family: _____ Allergies _____
 Reason for MICU Admission: _____

B History/Hospital course of events: _____

 Isolation-Pathogen: _____ Source: _____

A	ABCDEF	CV	Resp	GI/GU	Integ	Critical and Serial Labs
	<p><u>PAIN</u></p> <p>CPOT _____ NUMERIC _____</p> <p>SCH/PRN MEDS GIVEN IN 24HR</p> <p><u>AGITATION</u> TARGET RASS _____ ACTUAL RASS _____</p> <p><u>SEDATION</u></p> <p><u>SAT/SBT</u></p> <p><u>DELIRIUM</u> CAM + / -</p> <p><u>MOBILITY</u></p> <p><u>PT/OT</u></p> <p>Restraints Y / N Order D/T</p> <p>Pupils MAE Y / N</p> <p><u>Family:</u></p>	<p><u>HR</u></p> <p><u>RHYTHM</u></p> <p><u>BP</u></p> <p><u>BP GOAL</u></p> <p><u>PRESSORS</u></p> <p><u>TMAX</u></p> <p><u>TCURRENT</u></p> <p><u>CVP</u></p> <p>Pulses Edema Heart Tones</p> <p><u>CARDIAC</u></p> <p><u>GTTs:</u></p>	<p><u>OXYGEN via</u></p> <p><u>SpO2</u></p> <p><u>RR</u></p> <p><u>BS</u></p> <p>Intubated Y / N ETT (Fr) Taped ____ @ ____ D/T Taped</p> <p>Trach Trach Care</p> <p><u>Vent</u></p> <p><u>FiO2</u></p> <p><u>PEEP/PS</u></p> <p><u>RR</u></p> <p><u>PEEK</u></p> <p><u>TV</u></p> <p><u>MV</u></p> <p><u>SECRETIONS</u></p> <p>Subglottic sxn Y/N</p> <p>CT _____</p> <p>CT _____</p>	<p>UOP/HR</p> <p><u>24HR I</u></p> <p><u>24HR O</u></p> <p><u>FOLEY Y / N</u></p> <p>DATE INS</p> <p><u>DC FOLEY</u></p> <p><u>Y / N</u></p> <p><u>VOIDS</u></p> <p><u>BM</u></p> <p>BS</p> <p><u>DIET</u></p> <p><u>% EATEN</u></p> <p><u>FEEDING</u></p> <p><u>TUBE</u></p> <p><u>@ ____ CM</u></p> <p><u>TF</u></p> <p><u>TF RATE</u></p> <p><u>TF GOAL</u></p> <p><u>H2O</u></p> <p><u>RESIDUALS</u></p> <p><u>ACCUV</u></p> <p><u>BG</u></p> <p><u>INSULIN</u></p>	<p><u>PU</u></p> <p>Mepilex Y / N Bath _____</p>	<p>IVs/Gtts</p> <p><u>IV</u></p> <p><u>IV</u></p> <p><u>IV</u></p> <p><u>CVC</u></p> <p><u>DATE INS</u> Drsg Date_</p> <p><u>D/C Y / N</u></p> <p><u>OTHER</u></p> <p><u>ACCESS:</u></p> <p><u>GTTs</u></p>

R Plan for this shift: _____
 Issues MDs need to know: _____
 Needs (Consults, Meds, Labs): _____

Pt/Family "What questions or concerns do you have for us?"

- Nurses Both Nurses check together:
- IV Infusions (Drugs, Setup, Concentration, Rates, IV Tubing labeled)
 - IV Dressings/Sites
 - Tube Feeding (Type, Rate, D/T hung)
 - Any special equipment (CRRT, EVD, TPM, Swan)
 - Monitor Settings