Name: _____ Room #: _____

Age: ____ y/o M / F Hospitalists / Trauma / ___

DNI /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 / (Insert Secondary Diagnosis)

Tests: MRI / X-Ray / CT / Echo EF: ____ / Endo / US / Cath

Admit DATE: _____

A

Assessment

Contact:
MRSA
C-Diff
ESBL
Flu
Droplet
Neutropenic

Need:
Urine Cx
Resp Cx
Flu Swab
MRSA Swab

Extras:
Daily Weight
Strict I&Os
Fall Risk
Observation
1:1 Sitter
NPO @ Midnight

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
Any Antibiotics?
Ex: Pt is currently receiving IV Vancomycin Q6 next lab draw

Neuro
A & O x ___ / Confused
Activity: Up ad lib / 1 / 2 / Bed-rest
Walker / Cane
Neuro Checks / Restraints / Bed Alarm
PERRLA (pupils equal round and reactive to light and accommodation)

Left Pupil ___brisk ___ sluggish. ___ size
Right Pupil. Brisk ___ sluggish. ___size

Pain
Level:
Location:
Medication:
Frequency:

Respiratory (where did you hear these sounds) LLL LUL RLL RUL
O2 @ ___L NC / Room air / NRB / CPAP / BIPAP / **Trach:** _____
Breath Sounds: Clear / Diminished / Wheezing / Crackles / Coarse/ Rales
Treatments: Nebs / IS / CPT **Cough:** Productive / Non-productive

VS Trend
HR Temp
BP RR
O_2

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 / Normoactive / 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

		ESRD: Anuretic/Voids
	Musculoskeletal Weakness: RUE / LUE / RLE / LLE Numbness: RUE / LUE / RLE / LLE	**Skin** (Wounds & Dressings) W/D/I (Warm, Dry, Intact)/Pale/Flushed/Cyanotic/Jaundiced/ Pale/ Flushed/Cyanotic/Jaundice/Diaphoretic Skin is Cool to touch/Warm to touch/ Tenting (↓ turgor)/ Petechiae/Ecchymosis (bruising)/Rash/ Dry / Scaly/ Clammy/ Intact / Non-intact/ Edematous/ Fragile / Thin/Mottled/ Skin tone even / Uneven
	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 (date)** WBC K CKMB Hgb INR BNP Na Anti-Xa Trop Plt Cr Lipase NH_3 LFTs
	Medications:	
R Recommendation	***(****Always use a reference here for your recommendation. Why did you make that recommendation and what resource did you use to support why.* **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	