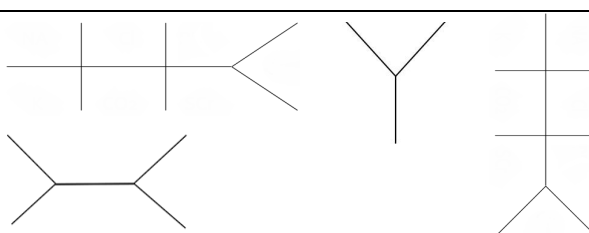


S Situation Situation, observation, concerns.	VS: _____ Comf: _____ Admitting Dx: _____ Allergies: _____			
B Background Clear & brief p/t background/Hx	Past Hx: DM / CHF / HTN / CAD / PCI / HLD / PVD / GERD / COPD / Asthma / CKD / ESRD / Smoker / Substance Abuse / Psych / CVA / Dementia / Hypothyroid / CA / Other: _____			
	Tests: MRI / X-Ray / CT / Echo EF: ____ / Endo / US / Cath / Other: _____			
A Assessment What's your assessment? Contact: MRSA C-Diff ESBL Flu Droplet Neutropenic COVID (+ / pending) 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: _____ IVF: NS / ½ NS / D5 ½ / D5 NS / LR / Abx Site: AC / FA / Hand / Wrist / UA IV Rate: ____ ml/hr / ____ u/kg/hr Central: IJ / PICC / Port / Trialysis Drips: Heparin / Blood / TPN / Dilt / Other: _____			
	Neuro A & O x ____ / Confused Activity: Up & lib / 1 / 2 / Bed-rest Walker / Cane Neuro Checks / Restraints / Bed Alarm		Pain Level: _____ Location: _____ Medication: _____ Frequency: _____	
	Respiratory O2 @ ____ L NC / Room air / NRB / CPAP / BIPAP Trach: _____ Breath Sounds: Clear / Diminished / Wheezing / Crackles / Coarse Treatments: Nebes / IS / CPT / Other: _____ Cough: Productive / Non-productive		VS Trend HR _____ BP _____ / _____ O ₂ _____ Temp _____ RR _____	
	Cardiovascular SB / NSR / ST / A-Fib / A-Flutter / A-Paced / V-Paced / PACs / PVCs AICD / Murmur / Block / Other: _____ Edema: None / Gen / Trace / 1+ / 2+ / 3+ Pitting / Non-pitting R / L / Bilateral Arms / Legs Pulses: DP Radial Dopplers / +1 / +2 R / L / Bi Arm / Leg		VTE Prophylaxis SCDs / Foot Pumps / Heparin Enoxaprin Sodium / Warfarin Rivaroxaban / Apixaban / None Needs Order / Other: _____	
	Genitourinary Last Void: _____ Voiding / Foley / Incontinence / Anuria Clear / Cloudy / Yellow / Amber / Bloody BR / Urinal / Bedside Comm / Bedpan Dialysis: M Tu W Th F Sa Su		Gastrointestinal Diet: Reg / Clear / Full / GF / Heart / Dysphagia Soft Renal / NPO Abd: Round / Flat / Firm / Soft Hypo / Active / Hyper / Nausea / Vomiting / Diarrhea G-tube (LWS / Gravity) / Ostomy Last BM: _____	
	Musculoskeletal Gait: _____ Strength: _____ Tone: _____ ROM: _____		Skin (Wounds & Dressings) 	
	BG Monitoring AC & HS / Q6° / Q____°			
	Drains Chest Tube / JP / Hemovac / Accordion / Wound Vac (R / L) Level: _____ Serosanguinous / Sanguineous			
	R Recommendation Recommend/Requests	Scheduled Procedures: Cath / US / Stress / Echo / Dopplers / MRI / Other: _____		Other: _____
		Consults: _____ Discharge to: Home / Home Health / ALF / SNF / Rehab		

Notes: _____

Shift Plan

**SV
NC**

Monitoring/Notes Assessment Reason Time Med

_____ Rm #