INTRAVENOUS THERAPY

DATE ORDERED	PERIPHERAL ☐ CVP ☐ PIC ☐ SL ☐ PORT ☐
	BLOOD PRODUCTS:

FLUID RESTRICTIONS:
Total 1800 Trays 240
1st 450 cc
2nd 340 cc
3rd 240 cc

DIET:
2 qm Na
Low Cholesterol

TUBE FEEDING:

ACTIVITY:

TRAVEL: Bed ☐ Wheelchair ☐ Stretcher ☐ O_2 ☐

BATH:

POSITION:

B.M.
DATE:

V.S. q 4º x 24 then
qs if stable
Neuro

I&O
q 8º

O_2
0x NC titrate to
SPO_2 >90%
Call dr. if 0_2
≥ to 5L and
SPO_2 <90º

DAILY WT.
qd before brk.

SPECIAL PROGRAMS:

DATE ORDERED		TIME
	P.T.	
	O.T.	
	SPEECH	
	RADIATION	
	TEACHING	

TPN:	LIPIDS:	CHEMO/SPECIAL IV THERAPY:

DATE ORDERED	RESPIRATORY THERAPY

DATE ORDERED	CONSULTS	NOTIFY	HERE	DATE	SPECIAL COMMENTS & INFORMATION
					Obtain report of most recent 2D echocardiogram on chart.

ADVANCE DIRECTIVES:

Durable Power of Attorney:

Legal Guardian:

Next of Kin:

In Case of Emergency:

CODE STATUS:

DISCHARGE PLANS DATE NOTIFIE

Discharge Plan Referral:

Social Work Referral:

SIGNIFICANT PAST MEDICAL HISTORY: CHF

DRG/LOS:

BRADEN SCALE:

DIAGNOSIS:

POST DIAGNOSIS OR SURGERY:

ALLERGIES

MEDICAL RECORD NO	PATIENT	ROOM NO	DOCTOR	AGE	ADM. DATE

McLAREN FLINT

NURSING CARE CARD

Use Pencil Only

DATE ORDERED	TREATMENTS & DRESSINGS

DRAINS & PACKING

DATE ORDERED	EQUIPMENT
	If patient is incontinent, foley to gravity for 2 days then D/C.

Ht.

Wt.

CODE STATUS

DATE ORDERED	X-RAY	DATE SCHEDULED
	Chest x-ray if	
	not done	
	in ER.	

FALL RISK

DATE ORDERED	EKG
	If not done in ER.

DATE ORDERED	DAILY LAB WORK

DATE ORDERED	LABORATORY
	If not done in ER, CBC, CMP, MG, TSH
	DIG level (if on digoxin)
	PT/INR (if on warfarin)
	Profile Lipid in am

DATE ORDERED	DIAGNOSTIC TESTS/SPECIMENS
	UA