Critical Care Report Sheet

Date:_____Shift: 7A-7P/7P-7A
Fall History Y/N Age: _____ Code Status: ____

| Diagnosis: | Allergies:Falls Score | _ |
|--|--|---|
| Physician/Consults: | Alarm ON/OF | F |
| Past Medical History: | Events this admit: | |
| Neuro: LOC: Neuro Checks: Pupils: Sedation: Restraints: Y/N Restraint Order Time: Deficits: Epidural: Notes: | GI: Abdomen: TPN/TF: Bowel Sounds: TF Goal: cc/hr NG/OG: @ cm FMS: Diet: Last BM: PEG Notes: GU: Voids: Foley: Insert date: PureWick: Condom Cath Peri Care Dialysis Notes: | |
| Cardiovascular: BP: HR: Rhythm: Pulses: Pacer: Swan: O cm Notes: | Skin: Incisions: Wounds: Dressing change: Wound Care CHG Bath CHG Charted Notes: POC/Activity/Goals: | |
| Sepsis Screen Pos/Neg RR called date: | PT/OT: Daily Weight: Kg Alarms On: Activity: Ambulate: Dangle Chair | |
| Pulmonary: Lung Sounds: | IV Sites: Labs: Glucometer: | |

PT.

Critical Care Report Sheet

Date:___

Shift: 7A-7P/7P-7A

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