McLaren Flint Report Sheet Date: _____________ RN:____________________
Shift: 7A-7P/7P-7A

Age: __________ Code Status: __________ POD#_________ **Fall History Y/N**
Diagnosis: ____ Allergies: _____________________________ **Falls Score____**
Attending/Consults: ____**Alarm ON/OFF**

Past Medical History: **Isolation:**

Lives at: □Home □ECF □Assisted Living/Group Home
D/C Plan: __________ □Hearing Aid □Glasses □Dentures

Events this admit:

Procedures:
Consent signed: Y/N

Neuro:
LOC: _____________ Pupils: ___________
Neuro √ Q1 Q2 Q4 Q8
Restraints: ________ Restraint Orders: __________
Deficits: ______________________________________
Initial NIH:_________ Current NIH:______________
Stroke Protocol: Y/N

GI:
Abdomen: _________ TPN/TF:____________
Bowel Sounds: ______ TF Goal: ____________
NG/OG:____________ Last BM: ___________
Diet: ______________

IV Sites: **IV Fluids/Drips:**
______________ exp:________ _________________
______________ exp:________ _________________
CHEMO: __________________ Run/Day:___________

GU:
Voids: ___________ Foley: _______ Insert date:________
Indication for Foley: __________________________________
External cath:_____ Foley care:☐
PureWick: _________ Dialysis Days:______________________
Fluid Restrictions: _____ cc/day I: ________O:_________

Cardiovascular: **Tele box #:____________**

Vitals: ______________________________________
____
____
Glucs: 07_____12______17______21_____HS snack Y/N
Rhythm: ___________ O2/L: ____________
Pacer: ________________ EF:_______________

Skin:
Incisions: ____
Wounds: ____
Dressing change: __________________________________
Drains: ____
CHG Bath: ☐ Wound Care: ☐

POC/Activity/Goals:
PT/OT: Y/N __________ Daily Weight: _________ Kg
SCD'S Y/N
Activity: □Bedrest □BRP □BSC Up with __________ assist

Pulmonary:
Lung Sounds: ____________
Vent Settings: TV: _____ Rate: _____ Peep: ____
CPAP/Bipap _____________ Trach Size:__________
IS: __________
Chest Tubes: R: _____ MS: ______ L:______
Cm of Suction: ______ Water Seal: _______

Labs: **Trop:**
WBC: ______ BUN: ______ ___________
RBC: ______ CR: ________ ___________
HGB: ______ NA: ________ ___________
HCT: ______ K+: ________ ___________
PLT: _______ Cl: ________ Mg: ______ BNPEP:_______
ALB: _______ Ion Ca: ______ Phos: ______Cal:_______
PTT: _______ PT: ________ INR:________CO2______

Meds: 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 00 01 02 03 04 05 06

NOTES:

PT.

MR.#/P

DR.

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Pacer: ________________ EF:_______________
SP02:_________________ O2/L: ____________

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