

McLaren Flint

FX HIP

NURSING CARE CARD

Use Pencil Only

DATE ORDERED	TREATMENTS & DRESSINGS	DATE ORDERED	X-RAY	DATE SCHEDULED	DATE ORDERED	DAILY LAB WORK
	Ice to Wound / Dressing First 48°		Cxr			
						CBC X 3
					DATE ORDERED	LABORATORY
						T&S, CBC w/ BMP,PT Lytes POD #1
	DRAINS & PACKING					
DATE ORDERED	EQUIPMENT					
	5# bucks tx.					
	Apply overhead frame with trapeze.					
	SCD Bil.		FALL RISK		DATE ORDERED	DIAGNOSTIC TESTS/SPECIMENS
						U / A
		DATE ORDERED	EKG			
Ht.	CODE STATUS					
Wt.						

INTRAVENOUS THERAPY					FLUID RESTRICTIONS:		DIET: NPO after MN for OR		TUBE FEEDING:		
DATE ORDERED	PERIPHERAL _____	CVP _____	PIC _____	SL _____	PORT _____	Total _____	1st _____cc	2nd _____cc	3rd _____cc		
	IV PCA					ACTIVITY: POD#1 up in chair (with immobilizer or pillow)					
						TRAVEL: Bed _____ Wheelchair _____ Stretcher _____ O2 _____					
						BATH: _____			POSITION: _____		B.M. _____
						V.S. VS & Neuro checks q 8 hrs.			I&O _____		O2 _____
	BLOOD PRODUCTS:					Neuro _____					DAILY WT. _____
						SPECIAL PROGRAMS:					
						DATE ORDERED		TIME			
TPN:	LIPIDS:		CHEMO/SPECIAL IV THERAPY:				P.T.				
							O.T.				
							SPEECH				
							RADIATION				
							TEACHING				
						DATE ORDERED	RESPIRATORY THERAPY				
							IS q1° WA				

DATE ORDERED	CONSULTS	NOTIFY	HERE	DATE	SPECIAL COMMENTS & INFORMATION	ADVANCE DIRECTIVES:	
						Durable Power of Attorney:	
						Legal Guardian:	
						Next of Kin:	
						In Case of Emergency:	
						CODE STATUS:	
						DISCHARGE PLANS	DATE NOTIFIED
						Discharge Plan Referral:	
						Social Work Referral:	
SIGNIFICANT PAST MEDICAL HISTORY:						DRG/LOS:	
DIAGNOSIS:						BRADEN SCALE:	
POST DIAGNOSIS OR SURGERY:							
						ALLERGIES	

MEDICAL RECORD NO	PATIENT	ROOM NO	DOCTOR	AGE	ADM DATE
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