INTRAVENOUS THERAPY

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

FLUID RESTRICTIONS:			DIET:	TUBE FEEDING:
Total 1800	1st 450 cc		2 qm Na	
Trays 240	2nd 340 cc		Low Cholesterol	
	3rd 240 cc			

ACTIVITY:

TRAVEL: Bed ☐ Wheelchair ☐ Stretcher ☐ O_2 ☐

BATH:	POSITION:	B.M. DATE:

V.S.	I&O	O_2	DAILY WT.
q 4º x 24 then qs if stable Neuro	q 8º	0x NC titrate to SPO_2 >90% Call dr. if 0_2 ≥ to 5L and SPO_2 <90º	qd before brk.

SPECIAL PROGRAMS:

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

DATE ORDERED	RESPIRATORY THERAPY

TPN:	LIPIDS:	CHEMO/SPECIAL IV 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

DIAGNOSIS:

POST DIAGNOSIS OR SURGERY:

DRG/LOS:

BRADEN SCALE:

ALLERGIES

MEDICAL RECORD NO	PATIENT	ROOM NO	DOCTOR	AGE	ADM. DATE

McLAREN FLINT CHF 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.	CODE STATUS
Wt.	

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