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# CRITICAL CARE TREATMENT KARDEX

DIET / DATE	ACTIVITY	ADVANCED DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VITAL SIGNS	NEURO CHECKS		RESP SUPPORT	CODE STATUS
PO						MODE	
TF	POSITION		INTAKE / OUTPUT	A-LINE	IABP	FIO <sub>2</sub>	WT
RATE						TV	
NPO						Rate	HT
						PEEP	
						PS	
NEXT OF KIN: PHONE		ALLERGIES			CONDITION		TEAM
SPECIAL NOTICES			DATE	IV FLUIDS / RATE			
ROOM	RELIGION	SURGICAL PROCEDURE	SURGEON	CARDIOLOGIST		CONSULTS	

**PART OF THE MEDICAL RECORD**

DATE	DAILY	DATE	SKIN CARE ORDERS / CONSULTS:
	CPK		CONSULTS:
	LDH		ORDER / TREATMENTS:
	PT / PTT		
	ACCUCHECKS		
	H / H		

DATE ORDERED	AS ORDERED	DATE DONE	DATE / RENEW	RESPIRATORY ORDERS, Nebs, CPT

			DATE	WOUND DRESSING CHANGES

**PART OF THE MEDICAL RECORD**

DATE	BLOOD TRANSFUSION ORDERS	DISCHARGE PLANNING	INVASIVE LINES PA Size Inserted Site D / C
			CENTRAL LINE #1 Inserted Site D / C
			CENTRAL LINE #2 Inserted Site D / C
DATE	RESTRAINT ORDERS		ART LINE Inserted Site D / C
			CHEST TUBE #1 Inserted Site D / C
			CHEST TUBE #2 Inserted Site D / C
DATE	MISCELLANEOUS		FOLEY Size Inserted D / C
	Electrical Precautions Initiated		
			NGT Size Inserted D / C
			ETT / TRACH Size Inserted D / C
ROOM	NAME	DIAGNOSIS	IABP Inserted D/C
			TEACHING
			NONTEACHING

## PART OF THE MEDICAL RECORD

