

S (Situation)

DIAGNOSIS:

CODE: FULL PARTIAL DNR PALLIATIVE
 No transfer to acute

ALLERGIES:

Fax received by: _____
Unit/Room# _____ to Unit/Room# _____

B (Background)

PMH: SEE ADMIT SUMMARY

ISOLATION: Contact Droplet Airborne Immunocomp

XRAY: done/ordered Multiple exams today?

EKG: done/ordered ECHO: done/ordered PT/OT: done/ordered

ACUITY: # _____ Acute SNF/ICF Hospice

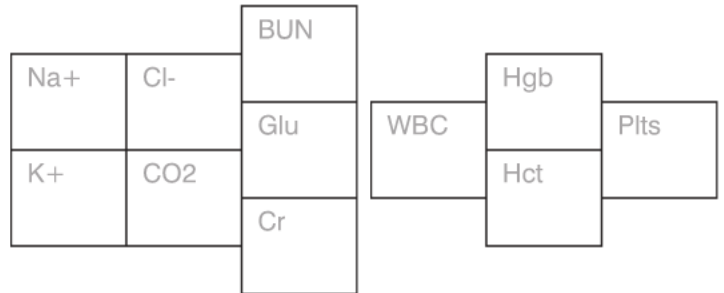
LABS: Cardiac Enzymes _____ Magnesium _____ BNP _____

OTHER: _____

OB: G _____ P _____ Ab _____ EDC _____ Blood Type _____

Ped _____ Feeding _____ Del Date _____ Time _____

NSD C/S Ma Fe Intact Epis Lac



A (Clinical Assessment)

Neuro: A&O x _____ Confused Forgetful Anxious Falls Risk # _____ GCS # _____

Pain: Range _____ Medicated _____ Last Dose _____

R (recommendations): N/A _____

Respiratory: O2 _____ L Ventilator FiO2 _____ Bipap FiO2 _____ O2 sats _____ - _____

Lung sounds: clear course crackles decreased secretions SOB next tx due _____

R (recommendations): N/A _____

Cardiac: Chest pain # _____ HR _____ - _____ SBP _____ DBP _____ Swan Ganz

Rhythm: SR ST SVT SB AF Aflutter PVC Pacer AICD VT Junc

R (recommendations): N/A _____

GI: regular cardiac renal soft pureed liquid TF NPO fluid restrict _____ ml

Appetite: good poor nausea emesis BM: norm soft liquid constipated x _____ days

R (recommendations): N/A _____

GU: foley urinal commode BRP diuretic assist dialysis _____ / type of access _____

R (recommendations): N/A _____

OB: Fundus: Firm Boggy Lochia: Small Mod Large Perineum: Clean Swollen

R (recommendations): N/A _____

Endocrine: DM FSBS AC&HS 4xdaily Q _____ hrs Insulin gtt _____ Unit(s)/hr Last FSBS result/time _____

R (recommendations): N/A _____

Integument: Wound _____ Dressing Change _____

R (recommendations): N/A _____

Core Initiated: AMI/ASA CHF/ECHO PNA/BC/ABX SCIP/ABX

IV Access: PIV _____ PIV _____ PICC _____

IV Expire <24 hrs: #1 #2 #3 IV GTTS: _____

R (recommendations): N/A _____

R (Recommendations):

Date: _____ Time: _____ RN Signature: _____