

Patient Name: Millie Larsen
Room: 616
DOB: 01/23/1926
Age: 84

MRN: 000-555-000
Doctor Name: Dr. Eric Lund
Date Admitted:

PATIENT CHART

Chart for Millie Larsen

Physician's Orders

Allergies: NKA

Date/Time:	
Day 1, 0900	Bedrest, BRP with assist
	Regular, low fat diet
	I & O
	captopril 25 mg po three times a day
	metoprolol 100 mg every day
	furosemide 40 mg po twice per day
	Lipitor 50 mg once daily
	pilocarpine eye drops 2 drops each eye 4 times a day
	Fosamax 10 mg every day
	Celebrex 200 mg po once a day
	tramadol for arthritis pain prn
	Ciprofloxacin 250 mg every 12 hours
	Acetaminophen 325 mg po prn
	IV fluids D5 .45 NaCl 20 mEq KCL at 60ml/hr
	Dr. Eric Lund

Nursing Notes

Date/Time:	
0900	Pt Alert and oriented. Denies pain. Pt up and ambulating on won with minimal assist. Will continue to monitor. T. Williams RN

Medication Administration Record

Allergies: NKDA

Date of Order:	Medication:	Dosage:	Route:	Frequency:	Hours to be Given:	Dates Given:
Day 1	Captopril	25 mg	po	three times a day	0800-TW 1200 TW, 1600 -TW	Day 1
	Metoprolol	100 mg		every day	0800 -TW	Day 1
	Furosemide	40 mg	po	twice per day	0800 -TW, 1600 -TW	Day 1
	Lipitor	50 mg		once daily	0800 -TW	Day 1
	Pilocarpine eye drops	2 drops each eye		four times a day	0800 -TW 1200 -TW 1600 -TW 2000 -SH	Day 1
	Fosamax	10 mg		every day	0800 -TW	Day 1
	Tramadol			for arthritis pain/prn		
	Ciprofloxacin	250 mg		every 12 hours	0800 -TW, 2000 -SH	Day 1
	Acetaminophen	325 mg	po	prn		
	Celebrex	200 mg	po	once a day	0800 -TW	Day 1

Intravenous Therapy

Date of Order:	IV Solution	Rate Ordered:	Date/Time Hung:
Day 3	IV fluids D5 .45 NaCl 20 mEq KCL	60ml/hr	Day 1, 1200 -TW 0400 -SH

Nurse Signatures

Initial	Nurse Signature	Initial	Nurse Signature
TW	Terrence Williams, RN	SH	Scott Hansen, RN, BSN

Intramuscular legend:	Subcutaneous site code:
A=RUOQ ventrogluteal	1=RUQ abdomen
B=LUOQ ventrogluteal	2=LUQ abdomen
C=R Deltoid	3=RLQ abdomen
D=L Deltoid	4=LLQ abdomen
E=R Thigh Lateral	5=RU arm
F=L Thigh Lateral	6=LU arm
	7=R leg
	8=L leg

Vital Signs Record

Date:	Day 3	Day 3	Day 3	Day 3	Day 3	Day 3
Time:	0800	1200	1600	2000	0000	0400
Temperature:	37.2	37.3	37.2	37.1	37.0	37.1
BP:	130/68	126/70	128/80	132/68	128/76	126/74
Pulse:	80	76	78	72	74	68
O² Saturation:	94	96	96	94	94	94
Weight:						
Respirations:	12	14	14	14	10	12
GMR:						
Nurse Initials:	TW	TW	TW	SH	SH	SH

Intake & Output Bedside Worksheet

0900-2100 INTAKE					OUTPUT				
ORAL	TUBE FEED	IV	IVPB	OTHER	URINE	Emesis	NG	Drains Type:	Other
240		720			500				
360					750				
120					750				
240									
Total Intake this shift: 1650					Total Output this shift: 2000				

2100-0900 INTAKE					OUTPUT				
ORAL	TUBE FEED	IV	IVPB	OTHER	URINE	Emesis	NG	Drains Type:	Other

240		720			200				
480					400				
					400				
					250				
Total Intake this shift: 1440					Total Output this shift: 1250				

Nursing Assessment Flowsheet

<p>GENERAL APPEARANCE: <input type="checkbox"/> male <input checked="" type="checkbox"/> female</p> <p> <input checked="" type="checkbox"/> awake <input type="checkbox"/> sleeping <input type="checkbox"/> agitated <input type="checkbox"/> cheerful <input type="checkbox"/> lethargic <input type="checkbox"/> anxious <input type="checkbox"/> crying <input checked="" type="checkbox"/> calm <input type="checkbox"/> combative <input type="checkbox"/> fearful </p>	<p>RESPIRATORY: <input type="checkbox"/> see nursing notes</p> <p>RESPIRATIONS: RATE: 14 O₂: RA SPO₂:94%</p> <p> <input checked="" type="checkbox"/> regular <input type="checkbox"/> labored <input checked="" type="checkbox"/> even <input type="checkbox"/> uses accessory muscles <input type="checkbox"/> irregular <input type="checkbox"/> cough </p> <p>BREATH SOUNDS:</p> <p>LEFT: RIGHT:</p> <p> <input checked="" type="checkbox"/> clear <input checked="" type="checkbox"/> clear <input type="checkbox"/> crackles <input type="checkbox"/> crackles <input type="checkbox"/> wheezes <input type="checkbox"/> wheezes <input type="checkbox"/> decreased <input type="checkbox"/> decreased <input type="checkbox"/> absent <input type="checkbox"/> absent </p> <p>THORAX: <input checked="" type="checkbox"/> even expansion <input type="checkbox"/> uneven expansion </p> <p>SMOKING: <input type="checkbox"/> cigarettes pk/day _____ <input type="checkbox"/> cigars <input type="checkbox"/> marijuana </p>
<p>SKIN: <input type="checkbox"/> see wound care sheet <input type="checkbox"/> see nursing notes</p> <p>BRADEN SCALE SCORE: <input type="checkbox"/> risk skin breakdown</p> <p>COLOR: TURGOR:</p> <p> <input checked="" type="checkbox"/> acyanotic <input checked="" type="checkbox"/> <3 sec <input type="checkbox"/> pale <input type="checkbox"/> > 3 sec <input type="checkbox"/> ruddy <input type="checkbox"/> jaundiced <input type="checkbox"/> cyanotic </p> <p>TEMP: HAIR:</p> <p> <input checked="" type="checkbox"/> warm/dry <input checked="" type="checkbox"/> shiny <input type="checkbox"/> hot <input type="checkbox"/> dry/flaking <input type="checkbox"/> cool <input type="checkbox"/> balding </p>	

<input type="checkbox"/> cold/clammy <input type="checkbox"/> lesions <input type="checkbox"/> diaphoretic <input type="checkbox"/> lice	<input type="checkbox"/> cocaine
NEUROLOGICAL: <input type="checkbox"/> see nursing notes ORIENTATION: <input checked="" type="checkbox"/> person <input type="checkbox"/> disoriented <input checked="" type="checkbox"/> place <input type="checkbox"/> confused <input checked="" type="checkbox"/> time <input type="checkbox"/> impaired memory RESPONDS TO: <input checked="" type="checkbox"/> name <input type="checkbox"/> non-responsive <input type="checkbox"/> stimuli SPEECH: <input checked="" type="checkbox"/> clear <input type="checkbox"/> aphasic <input type="checkbox"/> garbled <input type="checkbox"/> inappropriate <input type="checkbox"/> slurred <input type="checkbox"/> cannot follow conversation FACE: <input checked="" type="checkbox"/> symmetrical <input type="checkbox"/> drooling <input type="checkbox"/> drooping EYES: SIGHT: <input checked="" type="checkbox"/> PERRLA <input type="checkbox"/> no correction <input type="checkbox"/> unequal <input checked="" type="checkbox"/> glasses <input type="checkbox"/> drooping lid <input type="checkbox"/> contacts <input type="checkbox"/> blind HEARING: <input checked="" type="checkbox"/> hearing aid <input type="checkbox"/> WNL <input checked="" type="checkbox"/> HOH HX: <input type="checkbox"/> seizures <input type="checkbox"/> spinal injury <input type="checkbox"/> CVA <input type="checkbox"/> other <input type="checkbox"/> brain injury	GASTROINTESTINAL/NUTRITION: <input type="checkbox"/> see nursing notes APPEARANCE: <input type="checkbox"/> flat <input checked="" type="checkbox"/> soft <input checked="" type="checkbox"/> round <input type="checkbox"/> gravid <input type="checkbox"/> obese BOWEL SOUNDS: <input checked="" type="checkbox"/> active <input type="checkbox"/> hyperactive <input type="checkbox"/> hypoactive <input type="checkbox"/> absent PALPATION: <input checked="" type="checkbox"/> non-tender <input type="checkbox"/> mass (location) _____ <input type="checkbox"/> tender (location) _____ LAST BM yesterday <input type="checkbox"/> incontinent <input type="checkbox"/> diarrhea <input type="checkbox"/> stoma- _____ <input type="checkbox"/> mucous <input type="checkbox"/> constipation <input type="checkbox"/> blood DIET: normal <input type="checkbox"/> impaired swallowing <input type="checkbox"/> choking <input type="checkbox"/> NG tube color drainage: _____ <input type="checkbox"/> feeding tube <input type="checkbox"/> tube feeding type: _____ rate: _____

MUSCULOSKELETAL: see nursing notes

GAIT:

steady unsteady non-ambulatory

ACTIVITY:

up ad lib
 walker
 cane
 crutches
 wheelchair

ASSIST:

x1
 x2
 lift
 bed bound

HAND GRIPS:

AMPUTATION: left right

LOCATION: _____

LEFT:

strong
 weak
 flaccid
 contractures

RIGHT:

strong
 weak
 flaccid
 contractures

ROM:

ARMS:

full
 weak
 flaccid
 contractures

LEGS:

full
 weak
 flaccid
 contractures
 TED hose

AMPUTATION:

right
 left

BKA
 AKA
 other

SPINE:

kyphosis
 scoliosis

osteoporosis

OTHER:

CAST LOCATION: _____

TRACTION: _____

GENITOURINARY: see nursing notes

voids catheter stoma

APPEARANCE OF URINE:

clear cloudy
 light yellow sediment
 amber red/wine
 brown clots

BLADDER:

soft firm/distended incontinent

FEMALES: LMP: "in the 70's sometime"

WNL dysmenorrheal

BIRTH CONTROL:

yes BSE monthly
 no menopause
 taking estrogen

SEXUALITY:

sexually active safe sex

MED HX:

urinary retention
 BPH
 Frequent UTI

<p>CARDIOVASCULAR: <input type="checkbox"/> see nursing notes</p> <p>HEART SOUNDS: <input checked="" type="checkbox"/> normal S₁-S₂ <input type="checkbox"/> abnormal S₃-S₄ <input type="checkbox"/> murmur</p> <p>PULSE:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">APICAL:</td> <td style="width: 33%;">RADIAL:</td> <td style="width: 33%;">PEDALIS:</td> </tr> <tr> <td><input checked="" type="checkbox"/> regular</td> <td><input checked="" type="checkbox"/> regular</td> <td><input checked="" type="checkbox"/> regular</td> </tr> <tr> <td><input type="checkbox"/> irregular</td> <td><input type="checkbox"/> irregular</td> <td><input type="checkbox"/> irregular</td> </tr> <tr> <td><input type="checkbox"/> strong</td> <td><input type="checkbox"/> strong</td> <td><input type="checkbox"/> strong</td> </tr> <tr> <td><input type="checkbox"/> faint</td> <td><input type="checkbox"/> faint</td> <td><input type="checkbox"/> faint</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 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<p>FLUID BALANCE: <input type="checkbox"/> see nursing notes</p> <p>INTAKE: <input checked="" type="checkbox"/> PO <input type="checkbox"/> IV</p> <p>SOLUTION: D5 .45 RATE: 60 ml/hr</p> <p>SITE LOCATION: L FA</p> <p> <input checked="" type="checkbox"/> clean <input type="checkbox"/> swelling <input type="checkbox"/> pain <input checked="" type="checkbox"/> patent <input type="checkbox"/> cool <input type="checkbox"/> tubing change <input type="checkbox"/> redness <input type="checkbox"/> hot <input type="checkbox"/> dressing change </p> <p>MUCOUS MEMBRANES: <input checked="" type="checkbox"/> moist <input type="checkbox"/> sticky <input type="checkbox"/> dry <input checked="" type="checkbox"/> pink <input type="checkbox"/> coated </p> <p>TODAY'S WT: 48 kg YESTERDAY'S WT: _____</p>	<p>NURSE SIGNATURE: <i>Terrence Williams, RN</i></p> <p>TIME COMPLETED: 0800</p> <hr/> <p>REASSESSMENT:</p> <p>TIME: 1200</p> <p> <input checked="" type="checkbox"/> no change <input type="checkbox"/> see nurses notes Initials <i>TW</i> </p> <p>TIME: 1600</p> <p> <input checked="" type="checkbox"/> no change <input type="checkbox"/> see nurses notes Initials <i>TW</i> </p> <p>TIME: 2000</p> <p> <input checked="" type="checkbox"/> no change <input type="checkbox"/> see nurses notes Initials <i>SH</i> </p>
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Risk Assessments & Nursing Care

	Date: Day 1 0900-2100 Braden Scale Score: 20 Morse Fall Risk Score: 70							Date: Braden Scale Score: 20 Morse Fall Risk Score: 70								
Time	08	10	12	14	16	18			20	22	00	02	04	06		
PAIN ASSESSMENT																
Intensity (1-10/10)	2	1	2	1	1	2			1	1	1	1	1	1		
Pain Type (see legend)	A	A	A	A	A	A			A	A	A	A	A	A		
Intervention (see legend)	3	3	3	3	3	3			3	3	3	3	3	3		
PATIENT POSITION	B	B	C	A	A	B			B	B	R	L	A	B		
PO FLUIDS (ml)	See I & O								See I & O							
IV SITE/RATE CHECKED	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y		
PATIENT HYGIENE	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y		
WOUND ASSESSMENT	n/a	n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a	n/a		
WOUND BED	n/a	n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a	n/a		

WOUND DRAINAGE		n/a	n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a	n/a		
WOUND CARE		n/a	n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a	n/a		
Nurse Initials		TW	TW	TW	TW	TW	TW			SH	SH	SH	SH	SH	SH		

Initial	Nurse Signature	Initial	Nurse Signature
TW	Terrence Williams, RN	SH	Scott Hansen, RN, BSN

LEGEND: *= see nursing notes

<p>PAIN TYPE:</p> <p>A- aching T- throbbing ST- stabbing B- burning SH- shooting P- pressure</p> <p>PAIN INTERVENTIONS:</p> <p>1- Relaxation/Imagery 2 - Distraction 3- Reposition 4- Medication</p>

<p>POSTIONING:</p> <p>B- back R- right L- left C- chair A- ambulatory</p>

<p>PT. HYGIENE:</p> <p>b- bedbath a- assist bath p- partial bath sh- shower g- grooming m mouth care f- foot care n- nail care</p>
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<p>WOUND ASSESSMENT</p> <p># 1-4 Pressure Ulcer stage I – Incision R – Rash SK – skin tear E –Echymosis A – Abrasion</p>
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<p>WOUND BED:</p> <p>D– Dry & intact S – Sutures/ staples G – Granulation tissue P – Pale Y – Yellow B- Black</p>

<p>WOUND DRAINAGE:</p> <p>0 – none S – Serous P – Purlulent S – Serosanguinous B – Bright red blood D – Dark old blood</p>
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<p>WOUND CARE:</p> <p>C – Cleaned with NS G – Gauze dressing W – Gauze wrap A – ABD pad M – Medication O – other **</p>
