8110030

CUSHING REGIONAL HOSPITAL
1027 E. CHERRY CUSHING, OKLAHOMA 74023

DATE:_____

		0700-1900	1900-0700	TOTAL
INTAKE	ORAL			
	IV			
	BLOOD			
	TUBE FEEDING			
	OTHER			
	TOTAL			
OUTPUT	URINE			
	STOOL			
	EMESIS			
	DRAINS			
	OTHER			
	TOTAL			

WEIGHTS

PREVIOUS_____ TODAY_____

CHAIR STAND LIFT

NUTRITION

DIET TYPE:_____

FLUID RESTRICTION_____ML/DAY

CONSUMPTION

BREAKFAST _____
LUNCH _____
DINNER _____
HS SNACK _____
OTHER _____

TUBE FEEDING

TYPE: _____
STRENGTH _____
RATE _____
TUBING CHANGED _____

PATIENT CARE FLOW CHART

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
TEMP																								
PULSE																								
RESP																								
BP	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
PULSE OX %																								
FSBS (normal 65-110)																								
TURN Q____HR																								
LINEN CHANGE																								
ORAL CARE																								
BATH/SHOWER																								

Learner
1. Patient
2. Family
3. Other

Learner Needs
1. Medication
2. Nutrition
3. Wound Care
4. Equipment
5. Signs/symptoms
6. Community Resources
7. Tests/Procedures
8. Disease/Condition
9. Pain Management
10. Safety
11. Activity

Teaching Method
1. Verbal
2. Written Material
3. Demonstration
4. Video

Instruction
1. Initial
2. Reinforcement
3. Denies Need
4. Referral Made

Evaluation
1. Satisfactory Verbal Feedback
2. Satisfactory Return Demonstration
3. Additional Instruction Needed

Date	Time	Learner	Learner Needs	Teaching Method	Instruction	Evaluation	Department & Initials	Comments/Reassessment

IV FLOW SHEET

TIME	APPEARANCE OF SITE & LOCATION	FLUID INFUSING	ADDITIVES/ FLUSH	RATE MLS/HR	TUBING CHANGED	DC'D INTACT	CATH SIZE	ATTEMPTS
7:00								
9:00								
11:00								
13:00								
15:00								
17:00								
19:00								
21:00								
23:00								
1:00								
3:00								
5:00								

SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE

PATIENT STICKER HERE

8110030

CUSHING REGIONAL HOSPITAL
1027 E. CHERRY CUSHING, OKLAHOMA 74023

24-HOUR NURSE SUMMARY

8110030 (12/10)

DATE:_____

	7A-7P	7P-7A
NEUROLOGICAL/MUSCULOSKELETAL	☐ **WDL –** Alert and oriented to person, place, time and situation. Behavior appropriate to situation / condition. Patient's eyes open spontaneously. Speech clear with intact facial symmetry. Follows commands appropriately. Full ROM with equal muscle tone and strength	☐ **WDL –** Alert and oriented to person, place, time and situation. Behavior appropriate to situation / condition. Patient's eyes open spontaneously. Speech clear with intact facial symmetry. Follows commands appropriately. Full ROM with equal muscle tone and strength
	☐ **WDL Except:** **LOC:** ☐ DROWSY ☐ NR ☐ LETHARGIC ☐ COMATOSE **ORIENTED:** ☐ PERSON ☐ PLACE ☐ TIME ☐ SITUATION **BEHAVIOR:** ☐ AGITATED ☐ COMBATIVE ☐ WITHDRAWN **PUPILS:** ☐ BRISK ☐ SLUGGISH ☐ NR RIGHT: ☐ 2 ☐ 3 ☐ 4 ☐ 5 LEFT: ☐ 2 ☐ 3 ☐ 4 ☐ 5 **GRIPS:** ☐ WEAK ☐ UNEQUAL **EXTREMITIES:** RUE: ☐ STRONG ☐ WEAK ☐ FLACCID LUE: ☐ STRONG ☐ WEAK ☐ FLACCID RLE: ☐ STRONG ☐ WEAK ☐ FLACCID LLE: ☐ STRONG ☐ WEAK ☐ FLACCID **COMMENTS:** _____	☐ **WDL Except:** **LOC:** ☐ DROWSY ☐ NR ☐ LETHARGIC ☐ COMATOSE **ORIENTED:** ☐ PERSON ☐ PLACE ☐ TIME ☐ SITUATION **BEHAVIOR:** ☐ AGITATED ☐ COMBATIVE ☐ WITHDRAWN **PUPILS:** ☐ BRISK ☐ SLUGGISH ☐ NR RIGHT: ☐ 2 ☐ 3 ☐ 4 ☐ 5 LEFT: ☐ 2 ☐ 3 ☐ 4 ☐ 5 **GRIPS:** ☐ WEAK ☐ UNEQUAL **EXTREMITIES:** RUE: ☐ STRONG ☐ WEAK ☐ FLACCID LUE: ☐ STRONG ☐ WEAK ☐ FLACCID RLE: ☐ STRONG ☐ WEAK ☐ FLACCID LLE: ☐ STRONG ☐ WEAK ☐ FLACCID **COMMENTS:** _____
RESPIRATORY	☐ **WDL –** Respirations are regular and unlabored, clear and equal breath sounds bilaterally with symmetrical chest wall expansion.	☐ **WDL –** Respirations are regular and unlabored, clear and equal breath sounds bilaterally with symmetrical chest wall expansion.
	☐ **WDL Except:** **EFFORT:** ☐ LABORED ☐ SHALLOW ☐ DEEP **RHYTHM:** ☐ IRREGULAR ☐ KUSSMALS ☐ CHEYENE STOKES **SOUNDS:** ☐ DIMINISHED ☐ CRACKLES ☐ WHEEZES **POSITION:** ☐ ANT ☐ POST ☐ R ☐ L ☐ BILATERAL ☐ UPPER ☐ LOWER ☐ MIDDLE **COUGH:** ☐ PRODUCTIVE ☐ NON-PRODUCTIVE **SPUTUM:** ☐ COLOR_____ ☐ CONSISTENCY_____ **CHEST TUBE:** _____ **COMMENTS:** _____	☐ **WDL Except:** **EFFORT:** ☐ LABORED ☐ SHALLOW ☐ DEEP **RHYTHM:** ☐ IRREGULAR ☐ KUSSMALS ☐ CHEYENE STOKES **SOUNDS:** ☐ DIMINISHED ☐ CRACKLES ☐ WHEEZES **POSITION:** ☐ ANT ☐ POST ☐ R ☐ L ☐ BILATERAL ☐ UPPER ☐ LOWER ☐ MIDDLE **COUGH:** ☐ PRODUCTIVE ☐ NON-PRODUCTIVE **SPUTUM:** ☐ COLOR_____ ☐ CONSISTENCY_____ **CHEST TUBE:** _____ **COMMENTS:** _____
CARDIAC	☐ **WDL –** Apical pulses regular without extra sounds or murmurs and easily audible. Peripheral pulses are strong and equal, extremities have capillary refill less than or equal to 3 seconds. No calf tenderness or peripheral edema.	☐ **WDL –** Apical pulses regular without extra sounds or murmurs and easily audible. Peripheral pulses are strong and equal, extremities have capillary refill less than or equal to 3 seconds. No calf tenderness or peripheral edema.
	☐ **WDL Except:** **RATE:** ☐ IRREGULAR ☐ TACHYCARDIA ☐ BRADYCARDIA **CAPILLARY REFILL:** ☐ >3 SECONDS **HOMAN'S SIGN:** ☐ POSITIVE ☐ R ☐ L **EDEMA:** LOCATION _____ GRADE_____ LOCATION _____ GRADE _____ **COMMENTS:** _____ Edema Scale: Non-pitting 1+ = Pitting, mild, 2 mm, immediate 2+= Pitting, mild to moderate, 4 mm, 10-15 sec 3+= Pitting, moderate to deep, 6 mm, >1 min 4+=Pitting, deep to severe, 8 mm, 2-5 min	☐ **WDL Except:** **RATE:** ☐ IRREGULAR ☐ TACHYCARDIA ☐ BRADYCARDIA **CAPILLARY REFILL:** ☐ >3 SECONDS **HOMAN'S SIGN:** ☐ POSITIVE ☐ R ☐ L **EDEMA:** LOCATION _____ GRADE_____ LOCATION _____ GRADE _____ **COMMENTS:** _____ Edema Scale: Non-pitting 1+ = Pitting, mild, 2 mm, immediate 2+= Pitting, mild to moderate, 4 mm, 10-15 sec 3+= Pitting, moderate to deep, 6 mm, >1 min 4+=Pitting, deep to severe, 8 mm, 2-5 min
	SIG:_____Date & Time_____	SIG:_____Date & Time_____

PATIENT STICKER HERE

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24-HOUR NURSE SUMMARY
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DATE:_____

	7A-7P	7P-7A
SKIN	☐ **WDL –** Skin warm, dry and intact with good skin turgor and without bruising or edema. Mucous membranes moist and pink. ☐ **WDL Except:** **COLOR:** ☐ PALE ☐ CYANOTIC ☐ JAUNDICED ☐ MOTTLED ☐ RUDDY ☐ APPROPRIATE FOR ETHNICITY **TEMP:** ☐ HOT ☐ COOL ☐ COLD **MOISTURE:** ☐ MOIST ☐ WET **AIR OVERLAY:** ☐ **WOUNDS:** _____	☐ **WDL –** Skin warm, dry and intact with good skin turgor and without bruising or edema. Mucous membranes moist and pink. ☐ **WDL Except:** **COLOR:** ☐ PALE ☐ CYANOTIC ☐ JAUNDICED ☐ MOTTLED ☐ RUDDY ☐ APPROPRIATE FOR ETHNICITY **TEMP:** ☐ HOT ☐ COOL ☐ COLD **MOISTURE:** ☐ MOIST ☐ WET **AIR OVERLAY:** ☐ **WOUNDS:** _____
SURGICAL SITE	**LOCATION:** _____ **DRESSING:** _____ **APPEARANCE:** _____ **DRAINAGE:** ☐ NO ☐ YES _____ **POLAR CARE:** ☐ NO ☐ YES ☐ ON ☐ OFF **DRAINS:** _____ **COMMENTS:** _____	**LOCATION:** _____ **DRESSING:** _____ **APPEARANCE:** _____ **DRAINAGE:** ☐ NO ☐ YES _____ **POLAR CARE:** ☐ NO ☐ YES ☐ ON ☐ OFF **DRAINS:** _____ **COMMENTS:** _____
GI	**LAST BM:** _____ ☐ **WDL –** Abdomen soft and symmetrical, with no distention, tenderness, discomfort, or masses visible. Bowel sounds are active and present in all 4 quadrants. Tolerates prescribed diet. ☐ **WDL Except:** **INSPECTION:** ☐ ROUND ☐ FLAT ☐ DISTENDED **SOUNDS:** ☐ HYPER ☐ HYPO ☐ ABSENT **PALPATION:** ☐ FIRM ☐ TENDER ☐ RIGID **EMESIS:** DESCRIBE _____ **NG:** PLACEMENT _____ NARE ☐ LIWS ☐ CLAMPED **COMMENTS:** _____	**LAST BM:** _____ ☐ **WDL –** Abdomen soft and symmetrical, with no distention, tenderness, discomfort, or masses visible. Bowel sounds are active and present in all 4 quadrants. Tolerates prescribed diet. ☐ **WDL Except:** **INSPECTION:** ☐ ROUND ☐ FLAT ☐ DISTENDED **SOUNDS:** ☐ HYPER ☐ HYPO ☐ ABSENT **PALPATION:** ☐ FIRM ☐ TENDER ☐ RIGID **EMESIS:** DESCRIBE _____ **NG:** PLACEMENT _____ NARE ☐ LIWS ☐ CLAMPED **COMMENTS:** _____
GU	☐ **WDL –** The patient voiding (minimum of 30 ml/hr). Urine is clear yellow to amber without foul odor. Patient denies painful urination or frequency. ☐ **WDL Except:** **VOIDING:** ☐ INCONT ☐ FOLEY ☐ SUPRAPUB **ODOR:** ☐ FOUL ☐ STRONG **COLOR:** ☐ PINK ☐ RED ☐ TEA **APPEAR:** ☐ CLOUDY ☐ SEDIMENT **CBI:** ☐ NO ☐ YES **COMMENTS:** _____	☐ **WDL –** The patient voiding (minimum of 30 ml/hr). Urine is clear yellow to amber without foul odor. Patient denies painful urination or frequency. ☐ **WDL Except:** **VOIDING:** ☐ INCONT ☐ FOLEY ☐ SUPRAPUB **ODOR:** ☐ FOUL ☐ STRONG **COLOR:** ☐ PINK ☐ RED ☐ TEA **APPEAR:** ☐ CLOUDY ☐ SEDIMENT **CBI:** ☐ NO ☐ YES **COMMENTS:** _____
PAIN	☐ **DENIES PAIN** **LOCATION OF PAIN:** _____ **PAIN INTENSITY:** _____ **COMMENTS:** _____	☐ **DENIES PAIN** **LOCATION OF PAIN:** _____ **PAIN INTENSITY:** _____ **COMMENTS:** _____
SAFETY	**SIDE RAILS UP:** ☐ X2 ☐ X3 ☐ **BED ALARM** **BED IN LOW POSITION:** ☐ YES ☐ NO ☐ **SCD** ☐ **TED HOSE** **COMMENTS:** _____	**SIDE RAILS UP:** ☐ X2 ☐ X3 ☐ **BED ALARM** **BED IN LOW POSITION:** ☐ YES ☐ NO ☐ **SCD** ☐ **TED HOSE** **COMMENTS:** _____
	SIG:_____ Date & Time_____	SIG:_____ Date & Time_____

PATIENT STICKER HERE

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24-HOUR NURSE SUMMARY

8110030 (12/10)

DATE:_____

BRADEN SCALE

RISK ASSESSMENT	1	2	3	4	SCORE
SENSORY PERCEPTION	Completely Limited	Very Limited	Slightly Limited	No Impairment	
MOISTURE	Constantly Moist	Very Moist	Occ. Moist	Rarely Moist	
ACTIVITY	Bedfast	Chairfast	Walks Occ.	Walks Frequently	
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation	
NUTRITION	Very Poor	Prob. Inadequate	Adequate	Excellent	
FRICTION & SHEAR	Problem	Potential Problem	No App. Problem		
If Braden Score < 18, implement Pressure Ulcer Protocol				Total	

FALL RISK ASSESSMENT

1 Sensory / Perception Deterioration
1 Impaired Judgment / Memory caused by disease and/or drugs
1 Muscle weakness / Mobility impairment / Gait disturbance
1 Altered bowel / Bladder habits caused by disease or drugs

1 Any analgesics, anti-anxiety, BP meds, diuretics, laxatives, or sleepers
1 Poly-pharmacy, 10 or more total meds
1 Age 65 years or older
3 Age 80 or older
1 Seizure disorder

1 Previous history of fall
1 Uses ambulatory device
1 Altered awareness of environment
2 Impulsive
4 Not understand one's physical and cognitive limitations

SIG: _____
DATE & TIME: _____

____ Total Score
0-6 = Low
Green

☐ Armband On
>6 = High
Orange

Pain scale: 0 (no pain) - 10 (the worst pain)

Assessment Time/Date:	Location of pain	Intensity	Treatment	Intensity After Treatment	Ints.

INITIAL	SIGNATURE	INITIAL	SIGNATURE

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DATE:_____

PCA FLOWSHEET
DOCUMENT PAIN REASSESSMENT EVERY 4 HOURS

0700-1900		1900-0700	
mg Delivered		mg Delivered	
DEMANDS		DEMANDS	
mL remaining		mL remaining	
	Pain Reassessment		Pain Reassessment
0800	/10	2000	/10
1200	/10	2400	/10
1600	/10	0400	/10

CRITICAL LAB REPORTING

LAB	VALUE	DR NOTIFIED	TIME	INITIALS

IMMEDIATE POST-OPERATIVE ASSESSMENT OR FREQUENT VITAL SIGN FLOW SHEET

TIME																								
TEMP																								
PULSE																								
RESP																								
BP	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
PULSE OX %																								
FSBS																								

POST SURGICAL VITAL SIGNS: DUE UPON RETURN, THEN Q 15 MIN X4, THEN Q 30 MIN X2, AND Q 1 HR X4.

INITIAL	SIGNATURE	INITIAL	SIGNATURE

DATE	HOUR	DAR	PATIENT CARE NOTES

PATIENT STICKER HERE

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8110030 (12/10)

DATE:________________

DATE	HOUR	DAR	PATIENT CARE NOTES

PATIENT STICKER HERE