

24-HOUR NURSE SUMMARY PAGE 1 of 6 8110030 (12/10)

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	SIGNATURE			SIG	GNATURE					PATIENT STICKER HERE																



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DATE:

-	7A-7P	7P-7A					
		■ 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					
Ι¥	☐ WDL Except:	☐ WDL Except:					
Ä	LOC: □ DROWSY □ NR □ LETHARGIC □ COMATOSE	LOC: DROWSY NR LETHARGIC COMATOSE					
šKE	ORIENTED: PERSON PLACE TIME SITUATION	ORIENTED: PERSON PLACE TIME SITUATION					
Š	BEHAVIOR: ☐ AGITATED ☐ COMBATIVE ☐ WITHDRAWN	BEHAVIOR: ☐ AGITATED ☐ COMBATIVE ☐ WITHDRAWN					
NEUROLOGICAL/MUSCULOSKELETAL	PUPILS: BRISK SLUGGISH NR	PUPILS: ☐ BRISK ☐ SLUGGISH ☐ NR					
IUS	RIGHT: □2 □3 □4 □5	RIGHT: □2 □3 □4 □5					
N N	LEFT: 2 3 4 5	LEFT: □2 □3 □4 □5					
CA	GRIPS: □ WEAK □ UNEQUAL	GRIPS: □WEAK □UNEQUAL					
50	EXTREMITIES:	EXTREMITIES:					
OLC	RUE: ☐ STRONG ☐ WEAK ☐ FLACCID	RUE: ☐ STRONG ☐ WEAK ☐ FLACCID					
UR	LUE: STRONG WEAK FLACCID	LUE: STRONG WEAK FLACCID					
N N	RLE: □ STRONG □ WEAK □ FLACCID	RLE: STRONG WEAK FLACCID					
	LLE: STRONG WEAK FLACCID	LLE: STRONG WEAK FLACCID					
	COMMENTS:	COMMENTS:					
	☐ 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:	☐ WDL Except:					
	EFFORT: LABORED SHALLOW DEEP	EFFORT: LABORED SHALLOW DEEP					
	RHYTHM: IRREGULAR KUSSMALS CHEYENE STOKES	RHYTHM: IRREGULAR KUSSMALS CHEYENE STOKES					
RESPIRATORY	SOUNDS: DIMINISHED CRACKLES WHEEZES	SOUNDS: DIMINISHED CRACKLES WHEEZES					
AT	POSITION: ANT POST R L BILATERAL	POSITION: ANT POST R L BILATERAL					
PH	UPPER LOWER MIDDLE	□ UPPER □ LOWER □ MIDDLE					
ES	COUGH: PRODUCTIVE NON-PRODUCTIVE	COUGH: □ PRODUCTIVE □ NON-PRODUCTIVE					
be	SPUTUM: COLOR	SPUTUM: COLOR					
	□ CONSISTENCY	CONSISTENCY					
	CHEST TUBE:	CHEST TUBE:					
	COMMENTS:	COMMENTS:					
-	□ 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:	☐ WDL Except:					
	RATE: ☐ IRREGULAR ☐ TACHYCARDIA ☐ BRADYCARDIA	RATE: □ IRREGULAR □ TACHYCARDIA □ BRADYCARDIA					
Q	CAPILLARY REFILL: □ >3 SECONDS	CAPILLARY REFILL: □ >3 SECONDS					
CARDIAC	HOMAN'S SIGN: ☐ POSITIVE ☐ R ☐ L	HOMAN'S SIGN: □ POSITIVE □ R □ L					
AR	EDEMA: LOCATION GRADE	EDEMA: LOCATION GRADE					
O	LOCATION GRADE	LOCATION GRADE					
	COMMENTS:	COMMENTS:					
	Edema Scale: Non-pitting	Edema Scale: Non-pitting					
	1+ = Pitting, mild, 2 mm, immediate 3+ = Pitting, moderate to deep, 6 mm, >1 min 2+ = Pitting, mild to moderate, 4 mm, 10-15 sec 4+ = Pitting, deep to severe, 8 mm, 2-5 min	1+ = Pitting, mild, 2 mm, immediate 3+= Pitting, moderate to deep, 6 mm, >1 min 2+= Pitting, mild to moderate, 4 mm, 10-15 sec 4+= Pitting, deep to severe, 8 mm, 2-5 min					
SIG:	Date & Time	SIG: Date & Time					



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DATE:____

9-10-10-1	7A-7P	7P-7A					
	☐ WDL – Skin warm, dry and intact with good skin turgor and without bruising or edema. Mucous membranes moist and pink.	□ WDL – Skin warm, dry and intact with good skin turgor and without bruising or edema. Mucous membranes moist and pink.					
	☐ WDL Except:	☐ WDL Except:					
	COLOR: PALE CYANOTIC JAUNDICED	COLOR: PALE CYANOTIC JAUNDICED					
Z	☐ MOTTLED ☐ RUDDY ☐ APPROPRIATE FOR ETHNICITY	TY MOTTLED RUDDY APPROPRIATE FOR ETHNICI					
SKIN	TEMP: HOT COOL COLD	TEMP: HOT COOL COLD					
0,	MOISTURE: MOIST WET	MOISTURE: MOIST WET					
-	AIR OVERLAY:	AIR OVERLAY:					
	WOUNDS:	AIR OVERLAY: WOUNDS:					
	LOCATION:	LOCATION:					
SITE	DRESSING:	DRESSING:					
S	APPEARANCE:	APPEARANCE:					
SURGICAL	DRAINAGE: NO YES	DRAINAGE: NO YES					
5	POLAR CARE: NO YES ON OFF	POLAR CARE: NO YES ON OFF					
H	DRAINS:	DRAINS:					
S	COMMENTS:	COMMENTS:					
	LAST BM:	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 - 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:	□ WDL Except:					
	INSPECTION: ROUND FLAT DISTENDED	INSPECTION: ROUND FLAT DISTENDED					
ਹ	SOUNDS: HYPER HYPO ABSENT	SOUNDS: HYPER HYPO ABSENT					
15,150	PALPATION: FIRM TENDER RIGID	PALPATION: FIRM TENDER RIGID					
	EMESIS: DESCRIBE	EMESIS: DESCRIBE					
	NG: PLACEMENT NARE □ LIWS □ CLAMPED	NG: PLACEMENT NARE □ LIWS □ CLAMPED					
190 mm	COMMENTS:	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 - 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:	☐ WDL Except:					
	VOIDING: ☐ INCONT ☐ FOLEY ☐ SUPRAPUB	VOIDING: ☐ INCONT ☐ FOLEY ☐ SUPRAPUB					
25	ODOR: □ FOUL □ STRONG	ODOR: □ FOUL □ STRONG					
	COLOR: PINK RED TEA	COLOR: □ PINK □ RED □ TEA					
	APPEAR: □ CLOUDY □ SEDIMENT	APPEAR: □ CLOUDY □ SEDIMENT					
	CBI: □NO □YES	CBI: □NO □YES					
	COMMENTS:	COMMENTS:					
		☐ DENIES PAIN					
PAIN	LOCATION OF PAIN:	LOCATION OF PAIN:					
8	PAIN INTENSITY:	PAIN INTENSITY:					
	COMMENTS:	COMMENTS:					
_	SIDE RAILS UP: □ X2 □ X3 □ BED ALARM	SIDE RAILS UP: □ X2 □ X3 □ BED ALARM					
	BED IN LOW POSITION: ☐ YES ☐ NO	BED IN LOW POSITION: ☐ YES ☐ NO					
SAFETY	□ SCD □ TED HOSE	□ SCD □ TED HOSE					
S	COMMENTS:	COMMENTS:					
SIG:	Date & Time	SIG:Date & Time					

PATIENT STICKER HERE



BRADEN SCALE

CUSHING REGIONAL HOSPITAL 1027 E. CHERRY CUSHING, OKLAHOMA 74023

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8110030 (12/10)

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DATE:		

RISK ASSESSMENT	The second secon	2	3		CCODE		
BEST OF THE PARTY OF THE PARTY OF THE	otio tvu vik strev niši -	AND THE RESERVE	n 1201 - Paris de la Paris de la Carte de	4	SCORE		
SENSORY PERCEPTION	Completely Limited	Very Limited	Slightly Limited	No Impairme	ent		
MOISTURE	Constantly Moist	Very Moist	Occ. Moist	Rarely Moist	TEODIE SON		
ACTIVITY	Bedfast	Chairfast	Walks Occ.	Walks Frequ	ently		
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation	1 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2		
NUTRITION	Very Poor	Prob. Inadequate	Adequate	Excellent			
FRICTION & SHEAR	Problem	Potential Problem	No App. Problem		Company of the company		
If Braden Score < 18, imp	plement Pressure Ulcer	Protocol	-	7	Total		
1 Sensory / Perception Dete	rioration 1 Any analy	gesics, anti-anxiety, Bl	P made 1 Pro	vious history of	fall		
1 Impaired Judgment / Mem		laxatives, or sleepers		es ambulatory d			
caused by disease and/or		rmacy, 10 or more total		red awareness			
1 Muscle weakness / Mobilit		ears or older		2 Impulsive			
impairment / Gait disturba				4 Not understand one's physical and cognitive			
1 Altered bowel / Bladder ha				limitations			
caused by disease or drug	gs						
				Total Score	☐ Armband On		
SIG:			0-6 =	Low	>6 = High		
DATE & TIME:			Gre	en	Orange		

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

Assessment Time/Date:	Location of pain	Intensity		Treatment	Intensity After Treatment	Ints.
		28/1	CERT SIS DESC		981000 EC 18880	
Car	steady while a	Ab)	ESTRELISE DE DEN	CHMALL ENTE	TOTAL TOTAL STREET	
and the same of				and the state of t	A TAN	
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	- C- C- (C- (C- (C- (C- (C- (C- (C- (C-		ROBERT TOWN	60 S 480 C	Agreed alle	int
		aGET*J	Unit'i Rugoi		SWESTALL STORL ROO	e s
	TEA	1 CEAL	MARTHAGUES		G1 099 200 0 600	Э
	1 9 1	85	Cortado Caração		RELIEU TEES	0
			COMMENTS		JAMES AND	0
		11412			Mark 2 State	
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			CC SMP TS.		: attvettus:	01
1219	LA CHE [1]	ev	47 STICK DOLD	BED ALARD	ENERGY OF JANUARANA	(2)
	0.00	RESORT O	5 5 65%	Oji	200 TOST 200	
			-211/BMM001		:RFMSMN4C	9 8
	Sole L. Coue		744	Britis Regard		

INITIAL	SIGNATURE	INITIAL	SIGNATURE
	T 12,4 M 37% = 146, b C 64		
			e

PATIENT STICKER HERE



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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 VALUE LAB 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



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DATE:

DATE	HOUR	DAR	1.477M & Y 612 x27 14124 & 2.276 & 2.31 PATIENT CARE NOTES
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			DOMESTIC STATES
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		(11)	0080
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	135	a Wour Mars.	NAMED ATE POST-OPENAL IVE ASSESSMENT OR EXCOLUSY VIVA
			300
			0600
	KKK		
		MMM	
			% NO 32.04
		#25% 1 0 DWA D	POST SCREWARD WITH SALICE, DUS CROSS SETS AND CHARGE IN THE CARE OF THE COLOR OF SETS AND COLOR OF SET
3,002 <u>6</u> -11-11-11-11-11-11-11-11-11-11-11-11-11	C Marie Mari		
		200 100 100	
		Vendilo	
		8:10	TOTAL TOTAL STATE
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PATIENT STICKER HERE