**UNIVERSITY OF MEDICAL CENTER**

# *DAILY PATIENT PROFILE*

DATE

## *VITAL SIGNS / DATA COLLECTION*

*SEE SEPARATE VITAL SIGNS FORM*

| TIME | T | P | R | BP | PS (0 - 10) | | | FINGERSTICK BLOOD GLUCOSE | INIT |
|---|---|---|---|---|---|---|---|---|---|
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## *ADDITIONAL NOTES / RHYTHM STRIPS / TRANSFER NOTE*

| PATIENT NAME | DATE | HISTORY NO. |
|---|---|---|
| | | |

## ACTIVITY AND TREATMENT RECORD

**DIRECTIONS:** Please initial columns in which you have provided care. (●) Indicates that a legend is provided at the bottom of the sheet.

| NUTRITION — TIME ▶ | 08 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 | 02 | 04 | 06 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DIET: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| AMOUNT DIET TAKEN (●) | | | | | | | | | | | | |
| FEED (●) | | | | | | | | | | | | |
| NG RESIDUAL AMOUNT | | | | | | | | | | | | |
| GI ACCESS CARE (●) | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| IV LINE CARE — TYPE | SITE | ✓ = SITE CHECK D = DRESSING CHANGE D /C = REMOVED T - TUBING CHANGE I = INSERTED | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
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| ELIMINATION | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (F)OLEY / (C)ONDOM CARE | | | | | | | | | | | | |
| CATHETERIZATION | | | | | | | | | | | | |
| FECAL INCONTINENCE POUCH | | | | | | | | | | | | |
| OSTOMY CARE | | | | | | | | | | | | |
| (B)OWEL / (BL)ADDER TRAINING | | | | | | | | | | | | |
| INCONTINENCE SKIN CARE | | | | | | | | | | | | |
| **WOUND / TREATMENT** | | | | | | | | | | | | |
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| DRAIN / TUBES — TYPE | SITE | ✓ = SITE CHECK D = DRESSING CHANGE D /C = REMOVED T - TUBING CHANGE I = INSERTED | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | | | | | | |
| (J)ACKSON-PRATT / (H)EMOVAC RECHARGE | | | | | | | | | | | | | |
| (PA)CER WIRE / (P)IN CARE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### (●) LEGENDS

**AMOUNT DIET TAKEN**
- A = ALL
- H = HALF
- M = MINIMAL
- N = NONE

**FEED**
- S = SELF
- A = ASSIST
- C = COMPLETE
- TF = TUBE FEED

**GI ACCESS CARE**
- P = CHECKED PLACEMENT
- I = INSERTED
- IR = IRRIGATED

### RECORD SITE ON DIAGRAM

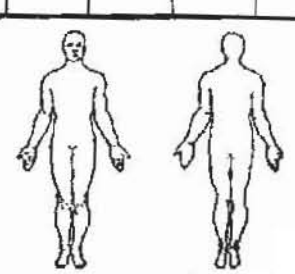
**Pressure Ulcers Stages Defined:**

I = Nonblanchable, erythema of intact skin.

II = Partial thickness skin loss involving epidermis and /or dermis. Superficial and presents clinically as an abrasion, blister or shallow crater.

III = Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

IV = Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures.



| PATIENT NAME | DATE | HISTORY NO. |
|---|---|---|
| | | |

| ASSESSMENT | TIME ▶ | | | | | NURSING INTERVENTIONS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | TIME / INITIAL | (A)SSESSMENT | (I)NTERVENTION | (O)UTCOME | (P)LAN |
| NEURO | ★ MENTAL STATUS (1) | | | | | | | | | |
| | ★ MOVEMENT | (S)TRONG / (W)EAK | | | | | | | | |
| | | PARESIS (2) Δ | | | | | | | | |
| | | PLEGIA (2) Δ | | | | | | | | |
| | ★ GAIT (S)TEADY / (U)NSTEADY / (N)ONAMBULATORY | | | | | | | | | |
| | SEE | ☐ NEURO FLOWSHEET | | | | | | | | |
| | | ☐ SEIZURE | | | | | | | | |
| | | ☐ NEUROVASCULAR FLOWSHEET | | | | | | | | |
| | SENSATION (w/ LOCATION IF NEEDED) (2) | | | | | | | | | |
| | | | | | | | | | | |
| CARDIOVASCULAR | ★ HEART RHYTHM (R)EGULAR / (I)RREGULAR | | | | | | | | | |
| | MONITOR RHYTHM | | | | | | | | | |
| | PACEMAKER RATE / MA: TYPE | | | | | | | | | |
| | ★ SKIN TEMPERATURE (3) | | | | | | | | | |
| | ★ SKIN COLOR (4) | | | | | | | | | |
| | CAPILLARY REFILL (5) | | | | | | | | | |
| | _____ PULSE (6) | R | | | | | | | | |
| | | L | | | | | | | | |
| | _____ PULSE (6) | R | | | | | | | | |
| | | L | | | | | | | | |
| | EDEMA | SITE | | | | | | | | |
| | | SITE | | | | | | | | |
| | | | | | | | | | | |
| RESPIRATORY | ★ RESPIRATORY PATTERN (7) | | | | | | | | | |
| | ★ BREATH SOUNDS (8) | R | | | | | | | | |
| | | L | | | | | | | | |
| | COUGH (9) | | | | | | | | | |
| | SECRETIONS (10) _____ | | | | | | | | | |
| | CHEST TUBE | SITE (11) | DRAINAGE (10) | SUCTION / AIR LEAK (+ / -) | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | AIRWAY TYPE: | | | | | | | | | |
| | $O_2$ | | | | | | | | | |
| | | | | | | | | | | |
| SKIN | IV SITE WITHOUT REDNESS OR EDEMA (Y)ES / (N)O | | | | | | | | | |
| | ★ BRADEN SCORE | | | | | | | | | |
| | ★ SKIN BREAKDOWN RISK (Y)ES / (N)O | | | | | | | | | |
| | ★ SKIN INTACT (Y)ES / (N)O | | | | | | | | | |
| | TYPE (12) | SITE | SIZE | STAGE | DESCRIPTION (10, 13) | | | | | |
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| | | | | | | | | | | |
| | INITIALS ▶ | | | | | | | | | |

★ = MINIMUM FREQUENCY OF THIS ASSESSMENT qd (BOLD NUMBER) = LEGEND TO BE USED Δ = USE NEURO CHECKLIST FOR CHANGES

| PATIENT NAME | DATE | HISTORY NO. |
|---|---|---|
| | | |

| ASSESSMENT | TIME ▶ | | | | | NURSING INTERVENTIONS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | TIME / INITIAL | (A)SSESSMENT | (I)NTERVENTION | (O)UTCOME | (P)LAN |
| GI | ★ ABDOMEN (14) | | | | | | | | | |
| | BOWEL SOUNDS (15) | | | | | | | | | |
| | ★ BOWEL MOVEMENTS ★ LAST BM | DATE | | | | | | | | |
| | INCONTINENT | | | | | | | | | |
| | COLOR / CHARACTER / HEME (10) | | | | | | | | | |
| | (N)AUSEA / (V)OMITING | | | | | | | | | |
| | GI TUBE DRAINAGE (10) | | | | | | | | | |
| | | | | | | | | | | |
| GU | ★ (V)OIDING / (A)URIC / (I)NCONTINENT | | | | | | | | | |
| | ★ BURNING / FREQUENCY | | | | | | | | | |
| | COLOR / CHARACTER (10) | | | | | | | | | |
| | CATHETER (F)OLEY / (O)THER | | | | | | | | | |
| OB/GYN | VAGINAL DISCHARGE (P)RESENT / (A)BSENT | | | | | | | | | |
| | SEE ☐ OB FLOWSHEET | | | | | | | | | |
| | ☐ NEWBORN FLOWSHEET | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| COMFORT REST | ★ SLEEP / REST (16) | | | | | | | | | |
| | PAIN SCORE ☐ 0 - 10 SCALE | | | | | | | | | |
| | ☐ OTHER | | | | | | | | | |
| | ☐ SEE PCA SHEET | | | | | | | | | |
| | LOCATION / TYPE | | | | | | | | | |
| | LOCATION / TYPE | | | | | | | | | |
| | | | | | | | | | | |
| PSY SOC | ★ BEHAVIORAL RESPONSE (17) | | | | | | | | | |
| | THOUGHT PROCESSES (18) | | | | | | | | | |
| | SOCIAL / COMMUNICATION | | | | | | | | | |
| | SEE ☐ PSYCHOSOCIAL ASSESSMENT | | | | | | | | | |
| | | | | | | | | | | |
| | ★ FALL / RISK (Y)ES / (N)O | | | | | | | | | |
| | | | | | | | | | | |
| | ★ PLAN OF CARE (R)EVISION / (N)O CHANGE | | | | | | | | | |
| | | | | | | | | | | |
| | INITIALS ▶ | | | | | | | | | |

★ = MINIMUM FREQUENCY OF THIS ASSESSMENT qd (BOLD NUMBER) = LEGEND TO BE USED

## LEGENDS

**(1) MENTAL STATUS**
A AWAKE
O ORIENTED
D DISORIENTED
I INAPPROPRIATE
DR DROWSY
U UNRESPONSIVE
S CHEM SEDATED

**(2) PARESIS / PLEGIA**
Q QUAD
P PARA
LH LEFT HEMI
RH RIGHT HEMI
RUE RIGHT UPPER EXTREMITY
RLE RIGHT LOWER EXTREMITY
LUE LEFT UPPER EXTREMITY
LLE LEFT LOWER EXTREMITY

**SENSATION**
I INTACT
N NUMB
T TINGLING

**(3) SKIN TEMP**
W WARM
DR DRY
H HOT
CL COOL
CD COLD
DI DIAPHORETIC
CY CLAMMY

**(4) SKIN COLOR**
N NORMAL
FL FLUSHED
P PALE
J JAUNDICED
C CYANOTIC

**(5) CAPILLARY REFILLS**
N < 3 SEC NORMAL
S > 3 SEC SLUGGISH
A ABSENT

**(6) PULSES**
P PALPABLE
D DOPPLER
A ABSENT

**(7) RESP. PATTERNS**
R REGULAR
I IRREGULAR
S SHALLOW
L LABORED
RT RETRACTIONS
F FLARING

**(8) BREATH SOUNDS**
CL CLEAR
DR CRACKLES
W WHEEZING
I INSPIRATION
E EXPIRATION
D DECREASED
A ABSENT
S STRIDOR
R RHONCHI

**(9) COUGH**
N NONE
D DRY
P PRODUCTIVE
NP NON-PRODUCTIVE
I INEFFECTIVE

**(10) SECRETION / DRAINAGE**
A ABSENT
SS SEROSANGUINOUS
SE SEROUS
SA SANGUINOUS
Y YELLOW
G GREEN
B BROWN
W WHITE
BL BLACK
CL CLEAR
AM AMBER
CD CLOUDY

**(11) CHEST TUBE SITE**
M MEDIASTINAL
PL PLEURAL
A ANTERIOR
P POSTERIOR
L LATERAL

**(12) SKIN-TYPE**
I INCISION
W WOUND
R RASH
PS PRESSURE SORE

DRAIN SITE - SPECIFY
OTHER - SPECIFY

**(13) SKIN - DESCRIPTION**
ST STAPLES
SU SUTURES
SC SUBCUTICULAR
— — — — — — — —
R REDNESS
NR NO REDNESS
— — — — — — — —
RG RED GRANULATION
YF YELLOW FIBRINOUS
BN BLACK NECROTIC
M MALODOROUS
— — — — — — — —
EX EXCORIATION
EB EXCORIATION / SKIN BREAKDOWN
MC MACULAR
P PAPULAR

**(14) ABDOMEN**
S SOFT
F FIRM
D DISTENDED
T TENDER

**(15) BOWEL SOUNDS**
+ PRESENT
- ABSENT
↑ HYPERACTIVE
↓ HYPOACTIVE

**(16) SLEEP / REST**
S SLEPT MOST TIME
R RESTLESSNESS
AI AWAKE INTERVAL
A AWAKE MOST TIME

**(17) BEHAVIOR RESPONSE**
R RELAXED
C COOPERATIVE
I IRRITABLE
U UNCOOPERATIVE
W WITHDRAWN
A ANXIOUS
CB COMBATIVE
UN UNRESPONSIVE

**(18) THOUGHT PROCESS**
A APPROPRIATE
H HALLUCINATION
D DELUSIONS
P PARANOID
I INAPPROPRIATE
DI DISORGANIZED
CD CONFUSED

| PATIENT NAME | DATE | HISTORY NO. |
|---|---|---|
| | | |

## ACTIVITY AND TREATMENT RECORD

| TIME ▶ | 06 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 | 02 | 04 | 06 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HYGIENE / SAFETY BATH (●) | | | | | | | | | | | | |
| LINEN CHANGE | | | | | | | | | | | | |
| (B)ACK / (M)OUTH CARE | | | | | | | | | | | | |
| (S)HAMPOO / (SH)AVE | | | | | | | | | | | | |
| (P)ERI CARE / (D)OUCHE | | | | | | | | | | | | |
| (E)LBOW / (H)EEL PROTECTORS | | | | | | | | | | | | |
| SPECIAL (B)ED / (M)ATRESS | | | | | | | | | | | | |
| TYPE: | | | | | | | | | | | | |
| ANTIEMBOL. DEV. (S)TOCKINGS / (P)UMP | | | | | | | | | | | | |
| (A)CE / (C)HANGED | | | | | | | | | | | | |
| SIDERAILS UP (U)PPER / (L)OWER / (C)RIB | | | | | | | | | | | | |
| SPECIAL PRECAUTIONS (F)ALL | | | | | | | | | | | | |
| (O)BSERVATION LEVEL (●) | | | | | | | | | | | | |
| RESTRAINTS (S)OFT / (L)EATHER (●) | | | | | | | | | | | | |
| ISOLATION (S)TRICT / (R)ESPIRATORY | | | | | | | | | | | | |
| SECLUSION ROOM | | | | | | | | | | | | |
| ACTIVITY | | | | | | | | | | | | |
| OOB (S)ELF / (A)SSIST | | | | | | | | | | | | |
| (C)HAIR / (R)OOM / (H)ALL | | | | | | | | | | | | |
| (C)OMPLETE BR / (B)RP ONLY | | | | | | | | | | | | |
| AMBULATE (S)ELF / (A)SSIST / (D)EVICE | | | | | | | | | | | | |
| POSITION (●) | | | | | | | | | | | | |
| (A)SSIST TURN / (T)URN SELF | | | | | | | | | | | | |
| (R)OM / (A)CTIVITY RESTRICT | | | | | | | | | | | | |
| GROUPS | | | | | | | | | | | | |
| OFF UNIT (N = WITH NSG) (●) | | | | | | | | | | | | |
| VISITORS / PHONE CALLS | | | | | | | | | | | | |
| RESPIRATORY CARE $O_2$ | | | | | | | | | | | | |
| OXYGEN SATURATION | | | | | | | | | | | | |
| COUGHING / DEEP BREATHING | | | | | | | | | | | | |
| INCENTIVE SPIROMETRY (cc) | | | | | | | | | | | | |
| SUCTIONED | | | | | | | | | | | | |
| TRACH CARE | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CARDIAC MONITORED | | | | | | | | | | | | |
| SPECIMENS / TESTS | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**(●) LEGENDS**

BATH
S = SELF
P = PARTIAL
C = COMPLETE
T = TUB
SH = SHOWER

OFF UNIT - TRANSPORT
TR = TRANSPORTATION
1 = STAY W / PT < 1 HR
2 = STAY W / PT > 1 HR

RESTRAINTS
W = WRIST
A = ANKLES
T = TORSO

POSITION
R = RIGHT
L = LEFT
P = PRONE
S = SUPINE

OBSERVATION LEVEL
R = ROUTINE
1:1 = WITHIN ARMS LENGTH
CO = CLOSE OBSERVATION

| INIT | SIGNATURE / TITLE | SHIFT |
|---|---|---|
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| PATIENT NAME | DATE | HISTORY NO. |
|---|---|---|
| | | |

KEY: TOP: AMT. HUNG OR LIB / BOTTOM: AMT. INFUSED

## INTAKE AND OUTPUT RECORD

| NUTRITION / TIME ▶ | 06 LIB | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 LIB | TOT | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 LIB | TOT | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | TOT | 24° TOT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLEMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TUBE FEEDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV meds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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6A - 2P TOTAL INTAKE ____ 2P - 10P TOTAL INTAKE ____ 10P - 6A TOTAL INTAKE ____

24° TOTAL ____

| OUTPUT | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | TOT | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | TOT | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 | TOT | 24° TOT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE: VOID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERMITTENT CATH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOLEY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

6A - 2P TOTAL OUTPUT ____ 2P - 10P TOTAL OUTPUT ____ 10P - 6A TOTAL OUTPUT ____

24° TOTAL ____

| PREVIOUS 24 FLUID BALANCE | WEIGHT | | HEIGHT / LENGTH | | HEAD CIRCUMFERENCE | | OTHER MEASUREMENTS |
|---|---|---|---|---|---|---|---|
| \| \|0 | TODAY'S | PREVIOUS | TODAY'S | PREVIOUS | TODAY'S | PREVIOUS | |