

# GERIATRIC MEDICAL SURGICAL RN WORKSHEET

7 EAST PHONE = 7781

FAX = 7784

7 SOUTH PHONE = 7793

FAX = 7794

ROOM: PATIENT:	ADL Sensory	Plan of Care	Activity	Schedule	Consults	Diet / Hydration	LABS / TESTS / PROCEDURES		Skin / Wound Tx Dressings	ASSESSMENTS	NOTES
<b>MD Team</b> <b>Code Status</b> <b>Allergies</b>  <b>Isolation</b> Site Cultures  <b>Precautions</b>	LOC	<b>CONSIDER</b> D/C Foley D/C IVF D/C O <sub>2</sub> RA Sat ♦ Abts to PO Advance Activity Advance Diet  <b>REMINDERS</b> Document Chart Check Teaching Form Pathway  <b>Deficits</b> Hearing Vision Speech Paralysis  Contractures	Order	MEDS	Case Management Rehab Dietary Diabetic RN Wound / Ostomy Palliative Care Other	Order	Chem Strips	RAD / CARDIO	Order	Neuro	
	Feeding	D/C Foley	Restriction(s)?	PT	Physician	IVF - Renew	_____	CT	Support Surface	Cardiac	
	Bathing	D/C IVF	Restraint Type	OT		TPN / PPN - Renew	_____	CULTURES	Albumin / Pre-Albumin	Edema	
	Dressing	D/C O <sub>2</sub>	Renew Log Sheet	ST		Access	_____			Pulses	
	Transfer	RA Sat		HD		Date of Insertion	_____			VS	
	Ambulation	♦ Abts to PO		X-Ray		Flush Protocol	_____			Resp	
	Toilel	Advance Activity		D/C		Intake / Output	_____			Lung Sounds	
		Advance Diet		OR		Foley	_____			O <sub>2</sub>	
		Contractures		Consent		Weight	_____			GU	
										GI	
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