

**University Medical Center  
Medical / Surgical Patient Kardex**

Primary MD \_\_\_\_\_

Age: \_\_\_\_\_ Admit Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Advance Directive: \_\_\_\_\_ Code Status: \_\_\_\_\_

Addressograph \_\_\_\_\_

Chief complaint on admission / Admitting Diagnosis: \_\_\_\_\_

Surgery & Date of Surgery: \_\_\_\_\_

Past Medical / Surgical Hx.: \_\_\_\_\_

Isolation: \_\_\_\_\_  
 Consults: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<u>Daily Plan</u>	<u>Date:</u> _____	LOS: _____ Current Problems:   Resolution:
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**Flu Vaccine**  
 Was it given  Yes  No If no, why:  Refused  Not Indicated  MD Order Needed

**Pneumonia Vaccine**  
 Was it given  Yes  No If no, why:  Refused  Not Indicated  MD Order Needed

<u>Discharge Plan:</u>	Home / Alone / With Spouse / with Family / Other _____ Facility / Where: _____ Needs: Rehab Y / N Subacute Y / N Long term placement: Y / N Referrals: Social Services Y / N Discharge Planning Y / N Other discipline: _____
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<u>Safety/Activity</u>	Falls Protocol Level: _____ Gait steady Y / N Cane / Walker Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> Dangle <input type="checkbox"/> OOB to Chair <input type="checkbox"/> Ad Lib <input type="checkbox"/> OOB with Assist <input type="checkbox"/> Sitter <input type="checkbox"/> OOB to BR Speech consult date _____ Results _____ Swallow eval. Date _____ Results _____ PT consult date _____ Frequency _____ OD _____ BID Treatments _____ Bedside /Department _____
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<u>Teaching / Psychosocial</u>	Teaching needs _____ _____ Family issues _____ Psych consult: Y / N Date: _____ Psych nurse: Y / N Date: _____
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PATIENT

CARE

CATEGORIES

Shift Assessment

Cardiac

- Vital Signs q \_\_\_\_\_ hr
- Telemetry # \_\_\_\_\_
- Rhythm \_\_\_\_\_
- Pacemaker/AICD \_\_\_\_\_

Respiratory

- O<sub>2</sub> \_\_\_\_\_ Sat % \_\_\_\_\_
- Vent settings \_\_\_\_\_
- Trach Collar \_\_\_\_\_
- RESP TX \_\_\_\_\_
- Lung Sounds \_\_\_\_\_

Neurological

- Orientation \_\_\_\_\_
- EEG \_\_\_\_\_
- CVA \_\_\_\_\_

GU/Renal

- Foley/Insertion Date \_\_\_\_\_
- 24° urine \_\_\_\_\_
- I & O \_\_\_\_\_ / \_\_\_\_\_
- Dialysis \_\_\_\_\_
- CBI \_\_\_\_\_

GI

- Last BM \_\_\_\_\_
- NGT/KFT/Peg \_\_\_\_\_
- Diet \_\_\_\_\_
- Weight \_\_\_\_\_
- Hyper-AL/Lipids \_\_\_\_\_
- Oral Care \_\_\_\_\_
- Water Flushes \_\_\_\_\_
- Bowel Sounds \_\_\_\_\_

Pain Management Protocol

\_\_\_\_\_

Wounds/Dsgs \_\_\_\_\_

Drains/Tubes \_\_\_\_\_

Blood Sugars \_\_\_\_\_

Current BS \_\_\_\_\_

Sliding Scale  Yes  No

Central Lines

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Insertion Date: \_\_\_\_\_

PIV: Date Inserted: \_\_\_\_\_

Location: \_\_\_\_\_

PIV: Date Inserted: \_\_\_\_\_

Location: \_\_\_\_\_

IVFS/gtts: \_\_\_\_\_

IV Meds: \_\_\_\_\_

Date last type/screen \_\_\_\_\_

Blood transfusion protocol/FFP/PRBC/Platelets \_\_\_\_\_

Consent: Y/ N

Tests and Labs

X-rays - date \_\_\_\_\_

Results \_\_\_\_\_

U/A C&S - date \_\_\_\_\_

Results \_\_\_\_\_

Sputum C&S - date \_\_\_\_\_

Results \_\_\_\_\_

Blood Culture- date \_\_\_\_\_

Results \_\_\_\_\_

Wound C&S - date \_\_\_\_\_

Results \_\_\_\_\_

Stool VRE/C Diff - date \_\_\_\_\_

Results \_\_\_\_\_

CT Scan - date \_\_\_\_\_

Results \_\_\_\_\_

MRI/MRA - date \_\_\_\_\_

Results \_\_\_\_\_

Dopplers - date \_\_\_\_\_

Results \_\_\_\_\_

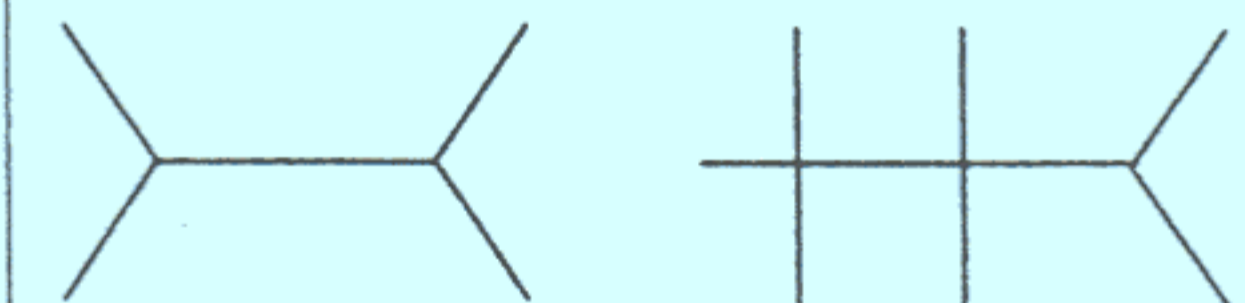
Cardiac Cath/PTCA/Stent - date \_\_\_\_\_

Results \_\_\_\_\_

Echo - date \_\_\_\_\_

Results \_\_\_\_\_

Lab Work: \_\_\_\_\_



	# 1	# 2	# 3
CPK			
TROP			
MB			

BNP: \_\_\_\_\_

Abnormal Labs: \_\_\_\_\_

Other important patient information

\_\_\_\_\_