University Medical Center Generic CCU

<u>Disclaimer</u>: The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician / Medical orders supersede all pre-printed interventions identified on the

ADDRESSOGRAPH

Generic Cardiac Care Unit

Estimated LOS: <u>3 Days</u>	ced on map:	
Allergies:	Code Status:	Advanced Directive:
Primary Diagnosis / Procedure:		
Secondary Diagnosis / Procedure:	35.1735C3 2538.27	THE DAY I WASSINGLE
Consulting Physicians:		Server : Parghadi Palge:
Pertinent Past Medical / Surgical History:		Heart Sourciës
		Condition of State
Echo Date:	Results:	xerenoeii s
Cardiac Cath Date:	Results:	
PTCA:	Stent:	for CABG:
Vascular:	CT Scan:	U/S:
Other procedures:		eure Stelles: Deficite:
Medications:	republica varia 8	Activity Level:
INCLUSIONARY CRITERA		
All patients admitted / transferred to CCU th	nat do not have a case specific	available.
Admission / Transfer Events:	a garage a sugar a coming large y Hamman a sur a subdivisión de servicio de la comina de la comina de la comina	
SP44 3683		Selfuncia a 7 min
		U Status: Unicary Conpute
Priority of Care issues:		Distyaid
	yaboT	D Yesterday:
Dilp	and Harry	restractional card visco de
Disciplines Involve / notified	Discharge Planning:	
Dietary:	Social Services:	Speech Therapy:
Physical Therapy:	Psychiatric:	Ostomy:
Transfer Order:		alls //Symptom Management
Emergency Contact:	25b835	Phone:
RN Signature:		Date/Time:
Emergency Contact:		

Instructions for Documentation:

OUTCOMES / INTERVENTIONS:

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

SUPPLEMENTAL DOCUMENTATION is required on the Interdisciplinary Progress Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

Generic CCU

Cover

Medical Record

Rev. 10/9/02

University Medical Center Transfer Summary Notes

Transfer Date:							
Transfer to: _				ADDDEGGOOD	Physician		
Allergies:	*****	8948.00 323		ADDRESSOGR	APH	y sega to common seg	
Lab Data: P7	F:	РТТ:	Mg:	erio Cardia	Bun:	Cr:	
K:		WBC:	uski essi	Hgb/Hct:		_ Cultures:	30. Sept. 33
Vital Signs:	Temp:	Apical Hr.:		_ RR:		BP:	, , , , , , , , , , , , , , , , , , ,
	Cardiac Rhythm:			Pulse Oxin	netry Saturation	ingbacority:	Monage (Organica)
CV Status:	Peripheral Pulse:			Edma:		30,900 F 1 SER	
	Heart Sounds:				ngragothissa-L. kie	Sau & Meak	<u>al (pas) magninos)</u>
	Condition of Skin:						
Pulmonary							
Status:	Lung Sounds:		enterprise plant and after the contract of the second	O ₂ Therapy:			
	Secretion:	8AC 101	og gynera ka Sanara a "Annora, a gyssárajá	Chest Tube:			The second transport are the second transport to the second transport transport to the second transport transp
Neuro Status:	Deficits:			Tribued		ontography and some prior of a state of the section of	
	Activity Level:		Safe	ety Consideration	is:	A color of Charles I representing applications	
GI Status:	Bowel Sounds:					A837130	L'AMONDE DE
	Accuchecks:			esa s event ton e	navi UOS of be	metarunt \ be	Apade significance
	Diet / Feedings:					Last BM:	aneg Til mokratimit A
GU Status:							
	Dialysis:						
I/O Yesterday:			То	day:			
	e:						
	e:						ovni zenima eff
	Site:						Drip:
Pain / Symptom I	Management:			contributo			
Risk for Falls: _			ang gan Palata	Brad	den Scale:		
							news state of the SO
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Generic CCU Signature Title		Title	lni	itial							
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			DESI	RED	OU	I ITC	OMES	ADDRESSOGRAPH D = DAYS E = EVENINGS N = NIC	HTS		
Problem/ Needs	Day 1 Date:	meassa		D	E	N	Problem/ Needs	An. 0 153	D	E	N
Knowledge	Patient/family need for critical				Ineffective	S _a O ₂ maintained greater than or equal to 92%					
Deficit related to plan of care	care and partic	cipates in decis	ion making				Airway / Clearance	No evidence of respiratory distress Lungs clear			\vdash
	tin a standing graph destrict algebraiches sur 19						Impaired Gas Exchange	en le densi post tres divodi			
Pain /	intervention.	erbalizes relief a	ifter				Discharge	Discharge needs assessed / identified		T	T
Symptom Management	Relief of symp				Plan	erdan de a galaccima il duri competito della di Greden della diduciona della since					
								describe the south VIII	+		\vdash
Potential	Afebrile	14 (3)			AND ONE CONTROL	To the sale to the sale					
	No evidence o										
	Bedrest							# 25 19 19 19 19			
Immobility	and standing and the second	emities on com	mand					9000 15 17 TO			
					Patient Safety	Remains injury free in a safe environment.			T		
	Vital signs stal							os in Ersuspandir Jahrson i erseped Genesia			
Hemodynamic Status	No cardiac arr Chest pain free			-			Ckin Integrity	No evidence of skin breakdown.	T		T
Impaired	No extra heart						Skin Integrity	Graduate Architecture de Contraction	+		+
Fluid /	Urine output >	240 cc / 8 hour	rs		200000		Patient/Family	Patient/family verbalizes satisfaction with hospital stay/care.	\dagger		T
Electrolytes	Labs within therapeutic range						Satisfaction	Advanced Directive addressed			T
			INTERVE	NTI	ONS	(co	ntinued on bad	 			_
Patient Care				D	E	N	Patient Care		D	E	N
Categories	A	Di Di					Categories		_		\perp
Discharge		or Discharge Pl s based on nur					Nutrition	* Diet: Enteral Feeds:			
Plan	Social Services based on nursing assessment of home environment / patient condition							% of diet consumed: Breakfast%			
								Lunch % Dinner %			
							State of the state	High risk nutritional assessment completed.			
								* Swallow evaluation Daily Weight:	+		\vdash
							100 mg 10	* Parental Feedings: TPN / Lipids:			i de la companya de l

- Day 1 - front

INTERVENTIONS

Patient Care	Day 4	10		41	I D di d O		_		
	Day 1	D	E	N	Patient Care	fix contain)?	D	E	N
Categories	Date:				Categories				
	Cardiac monitor alarm parameters set					Encourage verbalization of fears /	П		
Assessment					Teaching	concerns.			
&	Admission assessment completed /				8	Assess patient's readiness to learn,			
Treatments	reviewed				Psychosocial	learning needs and barriers to learning			
					The same of the second	Learning needs / teaching plan:			\vdash
	Assessment completed per unit	_	\vdash			- Orientation to CCU, visiting hours /			
	Istandards								
	Standards					policies, environment / equipment			
						- Tests / procedures	100	1150	
	I & O measured per unit standard					- Disease process			
	* Foley catheter: size:			ang and a	Refusion of the State of the soldiers than a good	- Medications			
	Date inserted:					- Diet			
						- Activity limitations			
	FIO ₂ %					- Smoking cessation	200		
	Mode: N/C FM								
	CPAP					Access national / formilly a stinfa sting			
	Ventilator: ETT size					Assess patient / family satisfaction			
e samelje ne med je se me elemente sa									
	Trach size					Daily discussion with patient / family on			
	Date intubated:	0.000				current status / issues (document details			
	A					in progress record)		- 1	- 1
	Cough and deep breath q4 hrs								
	Peripheral IV Therapy					Property and the second			\neg
	Management Protocol followed								
		30000				politica variable			
	* Hemodynamic monitoring / invasive		-+	-	the conference of figures and the second	An EXCEPT TO SEE THE PROPERTY OF THE PROPERTY		2000	
	line care per unit standard					99	octa e		66
	inc care per unit standard					Black and the second of the se			
			_	_		Lab / diagnostics results reviewed; MD			
	* IV fluids as ordered				Specimens	notified if indicated.			
	* Heparin nomogram				&	* Tests / Procedures			
	Cardiac		- 1		Diagnostics				- 1
	Thromboembolic							300	- 1
						Administrative agenciative of the		0.50	
	* Vasopressor / Inotopic Therapy								
	* GI Prophylaxis		$\neg \dagger$						
	* DVT Prophylaxis	-+	-+	-		* Plead suggest			-
						* Blood sugar q			
	Thigh / knee high Teds	- 1				* Cover per sliding scale as ordered			
	Venodyne							_	
riinaalija ja maa ja jarak aan alga ja jarah ka									
	Hygiene / comfort management protocol		- 1				-		
	followed					CANTON M. CALL SELECTION CONTRACTOR CONTRACT			
						SAN CHARLES TO THE SAN			
	* Respiratory care provided					and dea had to	100		
	(see respiratory care record)					element translations of the		Option 1	- 1
	Pain Management Protocol followed		-+	\dashv		the second of the strain of the			
			- 1			Access nations rick for falls nor protocol		-	=
	Palliative care rendered		-		Cofet:	Assess patient risk for falls per protocol,	in the	- 1	
	ramative care rendered				Safety	initiate falls protocol if needed			_
					&	* Activity level:			- 1
	plantik filologiski krajiskik kira praksi a bron man rom teori kira industrio (Activity				
			an ion			Pressure ulcer prevention management	600	18 31	
	allow from the first the second of the secon				and the second	protocol followed			
	Temple 10 To Victorian		100			Physical restraint management protocol			
						followed			
						* Rehab Therapy PT OT	\rightarrow	\dashv	\dashv
						Tenab merapy F1 O1			
						Detientle environment is sefe	-	\dashv	-
						Patient's environment is safe		\dashv	\dashv
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University Medical Center

* indicates medical orders needed

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Problem/	Day 2	Salar of the salar		D	E	IN	Problem/		D	E	IN
Needs	Date:				-	"	Needs		1	-	1"
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Knowledge		nsfer out of critical					Ineffective	92%			
Deficit related		continued plan of care, participates in					Airway /	No evidence of respiratory distress	+	┼	+
to plan of care					Clearance	Lungs clear	\vdash	-	+		
		3		\vdash	+-	t	Impaired Gas	Eurigo oldur	-	-	+
							Exchange				
	Pain free or ve	erbalizes relief after		T		\dagger		Transfer out of CCU	+-	+	十
L	intervention.						Discharge				
	Relief of symp	Relief of symptoms					Plan		+-	-	+
Management											
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	Afebrile			Г	I	T					
Potential	tarje u postaliteni projekt i dene krije										
Infection	No evidence o										
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Immobility								parameter of the second			
	Performs ADL	's independently									
								Remains injury free in a safe	П	П	T
							Patient Safety	environment.			1.
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	Vital signs stat								<u> </u>		
	No cardiac arri				_			No evidence of skin breakdown.			T
Status	Chest pain free				_		Skin Integrity				
Impaired	No extra heart	sounds									Γ
	1000			_	_						<u></u>
First (Urine output >	іптаке						Patient/family verbalizes satisfaction			
Fluid /	Laba with to				-	-	Patient/Family	with hospital stay/care.			
Electrolytes	Labs Within the	erapeutic range		-	lane in	-	Satisfaction	Advanced Directive addressed			_
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Patient Care	No. Constitution of the Co			D	E	N	Patient Care		D	E	N
Categories							Categories				
	Evaluate need	for special discharg	ge plan					* Diet:			I
Discharge	2010001000				_		Nutrition	Enteral Feeds:			
Plan		h physician regardi	ng need					% of diet consumed:			
	for continued c	critical care						Breakfast%			
								Lunch %			
								Dinner %			
								High risk nutritional assessment			
								completed.			
							The region of the second	Daily Weight:			
								* Parental Feedings:			

INTERVENTIONS

Patient Care	Day 2	D	E	N	Patient Care		D	E	N
Categories	Date:				Categories				
	Cardiac monitor alarm parameters set					Encourage verbalization of fears /			
Assessment					Teaching	concerns.			
&	Admission assessment reviewed /	_			8	Assess patient / family satisfaction	\vdash		
Treatments	updated				Psychosocial	a second patients raining dationation			
						Learning needs / teaching plan:			\vdash
	Assessment completed per unit				for the second s	- Medication:			
	standards								
					The second second second	And the second s			
	I & O measured per unit standard		-	\vdash		Activity:			
	Assess need for foley d/c if possible			\vdash	The same of the same of	riodivity.	-		
	record tier telloy are in possible				A service of the service of the	Diet:	\vdash	_	
	FIO: %	-	-	\vdash		Dict.			
	FIO ₂ % Mode: N/C FM					Modifiable Risk Factors:			
	CPAP					Modifiable PORT dotors.			
	Ventilator: ETT size					Smoking cessation:			-
	Trach size				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Officking dessation.		0.10	
	Date intubated:					Daily discussion with patient / family on	$\overline{}$	_	-
	Attempt weaning:		2.50			current status / issues (document details			100
	Autompt wearing.								
	Cough and deep breath q4 hrs		-	\vdash		in progress record)			
	Peripheral IV Therapy	-	-						-
	Management Protocol followed								
	Management Protocol followed				4 4 5				
	* IV fluids as ordered	\vdash		\vdash					
	* Heparin nomogram		-	-			0.00	gaine	
	Cardiac					Lab / diagnostics results reviewed; MD	=		
	Thromboembolic				Specimens	notified if indicated.			
	Thomboembonc				&	* Tests / Procedures			
	* GI Prophylaxis	-	\vdash	\vdash	Diagnostics	Tests / Procedures			
	GI Propriyiaxis				Diagnosucs				
	* DVT Prophylaxis	\vdash					110,14		
	Teds Venodyne								. 1
	venodyne								
	Hygiene / comfort management protocol	\vdash	-						
	followed					* Cover per sliding scale as ordered		-	-
	lollowed					Cover per sliding scale as ordered			
	* Respiratory care provided								
	(see respiratory care record)								
	(See respiratory said resorts)								g - 3
	Pain Management Protocol followed								
							10.1		
	D/C invasive lines if applicable								
	Palliative care rendered								
						subset of the first of			
						Falls protocol maintained			
					Safety	AND THE CONTRACTOR WAS AND THE STATE OF	3573		
					&	* Activity level:			
	The second of th				Activity	en angli 1980 na kalangan manada a managan tanggan da managan manada managan managan managan managan managan m		A A	
Nagora Nago di Sancialia de Sancia de Cara de									
	and the state of t					3			
						Pressure ulcer prevention management			
						protocol followed			
			922			Physical restraint management protocol			
					1.05	followed		5)"	
						* Rehab Therapy PT OT			
				1. 1		Patient's environment is safe			
	and the second of the second second								
	scale (University of State of								
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