

Generic Medical

Signature		Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title	

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	Day _____ Date: _____	D	E	N	Problem/Needs	D	E	N	
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of diagnosis and plan of care, participates in decision making.								
Pain Management	Pain free or verbalizes pain relief after intervention.								
	Pain management established for discharge.								
Alterations in ADL's due to:	Able to perform ADL's with (choose one): ____ assistance ____ independently								
					Discharge Plan	Discharged			
					Patient Safety	Remains injury free in a safe environment.			
					Skin Integrity	No evidence of skin breakdown.			
					Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
Discharge Plan				Nutrition			
				* Diet:			
				% of diet consumed:			
				Breakfast _____ %			
				Lunch _____ %			
Dinner _____ %							

MR# _____

INTERVENTIONS (continued)

Patient Care Categories	Day _____ Date: _____	D	E	N	Patient Care Categories		D	E	N
Assessment & Treatments	Vital signs q _____ hrs.				Teaching & Psychosocial	Assess patient/family satisfaction.			
	I & O q _____ hrs.					Encourage verbalization of fears / concerns.			
	* Telemetry D/C'd					Learning needs / teaching plan: Medication:			
	* O2:					Activity:			
						Diet:			
						Modifiable Risk Factors:			
						Other:			
Specimens & Diagnostics					Lab / diagnostics results reviewed; MD notified if indicated.				
					* Tests / Procedures				
Safety & Activity					Falls protocol maintained.				
					* Activity level:				
Hygiene & Comfort Protocol									
Peripheral IV Therapy Protocol									
Pressure Ulcer Prevention Protocol									
* Respiratory Care provided. (See Respiratory Care Record)									