UNIVERSITY MEDICAL CENTER

Disclaimer: 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
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ESTIMATED LOS: Days	Date placed on map:
INCLUSIONARY CRITERIA:	
All patients admitted with a medical diagnosis will be placed of available.	on this , unless there is a case-specific
CRITERIA FOR REMOVING PATIENTS FROM	
Remove patients from this if clinical status/diagno	osis changes and there is a case specific
Primary Diagnosis/Procedure:	
Pertinent Past Medical History:	
Allergies:	
Medications:	
Code Status:	
CONSULTS OR DISCIPLINES INVOLVED/NOTIFIED:	
1	Initials/Date/Time notified:
2	Initials/Date/Time notified:
3	Initials/Date/Time notified:
4	Initials/Date/Time notified:
5.	Initials/Date/Time notified:
SIGNIFICANT EVENTS THIS ADMISSION:	
Date/Event:	
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 Progress Record / Patient Focus Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

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INTERVENTIONS (continued)

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	(See Respiratory Care Record)			Management					
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Initial Signature Requiring Co-Signature | Date/Shift Initial/Title ADDRESSOGRAPH DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTS Problem/ Day 2 EN Problem/ DEN Needs Date: Needs Patient/family verbalizes understanding of diagnosis and plan of care, participates in Knowledge Deficit related decision making. to plan of care Pain free or verbalizes pain relief after Pain intervention. Management Able to perform ADL's with (choose one): Alterations in assistance ADL's due to: independently Remains injury free in a safe Patient Safety environment. No evidence of skin breakdown. Skin Integrity Patient/family verbalizes satisfaction Patient/Family with hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care E N Patient Care E Categories Categories Diet: Discharge Nutrition Plan % of diet consumed: Breakfast ____ Lunch Dinner

Generic Medical Signature

Title

INTERVENTIONS (continued)

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INTERVENTIONS (continued) E Patient Care Patient Care Day 3 Categories Categories Date: Assess patient/family satisfaction. Vital signs q Assessment Teaching Encourage verbalization of fears / 1 & O q_ hrs. Psychosocial concerns. Treatments Learning needs / teaching plan: * Telemetry Medication: * 02: Activity: Diet: Modifiable Risk Factors: Other: Lab / diagnostics results reviewed; MD notified if indicated. Specimens * Tests / Procedures Diagnostics Falls protocol maintained. Safety * Activity level: Activity Hygiene & Comfort Protocol Peripheral IV Therapy Protocol Pressure Ulcer Prevention Protocol * Respiratory Care provided.

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(See Respiratory Care Record)

Generic Medical Title Initial Signature Signature Requiring Co-Signature | Date/Shift Initial/Title ADDRESSOGRAPH D = DAYS E = EVENINGS N = NIGHTSDESIRED OUTCOMES E DEN Problem/ Problem/ Day 4 Needs Needs Date: Patient/family verbalizes understanding of Knowledge diagnosis and plan of care, participates in Deficit related decision making. to plan of care Pain free or verbalizes pain relief after Pain intervention. Pain management established for Management discharge. Able to perform ADL's with (choose one): assistance Alterations in ADL's due to: independently Discharged Discharge Plan Remains injury free in a safe environment. Patient Safety No evidence of skin breakdown. Skin Integrity Patient/family verbalizes satisfaction Patient/Family with hospital stay/care. Satisfaction INTERVENTIONS (continued on back) Patient Care E DEN Patient Care Categories Categories * Diet: Nutrition Discharge % of diet consumed: Plan Breakfast _ Lunch _ % % Dinner

INTERVENTIONS (continued)

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* indicates medical orders needed