Signature		Title	ln	itial	1						
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	TO THE PROPERTY OF THE PERSON	ON MEDICAL STREET, STR									
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SIG	NATURE REQU	IIPING CO-SI	SNATURE	1200		1					
Signature Requirin		Date/Shift	Initial/1	Title							
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			DES	IDEI	וח מ	ITC	OMES	ADDRESSOGRAPH $D = DAYS E = EVENINGS N = NIC$	⊇UT¢		
Problem/	Day	POD#	DES	D	E	IN	Problem/	D-DATS E-EVENINGS N-MI	D	E	N
Needs	Date:	100#			-	1	Needs	the this chance substitution		-	1
	Patient / family verbalizes understanding			1					+	$\vdash$	+-
Knowledge	of anticipated plan of care:							C&CG 0 for while aware			
Deficit related	- Disease Process						and the second second second second second second	Fundamental M			
to plan of care	- Diagnostics Test							care as wheelds 34 0.0		1	
	- Medication - Transfer to Medical / Surgical Unit					1		Drevering diange of the last			
	Participates in decision making, planning,			+-	+						
	and implementation of care.										
									<del></del>	<u></u>	
						3	Discharge				
Pain Management	Pain free or verbalizes pain relief			$\vdash$			Plan				
		after intervention.			0.0						and and
						100		THE STATE OF STATES			
	ger pagagana an injuna digunan i Jean Series Series i							MAK 1			
	and the first market and and the second section of the section of the second section of the section										
Post-Operative Temperature	Afebrile	and the second second second second second		$\vdash$				W90 M1 09			
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	and the state of t	endered to a second of the sec					and the second second	\$604 E. C. S. 188 20.5 1			
Elevation	and a second state of the second second state and the second								<del> </del>	_	$\perp$
						- 1	Patient Safety	Remains injury free in a safe environment.			
	Ambulating			$\vdash$			, , , , , , , , , , , , , , , , , , , ,		+	-	
Immobility due		-									
to Surgery / Invasion Procedure						1		No evidence of skin breakdown.	T		
						- 500	Skin Integrity		+-	_	$\vdash$
riocedure											
								Patient/family verbalizes satisfaction with	+		
						- 2	Patient/Family	hospital stay/care.			
					amint		Satisfaction				
	2.61					21					
			INTERVE	NTI	ONS	(co	ntinued on bac	(k)			
Patient Care				D	E	TOWNS COMMON TOWNS	Patient Care		D	E	N
Categories			<u> </u>				Categories				
	Assess need fo	Assess need for continued Intermediate					Nutrition	* Diet:			
	care.								<del> </del>		
Plan								% of diet consumed:		E	
								Breakfast% Lunch%	-		
								Dinner %		_	1111111
								* Enteral feedings:	1		
								SECURITY A RESIDENCE OF A STANDARD OF THE ASSESSMENT OF			1
								* Parenteral feedings:			
								TPN/lipids Daily Weight	-		
								The state of the s			
									$\vdash$		

Generic Surgical Intermediate

## INTERVENTIONS

Patient Care	Day POD #	D	E	N	Patient Care	Commence of the Commence of th	D	E	N
Categories	Date:				Categories				
	* Cardiac Monitor					Encourage verbalization of fears /			
Assessment	* Vital signs q hrs.  I & O q hrs.  D/C Foley				Teaching	concerns.			
& Treatments					&	Learning needs / teaching plan:			
Treatments					Psychosocial	- Cough / deep breathing - Incentive spirometry if indicated			
					A STATE OF THE PROPERTY OF T	Incentive spirometry effort: cc - Activity progression			
	* O <sub>2</sub> Therapy:	+-	-			- Incision Care - Medications			
	100 (100 at 2.39 0.0)					- Food & Drug Interactions			
· NIGHTS	O <sub>2</sub> Sat q hrs.				- MD - Mod - Pain - Othe	- MD follow-up - Modifiable risk factors	Trans-		
	* Incentive spirometry q 1 Hr., while awake.	t back				- Pain management - Other:	los s		
	C&DB q 1hr. while awake			Participan		Review Clinical Outcomes with patient /	velve en fl		
	* IV fluids as ordered.					family.	No 19	sita c	
	D/C IV change to PIID	_				notice that the same of the sa			0.00
	Dressing change q hrs.					Transfer to Medical Charge of the property of the Personalists of the Carlos of the Ca			Clean Company ( west)
The second secon									
	76.00	100	lan.						600
						Lab / diagnostics results reviewed; MD			
					Specimens	notified if indicated.	Hystol		The Control
	* Tubes and drains:				&	* Tests / Procedures	un-B	ensi	
	Type:			The state of	Diagnostics				100
	Type:* Pain Management	+	-						100
					edono las deserva	A Description	(27 m) 14 m)		
	PO IM PRN PCA Epidural						P 0.01		
	Cont. IV Infusion						rene	grane.	
	* DVT Prophylaxis:			7			0.084	913	
	Thigh / knee high TEDS								1 1
		1 2 11	9333						
de la						gallandriki	Lance		
						The state of the s	of contracts		
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kapipus line in pianneity orace or or at a constant or or	(A-3 e/c)			3		[	_		
					Safety & Activity	Falls protocol maintained.			
			Part			* Activity level:	-	ie opanejes	
	94				Activity	38	001		
						Communication (III) heavy super-C			
	and the state of t				la para di santa di santa santa	to the state of th	47.55		
an plantage and	7 188 7 8 8 7 8								
	Hygiene & Comfort Protocol								
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol								
	* Respiratory Care provided. (See Respiratory Care Record)								

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\* indicates medical orders needed