UNIVERSITY MEDICAL CENTER INTERDISCIPLINARY

<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 Surgical Intern	mediate	
ESTIMATED LOS: Days	Date placed on map:	
INCLUSIONARY CRITERIA: All patients admitted to the Intermediate Care Unit w type specific available for the diagnosis.	unalet makeling deman advance her one — 33.1. (Objective Suppl.)	unless there is a case
EXCLUSIONARY CRITERIA: Remove patients from the Intermediate Care specific available.	if the clinical status / diagnosis changes	s and there is a case type
Primary Diagnosis/Procedure:		a partie de la company de la c
Pertinent Past Medical History:) LATINGS	onud material
Allergies:	2000	Secre
Code Status:		Marine Steriler Defort
CONSULTS OR DISCIPLINES INVOLVED/NOTIFIE		nivito.A
1	Initials/Date/Time notified:	lewell modEl2
2	Initials/Date/Time notified:	PVs(0
3	Initials/Date/Time notified:	CUERTE Union
4		1 Carlot State Carlot
5		
SIGNIFICANT EVENTS THIS ADMISSION:		
Date/Event:	18 (Late 1914) 93	Summary of Internetic
Date/Event:		
Date/Event:		
Date/Event:		
RN Signature:	Date/Ti	me:
RN Signature:	Date/Ti	ime:
	net or completed N/A, if not applicable for the timeframe	

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.

- Initial and circle, if not met or completed

TRANSFER SUMMARY NOTES:

Transfer Date:		Transfer Unit:	Allergies:	
Lab Data:				
	K:	WBC:	Hgb/Hct:	Cultures:
Vital Signs:	Temp:	Apical Hr	RR	aint art of bettir BP americo IIA
	Cardiac Rhythm:		Pulse Oximetry Satura	ation:
CV Status:	Peripheral Pulse:	de contene basico dell'	Edma:	Romove periods from the Inter-
	Condition of skin:			
Pulmonary				
Status:	Lung Sounds:		O ₂ Therapy:	CONTRACTOR OF THE TRACTOR OF THE
	Secretions:		Chest Tube:	
Neuro Status:	Deficits:			
	Activity Level:		Safety Considerations	S:
GI Status:	Bowel Sounds:		GI/Tubes:	
	Diet/Feedings:			
GU Status:	Urinary Output:		Voids/Foley:	
I/O Yesterday:			Today:	
Condition of Su	rgical Wound:			
Pain Manageme	ent:		14830 40400	ALEX CONTRACTOR SECTION
Summary of Int	ermediate Care stay: _			
		a para di salah salah sebagai keradakan di danan pelabah di salah sebagai kerada di salah sebagai sebagai kerada dan		
				Palatici cinica a primaren i al a manaren (i alpanar a malaticia).
Patients charge	s completed: Yes:	depositive specificacy confidence are useful problems and a second confidence	No:	(C)
RN Signature:		e vives provincial managemental consequence designed and security of the consequence of t	Date:	
		Programme and the second		

Generic Surgical Intermediate Signature					1							
3 3	Signature		Title	Init	ial							
	Contract	reserve cost	25/52		-							
		200	TOTAL SET									
	Thirty grants	537 \ 2009-041 p.55	TOTAL TOTAL	3								
	35	iat minities Je		por a	1000							
	NATURE REQU	7	NATURE									
Signature Requirin	g Co-Signature	Date/Shift	Initial/1	itle		-						
	getildren vinnereden											
		A A										
			100					ADDRESSOGRAPH				
			DES	IRED	OU	TCC	OMES	D = DAYS E = EVENINGS N = NIGH	dTS			
Problem/	Day 1	POD#		D	Ε	N	Problem/		D	E	N	
Needs	Date:		ener Hi			-	Needs	wife and the videococces said more				
		y verbalizes und	derstanding			No.		19天在火傷				
Knowledge	of anticipated						Bulgarian remarkation in the Committee of the Committee o	Salaya aliay saha 2080				
Deficit related		Care Policy / v					a sa standar seute, enforces nationalistic facilità in en care con con-					
to plan of care	- Disease Pro - Diagnostic T	cess / Post-Op	erative Care									
	- Diagnostic 1	esis						Constitution of the Consti				
		Medical / Surgio	cal Unit			Table 1		Section of the sectio				
		decision makir					and the second party congress of the second	and the second s		<u> </u>		
	and implemen	tation of care.										
						Brobands					0.00	
	Dain free or ve	erbalizes pain re	alief	+								
Pain	after interventi		Silci									
Management					210						L	
						100		Discharge needs assessed / identified:				
						in the second	Discharge	Home				
				+-			Plan	Rehab Facility				
Boot Operative	Afebrile							Subacute Fac				
Post-Operative Temperature				+-		8		OKIII I de. (E10)			П	
Elevation	Book of the contraction of the second section of the section of the second section of the sect					1		Land of the second seco				
						in child from		Remains injury free in a safe		Γ		
							Patient Safety	environment.		-	+	
lana a bilitus dua	Bed rest / OO	B to chair.				in the second		Thirty I kneep regin TEOrs;				
Immobility due to Surgery /				+	-	3		INo evidence of skin breakdown.		\vdash	\vdash	
Invasion							Skin Integrity	The evidence of exist produces				
Procedure						Comment of the Commen						
										<u></u>		
							D (1) 1/2 1/4	Patient/family verbalizes satisfaction with				
							Patient/Family Satisfaction	hospital stay/care.		\vdash	+	
	Ē					District Co.	Cationaction					
	and the second s											
			INTERV	ENTI	-		ntinued on bac	ck)	-		_	
Patient Care				D	E	N			D	E	N	1
Categories				_	_		Categories		-	+	+	
D: 1		for Discharge P				100 May 1	Nutrition	* Diet:				
Discharge Plan		es based on number home environ					Natrition	% of diet consumed:		<u> </u>	1	:
Fiail	patient conditi		iiiiciit /					Breakfast%	121111	Π	Т	:
				\top			garagement, and general section of the parameters of the section o	Lunch %				:
						1		Dinner %			\perp	
								High risk nutritional assessment completed.			The second	
							and the second s	* Enteral feedings:			T	
						1	and it is not confirmed the inter-		-	+	+	
								* Parenteral feedings:				
								TPN/lipids Daily Weight	-	+	+	
				1	1			Daily Freight	1	1	1	

Patient Care	Day 1 POD #	D	E	N	Patient Care		In	E	M
Categories	Date:	-	-	/*	Categories	#182 (CD) 2	D	E	N
Assessment	* Cardiac Monitor				Teaching	Encourage verbalization of fears / concerns.			
& Treatments	* Vital signs q hrs.				& Psychosocial	Learning needs / teaching plan: - Post-Operative routine			
	I & O q hrs.				rsychosocial	- Cough / deep breathing - Incentive spirometry if indicated			
	* Foley Catheter:	+				Incentive spirometry if indicated	373.5		
	Date inserted:					- Telemetry			
	Size:					- Pain management			
ali per a antangan di munong mengguning perumpukan selah nangan melinggi Tangguni	* O ₂ Therapy:					- Other			
000000000000000000000000000000000000000						Family / visitors present			
	O ₂ Sat q hrs.	936			P. 1				
	* Incentive spirometry q 1 Hr., while			1		Orientation to Intermediate Care Environment.			
er en frankrig strank skjenisk (m. 1802). De en men en en en til se	awake.	10000000				Intermediate Care Card given to patient /			
	C&DB q 1hr. while awake			1		family.	Ne n		
				SC HOWEST		Review Clinical Outcomes with patient /			\neg
	* IV fluids as ordered.			in an expension		family.	5 P/S	S C	
	Surgical site assessed q hrs.			The second second		ng Papilindo - Januaria (ng Papilindo - Januaria (ng Papilindo - Januaria (ng Papilindo)			
	Dressing change q hrs.					eg progen madeber a zakonna			
					Specimens	Lab / diagnostics results reviewed; MD			
				No.		notified if indicated. * Tests / Procedures			\dashv
					Diagnostics	* CBC	100		
					J.ugoo.oo	* SMA ₇			
	* Tubes and drains:		4.3			* PT; PTT			
	Type:								
	Type:					(明报(3)天)			
protegor de la como gir la colore de 1992 de 1992 de	* Pain Management						200		
	PO IM PRN					1 0000			
	PCA Epidural								
	Cont. IV Infusion * DVT Prophylaxis:	. 100	-	-					
	Thigh / knee high TEDS;					render of the manufacture of the second of t			
	Venous compression device.					900 V			
	が表現の特別では、10mm (10mm)						201		
tagodija nakaja, se ili jelo inimo je ili famos je nimo o izvo izvo		EITO I	127				3.00		
							100000		
	and the street street	i in							
	360		2	ŀ		Falls protocol initiated.	\dashv	\dashv	\dashv
					Safety			_	
es de dicercitas como es de aracente	antanana na manana manana Manana manana manan	5 5 5			& Activity	* Activity level:			
	one to the manufacture of the control of the part of t	2.16	100		Acuvity	ta sistem, no o o completo al compressionem de la compressión de la compressión de la compressión de la compre Esta de la compressión	160		
	***	- 1.0				Sar			
						nundi ya istorio ka bisa azazaki :			\exists
	(16)					garanua na basad sementi labya		13	1000
	10.5个自任品件文章(1944)(1947)					i ine move une emed to investment	1000		
	Hygiene & Comfort Protocol	-	\dashv	-	en e				
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol								
	* Respiratory Care provided.		\dashv						
	(See Respiratory Care Record)								

Generic	Surgical In	termediate				1 1					
	Signature		Title	Init	tial						
	5 G 28 D 2 15 15 15 15 15 15 15 15 15 15 15 15 15			000.0	1						
	The state of the s	and about the		3							
	34.033		e Sinn	011							
SIGI	NATURE REQU	JIRING CO-SIG	SNATURE								
Signature Requirin	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Date/Shift	Initial/T	itle							
		# 6 % C 7 % C									
	The proof of the state of the extreme to be the	man and a stage state grade of the stage of						ADDRESSOGRAPH			
			DESI	RED	OL	TCC	MES	D = DAYS E = EVENINGS N = NIGH			
Problem/	Day 2	POD#		D	E	N	Problem/		D	E	N
Needs	Date:	·			-		Needs	Para California vinta para de California	-		
	Patient / family		derstanding					33.046			
Knowledge	of anticipated							Harran properties of the property			
Deficit related		Care Policy /		-							
to plan of care		cess / Post-Op	erative Care					Te diglore as protencial			
	- Diagnostic T	ests						production of the second secon	_		
	- Medication	Medical / Surgio	nal I Init			Bacana		nt bressess ex lectric			
	Participates in			+	-	Bright and		copyring project and in the control of the control			
	and implement		ng, planning,			School		and to agree to the case.			
	and implement	tation of care.		+-	-						
				1				Discharge needs assessed / identified:			_
							Discharge	Home			
	Pain free or ve	erbalizes pain r	elief	†			Plan	Rehab Facility			
Pain	after interventi				3,0			Subacute Fac.			
Management						1		Skill Fac. (LTC)			
								Intermediate Care Status:			4
						la con	galagia, in languaga pangangan balang di samatan m	Continue Intermediate Care			
1 minum	and the second second	Autoritation of the public state of the section of				1		Discontinue Itermediate Care			
	Afebrile			T	П			Transfer			
Post-Operative	and the second second						and the second position in succession of the second	Discharge			
Temperature	ware of alternative to the state of the state of					(C. C. L.)					
Elevation	egy, to a rappe or an estimately fixed in Comment					rajohana.		A SINGLE ASSESSMENT			_
							Detient Sefety	Remains injury free in a safe environment.			
				┿	<u> </u>		Patient Safety	environment.		-	-
Immobility due	Ambulating			1.							100
to Surgery /				+-	-			No evidence of skin breadown.			H
Invasion							Skin Integrity	THE CHICALOG OF SAME DISECTION			
Procedure							Chair integrity	No evidence of skin breakdown.			
770000010											Į.
	†			T	T			Patient/family verbalizes satisfaction with			
							Patient/Family	hospital stay/care.			
							Satisfaction		1		
	10909										1
· · · · · · · · · · · · · · · · · · ·	a il gariante i para properti sono		mul. custom s	1							
			INTERV	-	-	-	ntinued on bac	(K)	_	T =	1.00
Patient Care				D	E	N			D	E	N
Categories							Categories		-		_
	Assess need t	for continued In	ntermediate					* Diet:			
Discharge	care.				_	1	Nutrition		12222		
Plan								% of diet consumed:			
								Breakfast%	-		
								Lunch %	12222	-	₩
								Dinner %		-	-
								* Enteral feedings:			1
						3		* Parenteral feedings:	-	-	-
								TPN/lipids			
								Daily Weight	_	1	1
	1				1			loan, moiding	1	1	1

	Day 2 POD #	D	E	N	Patient Care	5.9996.00	D	E	N
Categories	Date:				Categories				
	* Cardiac Monitor					Encourage verbalization of fears /		and the	
Assessment					Teaching	concerns.			
&	* Vital signs q hrs.				&	Learning needs / teaching plan:			
Treatments					Psychosocial	- Post-Operative routine			
	I & O q hrs.				34.7	- Cough / deep breathing			
			-			- Incentive spirometry if indicated			
	* Foley Catheter:					Incentive spirometry effort: cc			
	Date inserted:					- Telemetry			
	Size:	+-	_			- Pain management			
and the second section of the second section section of the second section section of the second section section section of the second section sec	* O ₂ Therapy:					- Other		_	-
	O ₂ Sat q hrs.	+-				Review Clinical Outcomes with patient /			
	O ₂ Sat q nrs.					family.			-
	* Incentive spirometry q 1 Hr., while		-			.0390			
ar die verste jare van de samme verst	awake.				3710				
	C&DB q 1hr. while awake	+	-			area for an infrarequisting to			
	OGDB q III. Wille awake		1					(See See	
	* IV fluids as ordered.	+	\vdash		in it was 0		0.00		
	and the same of the same area and the same and					May of Edistriction			
	Surgical site assessed q hrs.	1		100					
	Dressing change q hrs.	T							
i. Manazaran di kacamatan di Kabupatèn Balangan Balangan di Kabupatèn Balangan di Kabupatèn Balangan Balangan Bal			-						
	[14] (14] 15 - 15 14 14 14 14 14 14 14 14 14 14 14 14 14								
				şax,		Lab / diagnostics results reviewed; MD		00,25,00	
The second of the					Specimens	notified if indicated.	-		
And the second of			1	A to set	. &	* Tests / Procedures		- èsta	
Street Contract of the Contrac					Diagnostics				
		+-	-				1		
	* Tubes and drains:	1							
	Type:								
	Type:* Pain Management	+-	-				NES:	10.05	
	Pain Management							profit.	
	PO IM PRN PCA Epidural						-		\vdash
	Cont. IV Infusion								
	* DVT Prophylaxis:	+	-	1		en grand, land, in land, lander, sommer dem med a lander i har lander. Diese film i steller film de die de de d			
	Thigh / knee high TEDS;								
	Venous compression device.						a to the co		
	* Assess / communicate Intermediate	\top			1		1000		1
	Care Status / downgrade with MD	plot	10000						
				1	1				
		desini					100.000		
		i i i i i i i i i i i i i i i i i i i	Line o						
	processing to the compact of the same of the processing and processing the same of the sam						_	_	
				1	0-6-6	Falls protocol maintained.			
					Safety	* Activity level:	-		\vdash
				167	& Activity	Activity level.			
	Appendix of the second control of the second	7 1 1 1	155		Activity	\$26.C		1.5	
		1 00	100			89.00			
and the second of the second o	Description of the state of the			1			\vdash		
								100	
entre de la companya	Action to the complete the control of the control o			1					
	2 22428			The state of					100
A.	Hygiene & Comfort Protocol			1	1				1
									1
And the second s	Peripheral IV Therapy Protocol	T	1	1	1				9
]				
	Pressure Ulcer Prevention Protocol			1					
e politica de la Companya del Companya de la Companya de la Companya del Companya de la Companya	and the second		_		1				100
	* Respiratory Care provided.								
and a major algreein and a string and the	(See Respiratory Care Record)								
				1					

Univeristy Medical Center

* indicates medical orders needed

Generic Surgical Intermediate

Signature Title Initial

SIGNATURE REQUIRING CO-SIGNATURE

Signature Requiring Co-Signature Date/Shift Initial/Title

ADDRESSOGRAPH

		DES	IRED	OU	ITC	OMES	D = DAYS E = EVENINGS N = NIGH	HTS		
Problem/ Needs	Day 3 Date:	POD#	D	E	N	Problem/ Needs		D	Ε	N
Knowledge Deficit related to plan of care	Patient / famil of anticipated - Disease Pr - Diagnostic - Medication - Transfer to Participates in	ocess Tests					2010 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			And the second control of the second
						Discharge	Discharge needs assessed / identified: Home	-		
Pain Management	after intervent	erbalizes pain relief iion.				Plan	Rehab FacilitySubacute FacSkill Fac. (LTC)			
							Intermediate Care Status: Continue Intermediate Care Discontinue Itermediate Care			
Post-Operative Temperature Elevation	Afebrile						Transfer Discharge			
Elevation						Patient Safety	Remains injury free in a safe environment.			
Immobility due to Surgery / Invasion Procedure	Ambulating					Skin Integrity	No evidence of skin breakdown.			
20.27 8888 7 77						Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
		INTERV	-NTI	ONS	(00	ntinued on bac	(c)			
Patient Care Categories			D	E	N	Patient Care Categories		D	Ε	N
Discharge Plan	Complete Dis	charge Plan for continued Intermediate				Nutrition	* Diet: % of diet consumed:			
	care.						Breakfast% Lunch % Dinner % * Enteral feedings:			
							* Parenteral feedings: TPN/lipids Daily Weight			
						Succession with the contraction to the			eros rokess	

Patient Care	Day 3	POD#	D	E	N	Patient Care	managed 2	D	E	N
Categories	Date:					Categories	and the second	19910000		
	* Cardiac M	onitor	\top	\vdash			Encourage verbalization of fears /			
Assessment						Teaching	concerns.	-		
& Treatments	* Vital signs	q hrs.				& Psychosocial	Learning needs / teaching plan: - Cough / deep breathing			, ,
	1 & O q	_ hrs.	+			rsychosocial	- Incentive spirometry if indicated		San or se	
	D/C Foley		+-		-		Incentive spirometry effort: cc - Activity progression			
							- Incision Care			
	* O ₂ Therap	y:				Andre Control of the	- Medications - Food & Drug Interactions			
	O ₂ Sat q	hrs.					- MD follow-up			
							- Modifiable risk factors			
	1	spirometry q 1 Hr., while					- Pain management			
	awake.	majik di sijas tirasa na seni si mata taking ana a inga sa ana sisa				Barrier en Auron er e fina en anno	- Other:			
	C&DB q 1hr	while awake			3			_		
	* IV fluids as	and and	-	-			Review Clinical Outcomes with patient /			
					3	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	family.	-		\vdash
		change to PIID ange q hrs.	+	-						
	Dressing ch	ange qnrs.			3		ti kangés i Mesépak Syulaya ka			
	,						paral discrept and more forms and			
					8					
The second because of	roamburt are refu to be to be			34,5	ju a		Lab / diagnostics results reviewed; MD			
						Specimens	notified if indicated.			
A STATE OF THE STA	* Tubes and	drains:	T		The same of	&	* Tests / Procedures			• ;
kang sila dinag silasa kang ini 1778-1880						Diagnostics			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- 1	Type:		4_		-					
	* Pain Mana									
	PO	IM PRN Epidural						400	1,11111	
					No.		0.00	40		1
	Cont. IV In		+	-				400		
	* DVT Proph							+-		
	Thigh / Kile	ee high TEDS	+-	-			·			
				ae in	1					
							gnatatopena			
										4
en de la companya de							4.50			1
									125,00	
								ightharpoonup		
						Cofot	Falls protocol maintained.			
						Safety &	* Activity level:	+-		
						Activity	Activity level.			
				163		Acavity	. 9080	1155		
								100		
						t girintiga, maggadara barasa.				4
	Hygiene & C	Comfort Protocol								
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		+-	_						
	Peripheral IN	V Therapy Protocol								
ing the state of t	Description III	one Drougation Destand	+-	-						
	Pressure Ul	cer Prevention Protocol				- 1				
	* Recoirator	y Care provided.	+-	-						
		iratory Care Record)								
	(SSS Nesp									

Univeristy Medical Center

* indicates medical orders needed

Generic Surgical Intermediate

Signature Title Initial

SIGNATURE REQUIRING CO-SIGNATURE

Signature Requiring Co-Signature Date/Shift Initial/Title

ADDRESSOGRAPH

				_	DMES	D = DAYS E = EVENINGS N = NIG	_		
Problem/	Day 4 POD #	D	E	N	Problem/		D	E	٨
Needs	Date:				Needs				
	Patient / family verbalizes understanding				and the second of the second of				
Knowledge	of anticipated plan of care:								
Deficit related	- Disease Process								
o plan of care	- Diagnostic Tests	- 1							
o pian oi care	_								1
	- Medication								
	- Transfer to Medical / Surgical Unit			1					
	Participates in decision making, planning	,						1	ı
	and implementation of care.								
					Discharge	Transferred off Intermediate Care Unit with discharge plan in progress.			T
	Pain free or verbalizes pain relief	+			Plan		\vdash		t
Pain	after intervention.								
Management					1				
	agradient (1 of 1 o				ang si mang manang 1990 (1991).				
	 Afebrile	+	_						
Post-Operative	Alebrie								
Temperature		+							
Elevation									
						Remains injury free in a safe	Π	T	T
					Patient Safety	environment.	_	_	\perp
Immobility due	Ambulating								
to Surgery /		-	-	-		No evidence of skin breakdown.	+	\vdash	÷
Invasion					Skin Integrity	THO CYTICATION OF SKITT BIOGRADOWII.			
Procedure					o.i.i. intogrity		T		T
			<u> </u>		<u> </u>	Patient/family verbalizes satisfaction with	-	-	Ļ
					Patient/Family	hospital stay/care.	-	-	+
					Satisfaction				
	INTER'	/ENTI	ONS	(CC	ntinued on bac	[ck)			
Patient Care		D	E	N	Patient Care		D	E	T
Categories					Categories				L
	Assess need for continued Intermediate					* Diet:			Γ
Discharge	care.			1	Nutrition				
Plan						% of diet consumed:			
						Breakfast%			П
						Lunch%		1	
		- 1				Dinner %	1000	1	۴
						Diffile 70	10000	1-	+
						* Enteral feedings:			l
						* Parenteral feedings:	\vdash	-	+
				1		TPN/lipids		1	
						Daily Weight	+	+	+
				100		Daily Weight			
				4		• Control of the cont	1		_

Patient Care	Day 4	POD #	D	E	N	Patient Care	WHITE	D	E	N
Categories	Date:					Categories				
	* Cardiac M	onitor					Encourage verbalization of fears /			\vdash
Assessment		22500016575				Teaching	concerns.			
&	* Vital signs	q hrs.				&	Learning needs / teaching plan:			\vdash
Treatments						Psychosocial	- Cough / deep breathing			
	1&0q	_ hrs.					- Incentive spirometry if indicated			
							Incentive spirometry effort: cc			
	D/C Foley						- Activity progression	1		
							- Incision Care			
	* O ₂ Therap	y:					- Medications			
							- Food & Drug Interactions			
	O ₂ Sat q	hrs.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- MD follow-up			
				-			- Modifiable risk factors			
	* Incentive s	spirometry q 1 Hr., while					- Pain management			
	awake.						- Other:			
	C&DB q 1hr	. while awake								
							Review Clinical Outcomes with patient /			
	* IV fluids as						family.			
		change to PIID	_				Application of a con-			
	Dressing ch	ange q hrs.					The state of the s			
							The second state of the se	1		
							-			
	100							-		
							Lab / diagnostics results reviewed; MD			
			_			Specimens	notified if indicated.	-		\vdash
	* Tubes and					&	* Tests / Procedures			
						Diagnostics				
	Type:		_							
	* Pain Mana	agement								
L]	PO	IM PRN								
	PCA	Epidural								
		fusion		_						
	* DVT Propi							-	-	\vdash
	i nigh / kne	ee high TEDS	-							
							9 900-00-			
										Ιİ
							man and the second seco			
							Falls protocol maintained.	+		
						Safety	The process results and the second			
denny house				1		& &	* Activity level:	+		
-y -y				1		Activity	Transity in the second	-		
				1		, and the				
								\top		
			1	1		1				
	Hygiene & C	Comfort Protocol		1		1	1			
	,5.0									
	Peripheral I	V Therapy Protocol		1		1				
	- C.ipiioiai i			1						
	Pressure UI	Icer Prevention Protocol				1			1	
	* Respirator	ry Care provided.				1				
		piratory Care Record)			1		1		1	