

UNIVERSITY MEDICAL CENTER  
INTERDISCIPLINARY

**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

**Generic Surgical Intermediate**

**ESTIMATED LOS:** \_\_\_\_\_ Days

**Date placed on map:** \_\_\_\_\_

**INCLUSIONARY CRITERIA:**

All patients admitted to the Intermediate Care Unit will be placed on the Intermediate Care \_\_\_\_\_ unless there is a case type specific \_\_\_\_\_ available for the diagnosis.

**EXCLUSIONARY CRITERIA:**

Remove patients from the Intermediate Care \_\_\_\_\_ if the clinical status / diagnosis changes and there is a case type specific \_\_\_\_\_ available.

**Primary Diagnosis/Procedure:** \_\_\_\_\_

**Pertinent Past Medical History:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Date/Event:** \_\_\_\_\_

**Date/Event:** \_\_\_\_\_

**Date/Event:** \_\_\_\_\_

**RN Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**RN Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**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.

**TRANSFER SUMMARY NOTES:**

**Transfer Date:** \_\_\_\_\_ **Transfer Unit:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Lab Data:**

K: \_\_\_\_\_ WBC: \_\_\_\_\_ Hgb/Hct: \_\_\_\_\_ Cultures: \_\_\_\_\_

**Vital Signs:** Temp: \_\_\_\_\_ Apical Hr. \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_

Cardiac Rhythm: \_\_\_\_\_ Pulse Oximetry Saturation: \_\_\_\_\_

**CV Status:** Peripheral Pulse: \_\_\_\_\_ Edma: \_\_\_\_\_

Condition of skin: \_\_\_\_\_

**Pulmonary Status:**

Lung Sounds: \_\_\_\_\_ O<sub>2</sub> Therapy: \_\_\_\_\_

Secretions: \_\_\_\_\_ Chest Tube: \_\_\_\_\_

**Neuro Status:** Deficits: \_\_\_\_\_

Activity Level: \_\_\_\_\_ Safety Considerations: \_\_\_\_\_

**GI Status:** Bowel Sounds: \_\_\_\_\_ GI/Tubes: \_\_\_\_\_

Diet/Feedings: \_\_\_\_\_

**GU Status:** Urinary Output: \_\_\_\_\_ Voids/Foley: \_\_\_\_\_

**I/O Yesterday:** \_\_\_\_\_ **Today:** \_\_\_\_\_

**Condition of Surgical Wound:** \_\_\_\_\_

**Pain Management:** \_\_\_\_\_

**Summary of Intermediate Care stay:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patients charges completed:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ADDRESSOGRAPH

**D = DAYS E = EVENINGS N = NIGHTS**

[illegible]

## INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N	Patient Care Categories		D	E	N
Discharge Plan	Assess need for Discharge Planning / Social Services based on nursing assessment of home environment / patient condition.				Nutrition	* Diet:			
						% of diet consumed:			
						Breakfast _____%			
						Lunch _____%			
						Dinner _____%			
						High risk nutritional assessment completed.			
						* Enteral feedings:			
					* Parenteral feedings:				
					TPN/lipids				
					Daily Weight				

\* indicates medical orders needed  
Medical Record

**INTERVENTIONS**

Patient Care Categories	Day 1 Date: _____	POD # _____	D	E	N	Patient Care Categories		D	E	N
<b>Assessment &amp; Treatments</b>	* Cardiac Monitor					<b>Teaching &amp; Psychosocial</b>	Encourage verbalization of fears / concerns.			
	* Vital signs q _____ hrs.						Learning needs / teaching plan:			
	I & O q _____ hrs.						- Post-Operative routine			
	* Foley Catheter:						- Cough / deep breathing			
	Date inserted: _____						- Incentive spirometry if indicated			
	Size: _____						Incentive spirometry effort: _____ cc			
	* O <sub>2</sub> Therapy:						- Telemetry			
	O <sub>2</sub> Sat q _____ hrs.						- Pain management			
	* Incentive spirometry q 1 Hr., while awake.						- Other			
	C&DB q 1hr. while awake						Family / visitors present			
	* IV fluids as ordered.					Orientation to Intermediate Care Environment.				
	Surgical site assessed q _____ hrs.					Intermediate Care Card given to patient / family.				
	Dressing change q _____ hrs.					Review Clinical Outcomes with patient / family.				
	<b>Assessment &amp; Treatments</b>	* Tubes and drains:					<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.		
Type: _____					* Tests / Procedures					
Type: _____					* CBC					
* Pain Management					* SMA <sub>7</sub>					
PO _____ IM PRN _____					* PT; PTT					
PCA _____ Epidural _____										
Cont. IV Infusion _____										
* DVT Prophylaxis:										
Thigh / knee high TEDS;										
Venous compression device.										
					<b>Safety &amp; Activity</b>	Falls protocol initiated.				
						* Activity level:				
Hygiene & Comfort Protocol										
Peripheral IV Therapy Protocol										
Pressure Ulcer Prevention Protocol										
* Respiratory Care provided. (See Respiratory Care Record)										

# Generic Surgical Intermediate

Signature	Title	Initial
SIGNATURE REQUIRING CO-SIGNATURE		
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

## DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	Day 2 Date: _____	POD # _____	D	E	N	Problem/Needs	D	E	N
<b>Knowledge Deficit related to plan of care</b>	Patient / family verbalizes understanding of anticipated plan of care:								
	- Intermediate Care Policy / visiting hours								
	- Disease Process / Post-Operative Care								
	- Diagnostic Tests								
	- Medication								
	- Transfer to Medical / Surgical Unit								
	Participates in decision making, planning, and implementation of care.								
<b>Pain Management</b>	Pain free or verbalizes pain relief after intervention.					<b>Discharge Plan</b>	Discharge needs assessed / identified:		
							Home _____		
						Rehab Facility _____			
						Subacute Fac. _____			
						Skill Fac. (LTC) _____			
<b>Post-Operative Temperature Elevation</b>	Afebrile					Intermediate Care Status:			
						_____ Continue Intermediate Care			
						_____ Discontinue Intermediate Care			
						_____ Transfer			
						_____ Discharge			
<b>Immobility due to Surgery / Invasion Procedure</b>	Ambulating					<b>Patient Safety</b>	Remains injury free in a safe environment.		
						<b>Skin Integrity</b>	No evidence of skin breakdown.		
							No evidence of skin breakdown.		
						<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.		

## INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
<b>Discharge Plan</b>	Assess need for continued Intermediate care.			<b>Nutrition</b>	* Diet:		
					% of diet consumed:		
					Breakfast _____ %		
					Lunch _____ %		
					Dinner _____ %		
					* Enteral feedings:		
					* Parenteral feedings:		
					TPN/lipids		
					Daily Weight		

# INTERVENTIONS

Patient Care Categories	Day 2 Date: _____	POD # _____	D	E	N	Patient Care Categories	D	E	N	
<b>Assessment &amp; Treatments</b>	* Cardiac Monitor						<b>Teaching &amp; Psychosocial</b>	Encourage verbalization of fears / concerns.		
	* Vital signs q _____ hrs.							Learning needs / teaching plan:		
	I & O q _____ hrs.							- Post-Operative routine		
	* Foley Catheter:							- Cough / deep breathing		
	Date inserted: _____							- Incentive spirometry if indicated		
	Size: _____							Incentive spirometry effort: _____ cc		
	* O <sub>2</sub> Therapy:							- Telemetry		
	O <sub>2</sub> Sat q _____ hrs.							- Pain management		
	* Incentive spirometry q 1 Hr., while awake.							- Other		
	C&DB q 1hr. while awake							Review Clinical Outcomes with patient / family.		
	* IV fluids as ordered.									
	Surgical site assessed q _____ hrs.									
	Dressing change q _____ hrs.									
							<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.		
						* Tests / Procedures				
* Tubes and drains:										
Type: _____										
Type: _____										
* Pain Management										
PO _____ IM PRN _____										
PCA _____ Epidural _____										
Cont. IV Infusion _____										
* DVT Prophylaxis:										
Thigh / knee high TEDS;										
Venous compression device.										
* Assess / communicate Intermediate Care Status / downgrade with MD										
						<b>Safety &amp; Activity</b>	Falls protocol maintained.			
							* Activity level:			
Hygiene & Comfort Protocol										
Peripheral IV Therapy Protocol										
Pressure Ulcer Prevention Protocol										
* Respiratory Care provided. (See Respiratory Care Record)										

## 2407-2453 (4)

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**D = DAYS E = EVENINGS N = NIGHTS**

Problem/Needs		D	E	N
<b>Discharge Plan</b>	Discharge needs assessed / identified: Home _____ Rehab Facility _____ Subacute Fac. _____ Skill Fac. (LTC) _____			
	Intermediate Care Status: _____ Continue Intermediate Care _____ Discontinue Intermediate Care _____ Transfer _____ Discharge			
<b>Patient Safety</b>	Remains injury free in a safe environment.			
<b>Skin Integrity</b>	No evidence of skin breakdown.			
<b>Patient/Family Satisfaction</b>	Patient/family verbalizes satisfaction with hospital stay/care.			

\* indicates medical orders needed  
Medical Record

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed:			
	Breakfast _____ %			
	Lunch _____ %			
	Dinner _____ %			
	* Enteral feedings:			
	* Parenteral feedings:			
TPN/lipids				
Daily Weight				

**INTERVENTIONS**

Patient Care Categories	Day 3 Date: _____	POD # _____	D	E	N	Patient Care Categories		D	E	N
<b>Assessment &amp; Treatments</b>	* Cardiac Monitor					<b>Teaching &amp; Psychosocial</b>	Encourage verbalization of fears / concerns.			
	* Vital signs q _____ hrs.						Learning needs / teaching plan:			
	I & O q _____ hrs.						- Cough / deep breathing			
	D/C Foley						- Incentive spirometry if indicated			
	* O <sub>2</sub> Therapy:						Incentive spirometry effort: _____ cc			
	O <sub>2</sub> Sat q _____ hrs.						- Activity progression			
	* Incentive spirometry q 1 Hr., while awake.						- Incision Care			
	C&DB q 1hr. while awake						- Medications			
	* IV fluids as ordered.						- Food & Drug Interactions			
	D/C IV _____ change to PIID						- MD follow-up			
	Dressing change q _____ hrs.					- Modifiable risk factors				
						- Pain management				
						- Other:				
						Review Clinical Outcomes with patient / family.				
					<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.				
* Tubes and drains:						* Tests / Procedures				
Type: _____										
Type: _____										
* Pain Management										
PO _____ IM PRN _____										
PCA _____ Epidural _____										
Cont. IV Infusion _____										
* DVT Prophylaxis:										
Thigh / knee high TEDS										
					<b>Safety &amp; Activity</b>	Falls protocol maintained.				
						* Activity level:				
Hygiene & Comfort Protocol										
Peripheral IV Therapy Protocol										
Pressure Ulcer Prevention Protocol										
* Respiratory Care provided. (See Respiratory Care Record)										



**INTERVENTIONS**

Patient Care Categories	Day 4 Date: _____	POD # _____	D	E	N	Patient Care Categories		D	E	N
<b>Assessment &amp; Treatments</b>	* Cardiac Monitor					<b>Teaching &amp; Psychosocial</b>	Encourage verbalization of fears / concerns.			
	* Vital signs q _____ hrs.						Learning needs / teaching plan:			
	I & O q _____ hrs.						- Cough / deep breathing			
	D/C Foley						- Incentive spirometry if indicated			
	* O <sub>2</sub> Therapy:						Incentive spirometry effort: _____ cc			
	O <sub>2</sub> Sat q _____ hrs.						- Activity progression			
	* Incentive spirometry q 1 Hr., while awake.						- Incision Care			
	C&DB q 1hr. while awake						- Medications			
	* IV fluids as ordered.						- Food & Drug Interactions			
	D/C IV _____ change to PIID						- MD follow-up			
	Dressing change q _____ hrs.					- Modifiable risk factors				
						- Pain management				
						- Other:				
						Review Clinical Outcomes with patient / family.				
					<b>Specimens &amp; Diagnostics</b>	Lab / diagnostics results reviewed; MD notified if indicated.				
* Tubes and drains:						* Tests / Procedures				
Type: _____										
Type: _____										
* Pain Management										
PO _____ IM PRN _____										
PCA _____ Epidural _____										
Cont. IV Infusion _____										
* DVT Prophylaxis:					<b>Safety &amp; Activity</b>	Falls protocol maintained.				
Thigh / knee high TEDS						* Activity level:				
Hygiene & Comfort Protocol										
Peripheral IV Therapy Protocol										
Pressure Ulcer Prevention Protocol										
* Respiratory Care provided. (See Respiratory Care Record)										