GENERAL CARE DOCUMENTATION TOOL

ADDRESSOGRAPH

UNIT _____ FROM DATE _____ TO DATE _____

LEGENDS

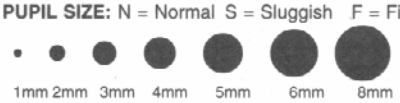
NEUROLOGICAL

GLASGOW COMA SCALE

EYE OPENING	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE
4 = Spontaneous	T = Tubed	6 = Obeys commands
3 = To Speech	5 = Oriented	5 = Localizes Pain
2 = To Pain	4 = Confused	4 = Withdraws
1 = None	3 = Inappropriate	3 = Flexion to pain
0 = Eyes closed by swelling	2 = Incomprehensible	
	1 = None	

GAIT	BREATHING PATTERNS	SPEECH	MUSCLE STRENGTH
A = Ataxic	AP = Apnea	APHA = Aphasia	Ab = Absent
DR = Drags R	CS = Cheyne Stokes	DYS = Dysphasia	U = Unequal
DL = Drags L	HPO = Hypoventilation	H = Halting	W = Weak
S = Staggering	HPR = Hyperventilation	SI = Slurred	
U = Unsteady	IR = Irregular	WS = Word Salad	

PUPIL SIZE: N = Normal S = Sluggish F = Fixed



BRADEN SCALE FOR SKIN RISK ASSESSMENT

Sensory Perception		Moisture		Activity	
Completely Limited	1	Constantly Moist	1	Bedfast	1
Very Limited	2	Very Moist	2	Chairfast	2
Slightly Limited	3	Occasionally Moist	3	Walks Occasionally	3
No Impairment	4	Rarely Moist	4	Walks Frequently	4
Mobility		**Nutrition**		**Friction / Shear**	
Completely Immobile	1	Very Poor	1	Problem	1
Very Limited	2	Probably Inadequate	2	Potential Problem	2
Slightly Limited	3	Adequate	3	No Problem	3
No Limitations	4	Excellent	4		

Score	Degree of Risk
15 - 18	Low Risk
13 - 14	Moderate Risk
12 or less	High Risk

GUIDELINES FOR STAGING OF PRESSURE ULCERS

STAGE I

An observable pressure-related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following:

- Skin temperature (warmth or coolness).
- Tissue consistency (firm or boggy feel) and/or
- Sensation (pain, itching).

The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.

STAGE II

Partial thickness loss of skin involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.

STAGE III

Full-thickness tissue loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

STAGE IV

Full-thickness tissue loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures (e.g. tendon, joint capsule).

Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

UNSTAGEABLE

Wound bed (greater than 50%) is covered with necrotic tissue (eschar and/or slough). Staging of ulcer is not possible.

SAFETY / FALLS

If two of the following are present initiate falls prevention protocol		If one of the following is present initiate Falls Prevention Protocol
A) Significant sensory deficit (blind or deaf)	H) Paralysis/Weakness/Imbalance	1) Fall prior to admit
B) Unable to follow directions	I) Medications: Hypnotic, Narcotics, Sedatives	2) Fall during this or previous admit
C) Confused		3) Post op / Deep Anesthesia or Moderate Sedation
D) Impaired Memory		
E) Diarrhea		
F) Urinary Incontinence		
G) Synscope		

ASSIST DEVICES

C = Cane	w/c = Wheelchair	FWW = Front Wheel Walker
Cr = Crutches	W = Walker	
4C = 4 Point Cane	PW = Platform Walker	

CODE STATUS ☐ FULL ☐ DNR ☐ OTHER _____ ☐ FULL ☐ DNR ☐ OTHER _____ ☐ FULL ☐ DNR ☐ OTHER _____

▲ Describe using legend	DATE _____ Day 1				DATE _____ Day 2				DATE _____ Day 3			
	07 - 19		19 - 07		07 - 19		19 - 07		07 - 19		19 - 07	
	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init	Time / Init

CARDIOVASCULAR STATUS

Defined Limits: Heart rate WNL, Rhythm regular, No extra sounds, Peripheral pulses present, No edema, Capillary refill < 3 sec., Normotensive

Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Tachycardia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bradycardia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ectopy (see Rhythm Strip)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Murmur	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diaphoretic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cyanotic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pallor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flushed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mottled	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Edema	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Location /Severity	____	____	____	____	____	____	____	____	____	____	____	____
Pacer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pulses -Bounding	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diminished	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Absent	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	07-19				07-19				07-19			
* indicates baseline normal for patient												
	19-07				19-07				19-07			

RESPIRATORY STATUS

Defined Limits: Breath Sounds Clear Bilaterally, No Cyanosis, Respiratory Rate and Rhythm Normal, No Risk Aspiration

Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Tachypnea	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____
Bradypnea	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____	☐ Rate____
Shallow	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Diminished	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Labored	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dyspnea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wheezes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Crackles	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sputum	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cough - Dry	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nonproductive	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Productive	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	07-19				07-19				07-19			
* indicates baseline normal for patient												
	19-07				19-07				19-07			

Diagnosis _____

ADDRESSOGRAPH

INTERVENTIONS CARDIOVASCULAR

____ VS q: _____

____ Ted Hose

____ Sequential

~~____ Flexiboot~~

____ Cardiac Monitor

____ Monitor HR and charcteristics

____ Weight _____

____ Elevate arms

____ Elevate legs

____ Pulse checks

Pulse checks q: ____

Location: _____

_____

____ Fluid Restriction

_____ cc/24 hrs

____ Education (see IDCP)

____ Other

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1		Day 2		Day 3	
07-19	19-07	07-19	19-07	07-19	19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19

19-07

Day 2
07-19

19-07

Day 3
07-19

19-07

INTERVENTIONS RESPIRATORY

____ Cough D/B

____ Oxygen

___ NC

___ Mask

____ Titrate O_2 to keep SpO_2 _____

(record changes on RT O_2 flowsheet)

____ Spirometry q _____

____ Suction

____ Trach Care

____ Assess for fever

____ Pulse Ox

____ Monitor for respiratory distress

____ Education (see IDCP)

____ Elevate HOB

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1		Day 2		Day 3	
07-19	19-07	07-19	19-07	07-19	19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19

19-07

Day 2
07-19

19-07

Day 3
07-19

19-07

▲ Describe using legend

	Day 1				Day 2				Day 3			
	07 - 19		19 - 07		07 - 19		19 - 07		07 - 19		19 - 07	
NEUROLOGICAL STATUS												
Defined Limits: Glasgow 4-5-6. Strength Symmetrical, No paresthesis, No Diff. Swallowing, Clear Speech, Alert, Orient to Time/Person/Place												
Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Seizures	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Weakness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Numbness/Tingling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Pupil/EOM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Gait	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
↓ LOC	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dizzy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flaccid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Speech	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Facial Droop	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Confused	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Arm Drift	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Abnormal Glasgow	____	____	____	____	____	____	____	____	____	____	____	____
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

MUSCULOSKELETAL STATUS												
Defined Limits: Active range of motion to all extremities												
Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Paralysis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
↓ ROM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ ↓ Strength	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

FUNCTIONAL / SAFETY												
Defined Limits: No Falls, not at risk												
Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
At Risk	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
▲ Reason Code	____	____	____	____	____	____	____	____	____	____	____	____
Fall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

ADDRESSOGRAPH

INTERVENTIONS NEUROLOGICAL

Chart against interventions that have a start date

✓or time =Done ∅ =Not Done D/C=Discontinued
∅ If an intervention is not done a narrative note must be made

Intervention Start Date	Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
____ Seizure Precaution						
____ Neuro Checks						
Q _____ (see Neuro Flow Sheet)						
____ Assist with ADLs						
____ Eating only with Supervision						
~~OT consult~~						
____ PT consult						
~~CT consult~~						
____ Reorientation						
____ Education (see IDCP)						
____ Other						

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19
19-07
Day 2
07-19
19-07
Day 3
07-19
19-07

INTERVENTIONS MUSCULOSKELETAL

~~Polar Care~~						
____ Traction						
____ CMS check q _____						
~~CPM~~						
____ PT consult						
▲ Ambulate with assitive device						
____ Ambulate						
____ ☐ CG Assist						
____ ☐ Min Assist						
____ ☐ Mod Assist						
____ ☐ Max Assist						
____ ☐ Assist of 2 persons						
____ Education (see IDCP)						
____ Other						

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19
19-07
Day 2
07-19
19-07
Day 3
07-19
19-07

INTERVENTIONS FUNCTIONAL / SAFETY

____ Frequent Toileting						
____ Bed Alarm check q __						
____ Camera						
____ 2 or 3 siderails						
____ Toileting q 2 hrs						
____ Alternative call light						
____ Acute Medical/ Surgical Restraint Management						
____ Education (see IDCP)						
____ Other						

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19
19-07
Day 2
07-19
19-07
Day 3
07-19
19-07

▲ Describe using legend

	Day 1				Day 2				Day 3			
	07 - 19		19 - 07		07 - 19		19 - 07		07 - 19		19 - 07	

GASTROINTESTINAL STATUS

Defined Limits: Abdomen Soft, No Distention, Bowel Sounds Present, No Pain on Palpation, No Diarrhea, No Constipation, No Nausea/Vomiting

Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Diarrhea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nausea/vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hematemesis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Incontinence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bowel Sounds	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hypo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hyper	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Absent	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Melena	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ascites	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distended	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ostomy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

NUTRITION STATUS

Defined Limits: Taking 60% of prescribed diet, chewing without difficulty

Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Meal intake less than 60%	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Unable to Chew	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
TF Residual Time/CC	Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc	
	Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc	
	Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc	
Elevated blood sugar	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other Abn Albumin greater than 3.5 g/dl & Pre Albumin between 19–45 mg/dl												
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

GENITOURINARY STATUS

Defined Limits: Continent, Urine Clear Yellow, No Dysuria, No Pain/Burning on Urination, No Perineal Discharge

Within Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Incontinence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pain/Burning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hematuria	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Retention	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Distended	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Frequency	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
No Void	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Discharge	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ostomy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Foley	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Straight Cath	Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc	
	Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc		Time____ ____cc	
Other Abn												
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

ADDRESSOGRAPH

INTERVENTIONS GASTROINTESTINAL

Chart against interventions that have a start date

✓or time =Done ∅ =Not Done D/C=Discontinued
∅ If an intervention is not done a narrative note must be made

Intervention Start Date	Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
___ Bowel Program						
___ Last BM Date : _____						
___ Toilet q 2 hrs						
___ Ambulate						
___ Instruct in Ostomy Care (refer to Education Section)						
___ NG						
___ Dobhoff						
___ Intermittent suction						
___ NPO						
___ Measure Abd. Girth						
___ Education (see IDCP)						
___ Other						

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19
19-07
Day 2
07-19
19-07
Day 3
07-19
19-07

INTERVENTIONS NUTRITIONAL

___ Modify diet (specify) _____
___ Dentures to Eat
___ NPO ____ Ice Chips
___ Supplement/Snacks
☐ AM ☐ PM ☐ HS
___ Calorie Count
___ Gavage Feeds
___ Tube Feed
☐ Bolus ☐ Continuous
☐ Dobhoff ☐ Peg
Tube feed formula _____
Tube feed goal _____
Bag/set change q 48 hrs
___ Check Residuals
☐ AC ☐ q 4 hrs
___ ~~TPN (TPN protocol # 00905)~~
___ PVN
___ Antiemetic meds (refer to MAR)
___ Oral Care (specify special Instructions) _____
___ Family to bring in foods pt likes
___ Fingerstick Glucose
___ Hypoglycemia Protocol ~~(Form # 10084PF)~~
___ Notify Dietitian
___ Education (see IDCP)

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19
19-07
Day 2
07-19
19-07
Day 3
07-19
19-07

INTERVENTIONS GENITOURINARY

___ Culture
___ Catheter
___ Straight Cath#
☐ Self ☐ Nurse
___ Bladder Scan q _____
___ Irrigation _____
___ Toilet q 2 hrs
___ Urostomy care
___ Education (see IDCP)
___ Other

* For cath > q6° see Vital Sign/Frequent Observation Record

___ Other

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal? **must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1
07-19
19-07
Day 2
07-19
19-07
Day 3
07-19
19-07

▲ Describe using legend

	Day 1				Day 2				Day 3			
	07 - 19		19 - 07		07 - 19		19 - 07		07 - 19		19 - 07	
PSYCHOSOCIAL / SELF-CARE STATUS												
Defined Limits: No Self Care Deficits, Characteristics of Affect: Affect, Appearance, Verbalization Appropriate to Situation, No Signs of Abuse or Neglect upon Admission												
Meets Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
Crying	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anxious	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Combative	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self Care Deficit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Financial	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ADLs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Knowledge Deficit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other Signs of Abuse/Neglect	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Suicidal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			
SKIN STATUS												
Defined Limits: Skin Color Within Patient's Norm, Warm/Dry, Intact. Mucous Membrane Moist. No Rash, Redness. Incision Clean/Dry.												
Meets Defined Limits?	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL	☐ WDL
ABNORMAL												
▲ Braden Score on admission, Q 72 hrs or with significant change of condition	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
* indicates baseline normal for patient	07-19				07-19				07-19			
	19-07				19-07				19-07			

TUBES & DRAINS

A = Accordian
H = Hemovac
J = J tube
JP = JP drain
N = Nephrostomy
P = Penrose
T = T tube
V = Vac

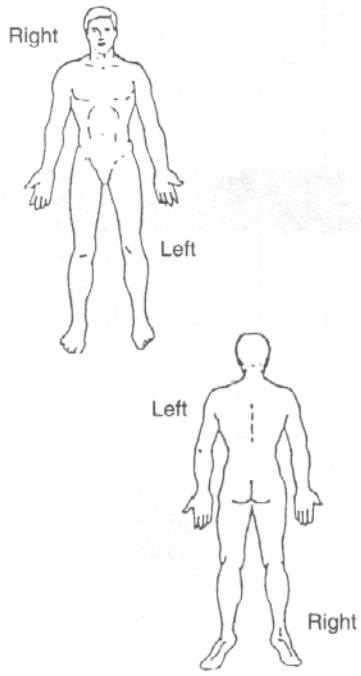
WOUND APPEARANCE

EP = Epithelization
ES = Eschar
G = Granulation (red)
SY = Slough (yellow)

ALTERATIONS IN SKIN INTEGRITY

B = Bruising
BL = Blister
E = Erythema
F = Fistula
HM = Hemotoma
I = Incision
L = Laceration
LK = Leaking
O = Ostomy
R = Rash
St = Stoma
Str = Skin tear
U = Unstageable ulcer
U1 = Stage I ulcer
U2 = Stage II ulcer
U3 = Stage III ulcer
UIV = Stage IV ulcer
W = Wound

LABEL FIGURES WITH APPROPRIATE KEY CODES Q DAY



WOUND/DRAINAGE SITE

Site	#1	#2	#3	#4
Wound appearance				
Exudate Amt				
Small	☐	☐	☐	☐
Moderate	☐	☐	☐	☐
Large	☐	☐	☐	☐
Color/Consistency				
Bloody	☐	☐	☐	☐
Serous	☐	☐	☐	☐
Serosanguinous	☐	☐	☐	☐
Purulent	☐	☐	☐	☐
Other	____	____	____	____
Foul Odor	☐	☐	☐	☐
Surrounding Tissue				
Intact	☐	☐	☐	☐
Weeping	☐	☐	☐	☐
Macerated	☐	☐	☐	☐
Rash	☐	☐	☐	☐
Denuded	☐	☐	☐	☐
Other	____	____	____	____

DAY 1

ADDRESSOGRAPH

INTERVENTIONS PSYCHOSOCIAL

Chart against interventions that have a start date

✓or time =Done ∅ =Not Done D/C=Discontinued
∅ If an intervention is not done a narrative note must be made

Intervention Start Date	Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
___ Social Worker consult						
___ ICM consult						
___ Suicide precaution						
___ Spiritual care consult						
___ Allow time to verbalize feelings and concern						
___ Anti-anxiety Meds (Refer to MAR)						
___ Violent Aggressive Behavior Management (~~See Protocol GA-319~~)						
___ Education (see IDCP)						

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal?

**must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1 07-19

19-07

Day 2 07-19

19-07

Day 3 07-19

19-07

INTERVENTIONS SKIN

	Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
___ Turn q 2 hrs						
___ Float heels						
___ Nutrition consultation *required for Braden < 15 and/or Albumin < 3.2						
___ Specialty bed Specify _____						
___ Dressing changes per order						
___ Head of bed < 30 degrees, except when contraindicated (i.e., tube feedings)						
___ Wound photo with measurement Q 7 days (~~Refer to form # 82315~~)						
Photo Due Date: _____						
~~___ Angiogram site groin radius~~						
___ Other						

PROGRESS TO GOAL / SHIFT EVALUATIONS

Progressing Toward IDCP Goal?

**must have narrative note, time and initial entries

Day 1 07-19	Day 1 19-07	Day 2 07-19	Day 2 19-07	Day 3 07-19	Day 3 19-07
Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **	Y ☐ N ☐ **

Day 1 07-19

19-07

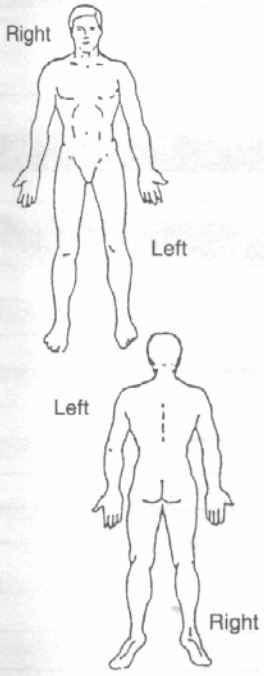
Day 2 07-19

19-07

Day 3 07-19

19-07

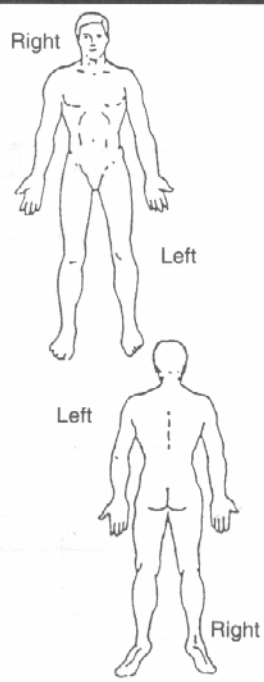
LABEL FIGURES WITH APPROPRIATE KEY CODES Q DAY



ABNORMAL WOUND/DRAINAGE SITE

Site	#1	#2	#3	#4
Wound appearance				
Exudate Amt				
Small	☐	☐	☐	☐
Moderate	☐	☐	☐	☐
Large	☐	☐	☐	☐
Color/Consistency				
Bloody	☐	☐	☐	☐
Serous	☐	☐	☐	☐
Serosanguinous	☐	☐	☐	☐
Purulent	☐	☐	☐	☐
Other	____	____	____	____
Foul Odor	☐	☐	☐	☐
Surrounding Tissue				
Intact	☐	☐	☐	☐
Weeping	☐	☐	☐	☐
Macerated	☐	☐	☐	☐
Rash	☐	☐	☐	☐
Denuded	☐	☐	☐	☐
Other	____	____	____	____

DAY 2



ABNORMAL WOUND/DRAINAGE SITE

Site	#1	#2	#3	#4
Wound appearance				
Exudate Amt				
Small	☐	☐	☐	☐
Moderate	☐	☐	☐	☐
Large	☐	☐	☐	☐
Color/Consistency				
Bloody	☐	☐	☐	☐
Serous	☐	☐	☐	☐
Serosanguinous	☐	☐	☐	☐
Purulent	☐	☐	☐	☐
Other	____	____	____	____
Foul Odor	☐	☐	☐	☐
Surrounding Tissue				
Intact	☐	☐	☐	☐
Weeping	☐	☐	☐	☐
Macerated	☐	☐	☐	☐
Rash	☐	☐	☐	☐
Denuded	☐	☐	☐	☐
Other	____	____	____	____

DAY 3

ISOLATION IN ADDITION TO STANDARD PRECAUTIONS

	DAY 1		DAY 2		DAY 3	
	07-19	19-07	07-19	19-07	07-19	19-07
Airborne Isolation						
Droplet Isolation						
Contact Isolation						
VR Contact						
WBC Precautions						

▲ PHLEBITIS SCALE

0 = No pain, erythema or edema 1+ = Pain, erythema and/or edema 2+ = 1+ streak formation 3+ = Palpable cord

DAY 1 - INFUSION / LINE CARE

☐ No Lines

	Site #1		Site #2		Site #3		Site #4	
	0700-1900	1900-0700	0700-1900	1900-0700	0700-1900	1900-0700	0700-1900	1900-0700
Time / Initial								
Date Inserted								
▲ Phlebitis Scale								
Catheter: Size / Type								
Tubing Change								
Dressing Change								
Convert to Lock								
Change Clave q 7 days / CLC 2000 q 3 day								
D/C Cath Intact								

DAY 2 - INFUSION / LINE CARE

☐ No Lines

	Site #1		Site #2		Site #3		Site #4	
	0700-1900	1900-0700	0700-1900	1900-0700	0700-1900	1900-0700	0700-1900	1900-0700
Time / Initial								
Date Inserted								
▲ Phlebitis Scale								
Catheter: Size / Type								
Tubing Change								
Dressing Change								
Convert to Lock								
Change Clave q 7 days / CLC 2000 q 3 day								
D/C Cath Intact								

DAY 3 - INFUSION / LINE CARE

☐ No Lines

	Site #1		Site #2		Site #3		Site #4	
	0700-1900	1900-0700	0700-1900	1900-0700	0700-1900	1900-0700	0700-1900	1900-0700
Time / Initial								
Date Inserted								
▲ Phlebitis Scale								
Catheter: Size / Type								
Tubing Change								
Dressing Change								
Convert to Lock								
Change Clave q 7 days / CLC 2000 q 3 day								
D/C Cath Intact								

ADDRESSOGRAPH

PHYSICIAN VISIT/CALL

DATE	TIME	MD NAME	FINDINGS REPORTED	VISIT	CALL	TIME OF RESPONSE	ORDERS RECEIVED	INIT
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	
							☐ Y ☐ N	

ADDITIONAL CHARTING

DATE	TIME	

INITIALS / SIGNATURES

	Day 1	Day 2	Day 3
Data Collected by:	_____ Initials/Signature ~~LPN~~ LVN	_____ Initials/Signature LPN	_____ Initials/Signature LPN
Assessment completed by:	_____ Signature RN	_____ Signature RN	_____ Signature RN
Data Collected by:	_____ Initials/Signature LPN	_____ Initials/Signature LPN	_____ Initials/Signature LPN
Assessment completed by:	_____ Signature RN	_____ Signature RN	_____ Signature RN
Data Collected by:	_____ Initials/Signature LPN	_____ Initials/Signature LPN	_____ Initials/Signature LPN
Assessment completed by:	_____ Signature RN	_____ Signature RN	_____ Signature RN

EVALISYS® 3.0 PATIENT CLASSIFICATION SYSTEM – MEDICAL / SURGICAL / ACUTE REHAB

CARE INDICATORS	DAY CARE LEVEL				EVENING CARE LEVEL				NIGHT CARE LEVEL				DAY CARE LEVEL				EVENING CARE LEVEL				NIGHT CARE LEVEL				DAY CARE LEVEL				EVENING CARE LEVEL				NIGHT CARE LEVEL			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
• ADL: Minimum assist/supervise																																				
• Hygiene: Moderate assist/supervise																																				
• Mobility: Moderate assist/supervise																																				
Mobility or hygiene: Maximum assist/supervise																																				
• Diet: Moderate assist/supervise																																				
Diet: Maximum assist/supervise																																				
• IV; or Saline lock with additives																																				
• Assess/Intervene: Average																																				
Assess/Intervene: Above average																																				
Assess/Intervene: Almost constantly																																				
• Care management: Moderately complex																																				
Care management: Very complex																																				
• Weighting factors	✔	✔	.5		✔	✔	.5		✔	✔	.5		✔	✔	.5		✔	✔	.5		✔	✔	.5		✔	✔	.5		✔	✔	.5		✔	✔	.5	
• Total																																				
	Initials/Date/Time				Initials/Date/Time				Initials/Date/Time				Initials/Date/Time				Initials/Date/Time				Initials/Date/Time				Initials/Date/Time				Initials/Date/Time				Initials/Date/Time			

Replace

EVALISYS® 3.0 PATIENT CLASSIFICATION SYSTEM – TELEMETRY

CARE INDICATORS	DAY CARE LEVEL			EVENING CARE LEVEL			NIGHT CARE LEVEL			DAY CARE LEVEL			EVENING CARE LEVEL			NIGHT CARE LEVEL			DAY CARE LEVEL			EVENING CARE LEVEL			NIGHT CARE LEVEL		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
• ADL: Minimum assist/supervise																											
ADL: Moderate assist/supervise																											
ADL: Maximum assist/supervise																											
• IV: Uncomplicated																											
IV: Complex																											
• Assess/intervene: Average																											
Assess/intervene: Above average																											
Assess/intervene: Almost constantly																											
• Condition: Stable																											
Condition: Moderately unstable																											
• Weighting factor		.5			.5			.5			.5			.5						.5			.5			.5	
• Total																											
	Initials/Date/Time			Initials/Date/Time			Initials/Date/Time			Initials/Date/Time			Initials/Date/Time			Initials/Date/Time			Initials/Date/Time			Initials/Date/Time			Initials/Date/Time		

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