

SCA DAILY ASSESSMENT SHEET

DATE _____

HOSPITAL DAY _____

POST OP DAY _____

TIME	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800
TEMP												
NON INVASIVE BLOOD PRESSURE	/	/	/	/	/	/	/	/	/	/	/	/
HR / RHYTHM												
RESPIRATION												
O2 SAT												
ACCUCHECK												
CVP												
INVASIVE ARTERIAL MEAN	/	/	/	/	/	/	/	/	/	/	/	/
PAWP												
CO												
CI												

TIME	1900	2000	2100	2200	2300	2400	100	200	300	400	500	600
TEMP												
BLOOD PRESSURE	/	/	/	/	/	/	/	/	/	/	/	/
HR / RHYTHM												
RESPIRATION												
O2 SAT												
ACCUCHECK												
CVP												
ARTERIAL MEAN	/	/	/	/	/	/	/	/	/	/	/	/
PAWP												
CO												
CI												

DIET TYPE _____ % TAKEN B _____ L _____ D _____
 FL - FULL LIQUID S - SOLID / TYPE
 CL - CLEAR LIQUID NPO

ADMISSION WEIGHT _____ DAILY WEIGHT _____ () STAND () BED SCALE

INTAKE

¹⁸

OUTPUT

	P.O.	I.V.	EPIDURAL	NG	A-LINE	BLOOD	SWAN	CVP	TUBE FDG	TPN	VOID / CATH	STOOL	EMESIS	CT	NG	JP	OTHER	SHIFT TOTALS
0700																		INTAKE 7A - 7P
0800																		P.O. _____
0900																		I.V. _____
1000																		TOTAL _____
1100																		
1200																		OUTPUT 7A - 7P
1300																		URINE _____
1400																		OTHER _____
1500																		TOTAL _____
1600																		
1700																		INTAKE 7P - 7A
1800																		P.O. _____
TOTAL																		I.V. _____
1900																		TOTAL _____
2000																		
2100																		OUTPUT 7P - 7A
2200																		URINE _____
2300																		OTHER _____
2400																		TOTAL _____
0100																		
0200																		24 HRS. TOTAL
0300																		INTAKE
0400																		P.O. _____
0500																		I.V. _____
0600																		TOTAL OUTPUT
																		URINE _____
																		OTHER _____
TOTAL																		TOTAL

✓ = ACTION DONE IS = INSENTIVE SPIROMETRY

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	
EDEMA 0-4																									
TRUNK																									
ARMS																									
LEGS																									
JVD@45 DEGREE																									
RESPIRATIONS																									
REG / IRREG																									
SHALLOW																									
LABORED																									
LUNGS / CLEAR																									
RALES																									
RHONCHI																									
WHEEZES																									
VENTILATOR																									
MODE																									
TRACH CARE																									
ETT TAPE CHG																									
TV																									
FIO2																									
RATE																									
PEEP / CPAP																									
PRESSURE SUPPORT																									
O2 SAT																									
AIRWAY / TRACH																									
ET TUBE																									
SIZE ()																									
CM MARK																									
NASAL O2																									
SUCTION																									
IS																									
SECRECTIONS																									
PURULENT																									
CLEAR																									
FROTHY																									
HEMOPTYSIS																									
WHITE / YELLOW																									
GREEN / BROWN																									
BOWEL SOUNDS																									
ABDS = SOFT																									
D = DISTENDED																									
TF / NG PLACEMENT																									
SCD																									
ANTIEMESIS SOCKS																									
SIDE RAILS																									
UPPER																									
LOWER																									
BED POSITION																									
HI																									
LOW																									
CALL LIGHT IN REACH																									

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	
ORAL CARE																									
A-LINE DRSG CHG																									
AM CARE																									
NG CARE																									
FOLEY CATH CARE																									
AMBULATE																									
POSITION (CODE)																									
UP IN CHAIR																									
TURN/COUGH/D. BREATHE																									

CODE: I - INDEPENDENT
A - ASSIST

AMBULATION

S - SUPINE
R - RIGHT

POSITIONING
I - INDEPENDENT

P - PRONE
L - LEFT

FALL RISK ASSESSMENT

	SCORE	7A - 7P	7P - 7A		
Confused, disoriented, hallucinating, combative	20				
Unstable gait, weakness	20				
Hx of syncope, seizures, postural hypotension	20				
Recent hx of falls	20				
Use of restraints	20				
Paralysis, hemiplegia, stroke, TIA	15				
Post-op condition, sedated	10				
Impaired vision	10				
Drug or alcohol withdrawal	10				
Use of walker, cane (other assistive aids)	10				
Narcotics, diuretics, antihypertensives, hypnotics, tranquils, poly-pharmacy (more than 5 scheduled meds)	10				
Bowel, bladder urgency, incontinent	10				
Equipment with risk for entanglement (IV's O2, feeding tubes, etc.)	10				
Age 70 or above	10				
Age 12 or below	5				
Language barrier	5				
Poor hearing	5				
SCORE	 				
High Risk Interventions Implemented OR In Place (Initial)	 				

A score of **35** or above may indicate the patient is at high risk for falling. These patients at high risk for fall shall have the following interventions implemented. Nursing shall monitor these at least every 2 hours.

- Visually observe patient every 2 hours. If awake, offer comfort measures and toileting.
- Instruct patient and/or family to ask for assistance for any patient activities.
- All items for patient's use will be within easy reach.
- Reassess for safe footwear.
- Reinforce use of assistive devices, if used.
- Reassess for a clutter free, well-lit environment.
- Re-orient and repetitively reinforce use of call bell. Ensure it is within reach.
- Consider a room closer to the nursing station.
- Utilize the Bed Check Alarm System / chair alarms.
- Utilize high-risk identification including green dots on wrist band, door chart, and near room number on the nurse call system.

High risk for fall documentation. Initial below only when high risk interventions in place / implemented.

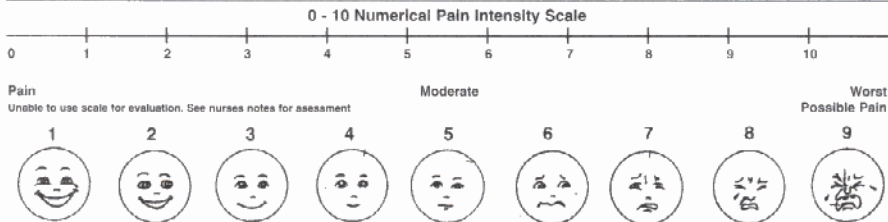
TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	

PAIN ASSESSMENT
 P - PRESENT A - ABSENT

PAIN ASSESSMENT SCALE EXPLAINED?
 YES _____ NO _____

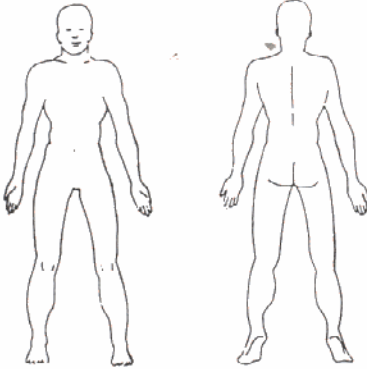
INTERVENTIONS
 M - MEDICATE
 CM - COMFORT MEASURES
 P - PROPHYLACTIC
 O - OTHER

RATING ON PAIN SCALE



Time	Pain Rating	Intervention	Assessment to include location, s/s, effectiveness of intervention

SKIN ASSESSMENT



SKIN INTEGRITY
I - INTACT

INCISION SITE
D & I - DSG DRY & INT
A - APPROXIMATED
ST - STAPLES / SUTURE
T - TRANSPARENT DSG
P - PRESSURE DSG
SS - STERISTRIPS
PI - PINK
S - SEROUS
R - REDDENED
B - BLOODY
PU - PURULENT
CD - CHANGED DRSG.

3B

0700-1900

1900-0700

PRESSURE ULCER RISK ASSESSMENT

MENTAL STATUS

- 1 - ALERT
- 2 - APATHETIC
- 3 - CONFUSED
- 4 - STUPOROUS
- 5 - UNCONSCIOUS

CONTINENCE

- 1 - FULLY CONTROLLED
- 2 - USUALLY CONTROLLED
- 3 - MINIMALLY CONTROLLED
- 4 - ABSENCE OF CONTROL

MOBILITY

- 1 - FULL
- 2 - SLIGHT LIMITED
- 3 - MOVES ONLY WITH ASSIST
- 4 - IMMOBILE

ACTIVITY

- 1 - AMBULATORY
- 2 - WALKS WITH ASSIST
- 3 - CHAIRFAST
- 4 - BEDFAST

NUTRITION

- 1 - GOOD
- 2 - FAIR
- 3 - POOR

TOTAL

LOW RISK <8
MOD RISK 8 - 12
HIGH RISK >12

PATIENT / FAMILY EDUCATION

		7A - 7P	CODE	7P - 7A	CODE
E - EQUIPMENT T - TUBES M - MEDS D - DIET SK - SKIN CARE DX - DISEASE DC - DISCHARGE IV - 02 TCDB	IS - INCENTIVE SPIRO PM - PAIN MGMT. BM - BOWEL MGMT. A - ACTIVITY I - INFECTION P - PROCEDURE POT - PREOP TEACHING O - ORIENTED TO UNIT				
PATIENT EDUCATION					
FAMILY EDUCATION					
SIGNIFICANT OTHER					
V/U - VERBALIZES UNDERSTANDS R/D - RETURN DEMONSTRATION NFT - NEEDS FURTHER TEACHING TR - TEACHING REINFORCEMENT					
PATIENT TEACHING RESPONSE					
FAMILY TEACHING RESPONSE					
+ ASSISTS - DOES NOT	+ PARTICIPATES - DOES NOT				
ASSISTS IN SELF CARE / PARTICIPATES IN DECISIONS RE. CARE					
+ EFFECTIVE INTERACTION - INEFFECTIVE INTERACTION A - NO FAMILY MEMBER PRESENT					
FAMILY PRESENT					
+ EFFECTIVE INTERACTION - INEFFECTIVE INTERACTION					
CHAPLAIN PRESENT					

INITIALS

SIGNATURE & TITLE

INITIALS

SIGNATURE & TITLE

TELEMETRY LOG

DATE:

TIME:

RN:

RATE _____

RHYTHM _____

PR _____ QRS _____

QT _____

COMMENTS:

DATE:

TIME:

RN:

RATE _____

RHYTHM _____

PR _____ QRS _____

QT _____

COMMENTS:

DATE:

TIME:

RN:

RATE _____

RHYTHM _____

PR _____ QRS _____

QT _____

COMMENTS:

