Patient Identification Label

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UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER

Progress Notes

⊙CAUTION: DO NOT USE THESE ABBREVIATIONS: U, IU, QD, QOD, Trailing zero (1.0) never write a zero by itself after a decimal point, lack of leading zero (..1 mg) always use a zero before a decimal point (0.1 mg), MS, MS04, OR MgSO4

Multidisciplinary ICU Daily Rounds Goals

Complete all highlighted sections on every ICU patient every day. Complete other checklist items as they apply. Write the multidisciplinary Daily Goals or Plan of Care in the Daily Goals column.

	Patient Care Issue:	Checklist	Daily Goals:
Neuro	Analgesia, Sedation, Delirium	☐ Y ☐ N Pain control adequate? ☐ Y ☐ N CAM positive? ☐ Restraints (orders up-to-date?) ☐ Y ☐ N Sedation Vacation?	Sedation/Narcotics→Pre-SV dose _____ Sedation/Narcotics→Post-SV dose _____
Pulm	Ventilator	☐ Weaning plan? ☐ Oral Care? (check if ordered)	RT: ☐ SBT: Rate _____ VT_____
	O2	☐ Weaning?	
Invasive Lines	**Foley: Y N** **Need Foley? Y N** Date placed_____	☐ Y ☐ N **Nurse Driven Protocol? Indications:** ☐ Immobilization for surgery or trauma ☐Strict UOP monitoring (hourly UOP to guide volume resuscitation; hemodynamically instability requiring vasopressors; high dose diuretic therapy) ☐Open perineal/sacral wounds with incontinence ☐ Acute ventilator dependent resp failure ☐Acute worsening of mental status ☐Palliative or end of life care	
	CVC: Y N **Need CVC? Y N**	1. Type_____site_____ 2. Type_____site_____ 3. Type_____site_____ **Indications:** __hemodynamic monitoring __Administration of high risk medication __hemodialysis, plasmaphoresis, apheresis __Poor peripheral access (have PIV's been attempted?)	
	Aline: Y N	**Need Aline? Y N** site_____ date placed_____	
CV	Hemodynamics	☐ BP Goal_____ ☐ HR Goal_____ → DVT prophylaxis_____ ☐ Fluid Balance Goal_____	
GI	Nutrition Bowel Pattern	→ Nutrition:_____ → Last BM_____ ☐ GI prophylaxis _____ ☐ Blood Glucose Control/ Type	
Skin	Skin	☐ Y ☐ N Braden <18? Appropriate bed? ☐ Breakdown? Skin care consult? ☐ Breakdown PTA? ☐MD documentation	
Tx	Therapy Note: if Stroke, must have all 3.	→ Activity orders/ PT Consult? ☐ Speech therapy?(check if ordered) ☐ Occupational therapy?(check if ordered)	
To Do:	Plans for test/ treatments/ procedures	→ AM CXR/ labs ordered? ☐ Can labs/BG be discontinued? ☐ Y ☐ N Plans for tests/procedures today?	
	Disposition	→ **Has the family been updated?** → **What needs to be done for the patient to be transferred out of the ICU?**	
	Other/		

RN Signature_____ Date:_____ Time:_____

RT Signature_____ Date:_____ Time:_____

PhysicianSignature_____ Date:_____ Time:_____

Icu Rounding Checklist Template

SA Adler

Icu Rounding Checklist Template:

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