INTRAVENOUS THERAPY

DATE ORDERED	
	PERIPHERAL ☐ CVP ☐ PIC ☐ SL ☐ PORT ☐
	D5 1/3 NS at K.O.
	Date _____ NTG 50mg/250ml D5W 10 mcg/min & titrate
	to max of 100 mcg/min
	Date _____ Heparin qtt protocol
	If (+) MI: Integrillion 2 mcg/kg/min
	BLOOD PRODUCTS:

FLUID RESTRICTIONS:
Total _____ 1st _____cc
Trays _____ 2nd _____cc
3rd _____cc

DIET: Full liq. x 6º then 2 gm NA, ↓ fat, ↓ chol. decaf. bev.

TUBE FEEDING:

ACTIVITY: BR w/ BRP if NOCP

TRAVEL: Bed ☐ Wheelchair ☐ Stretcher ☐ O_2 ☐

BATH: Complete

POSITION: Do not gatch knees

B.M.
DATE:

V.S. q 1º x 4 then q 4º
temp q shift
Neuro Neuro checks q shift

I&O √ q 8º

O_2 O2 per N/C
maintain Sp 02 >90%
Sp 02 q-hr.

DAILY WT. ADM & q day

SPECIAL PROGRAMS:

DATE ORDERED		TIME
	P.T.	
	O.T.	
	SPEECH	
	RADIATION	
	TEACHING	

DATE ORDERED	RESPIRATORY THERAPY

TPN:	LIPIDS:	CHEMO/SPECIAL IV THERAPY:

DATE ORDERED	CONSULTS	NOTIFY	HERE	DATE	SPECIAL COMMENTS & INFORMATION
					Obtain old charts
					Notify attending if :
					SBP <90, HR >120
					U.O < 200 ml/8 hr, or any
					change in condition

ADVANCE DIRECTIVES:

Durable Power of Attorney:

Legal Guardian:

Next of Kin:

In Case of Emergency:

CODE STATUS:

DISCHARGE PLANS DATE NOTIFIE

Discharge Plan Referral:

Social Work Referral:

SIGNIFICANT PAST MEDICAL HISTORY:

DRG/LOS:

BRADEN SCALE:

DIAGNOSIS:

POST DIAGNOSIS OR SURGERY:

ALLERGIES

MEDICAL RECORD NO	PATIENT	ROOM NO	DOCTOR	AGE	ADM. DATE

McLAREN FLINT ROUTINE ACS **NURSING CARE CARD** Use Pencil Only

DATE ORDERED	TREATMENTS & DRESSINGS
	– Avoid venous punctures/no arterial punctures
	– Draw blood from saline lock

DRAINS & PACKING

DATE ORDERED	EQUIPMENT
	Monitor

Ht.

Wt.

CODE STATUS

DATE ORDERED	X-RAY	DATE SCHEDULED

FALL RISK

DATE ORDERED	EKG
	EDK STAT /
	EKG in AM / x 2 days
	EKG STAT for ST
	Seg ↑ / ↓ or chest pain

DATE ORDERED	DAILY LAB WORK

DATE ORDERED	LABORATORY
	Laboratory, STAT CBC, BMP, Mg, Trop
	Troponin q hr. x 4____ ____ ____ ____
	LIPR in AM Hgb A, C with next bloodwork
	If Trop (+), → ord CK & CKMB 12 hrs. after pain

DATE ORDERED	DIAGNOSTIC TESTS/SPECIMENS
	STAT ABG's – cyanosis/dyspnea