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| **SUBJECTIVE/OBJECTIVE** | **ASSESSMENT/PLAN** |
| |  |  | | --- | --- | | **HPI** |  | |  | | |  | | |  | | |  | | |  | | |  | | | **PMH** |  | |  | | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DAY** |  |  |  |  | | **Temp** |  |  |  |  | | **HR** |  |  |  |  | | **BP** |  |  |  |  | | **MAP** |  |  |  |  | | **RR** |  |  |  |  | | **WBC** |  |  |  |  | | **Hgb** |  |  |  |  | | **Hct** |  |  |  |  | | **Plts** |  |  |  |  | | **Gluc** |  |  |  |  | | **BUN** |  |  |  |  | | **SCr** |  |  |  |  | | **Na+** |  |  |  |  | | **K+** |  |  |  |  | | **Cl-** |  |  |  |  | | **CO2** |  |  |  |  | | **Ca2+** |  |  |  |  | | **PO4** |  |  |  |  | | **Mg2+** |  |  |  |  | | **Alb** |  |  |  |  | | **I/O** |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NEURO** | **RASS: \_\_\_\_\_\_\_\_\_\_ RASS Goal: \_\_\_\_\_\_\_\_\_\_ CAM-ICU: \_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | Propofol @\_\_\_\_ mcg/kg/min  Fentanyl @ \_\_\_\_\_ mcg/kg/hr | Precedex @\_\_\_\_\_ mcg/kg/hr  Midazolam @ \_\_\_\_\_\_ mg/hr | | Intermittent Benzodiazepines/Opiates | | | Others: | | |  | | | | **CV** | |  |  | | --- | --- | | **IV Medications:** | **Pressors:** | | Cardene @ \_\_\_\_\_ mg/hr  Labetalol @ \_\_\_\_\_ mg/min  Amio @ \_\_\_\_\_\_ mg/min |  | | **Others:** | | |  | | | **EKG (esp. QTc):** | | | | **PUL** | **Mode of Ventilation/Respiration/Settings:** | | **GI** | **Patient Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PUD Prophylaxis**:  PPI  H2RA:  PLT count > 150k?  **Indication:**  Vent  Coagulopathy  Neuro Trauma  Outpt | | **ENDO** | **24 Hour Blood Sugar Range: \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Method of Glucose Control:**  Insulin Drip—Requirement: \_\_\_\_\_ units/24 hrs  SSI: Insulin Type:  HRI  “Log” | | **HEME** | **DVT Prophylaxis:**  SCDs  SQH  LMWH  N/A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **ID** | |  |  |  | | --- | --- | --- | | **CX** | **ABX** | **DAY** | |  |  |  | |  |  |  | |  |  |  | | **LEVELS** | **TIMING** | | | **VANCO / GENT** |  | | | |
| **PROBLEM LIST** | **PLAN** |
|  | |  |  | | --- | --- | |  | **Renal Dosing Check**  **IV to PO Check**  **Drug Levels Needed**  **Meds/Drips Renewal**  **Other Lab/Studies** | |