

Name/Age/Sex:

MRN:

Date:

ROOM:

Hx; Hospital/Post op day:

Overnight events:

<p><b>NEURO</b> Exam: EVD Y/N cm drainage: Sedation held Y/N Assessment:  Plan:</p>	<p><b>MEDS/ORDERS</b> Sedation? Pain?</p>
<p><b>CV</b> HR: BP: / CI: CO: SVV: MAP:  Exam: Labs:  Echo: Assessment:  Plan:</p>	<p><b>PRESSORS</b>    <b>MEDS/ORDERS</b></p>
<p><b>PULM</b> Vent day # O2% on Mode: TV IP PEEP RR Thigh Tlow RVR Done Y/N RVR ABG/VBG  Exam: CXR: CT: Assessment: SBT?  Plan:</p>	<p><b>MEDS/ORDERS</b></p>
<p><b>GI</b> Nutrition: Enteral/Parenteral/NPO TFs Y/N Rate: Goal Goal Met Y/N Exam: Labs: Drains: Imaging: Assessment:  Plan:</p>	<p><b>GI PPX/MEDS/ORDERS</b></p>

<p><b>RENAL/GU</b> Exam: In:                      Out:                      Net:  Labs:  Foley/Condom? Assessment:  Plan:</p>	<p><b>RENAL/GU MEDS/ORDERS</b></p>
<p><b>HEME/ID</b> Temp: Exam:  Labs: CBC Coags Cultures  Assessment:  Plan:</p>	<p><b>ABX DAY</b>   <b>MEDS/ORDERS</b></p>
<p><b>SKIN/MSK</b> Exam (decubitus ulcers/wound care)  Assessment/Plan:</p>	<p><b>MEDS/ORDERS</b></p>
<p><b>ENDO</b> Labs BG  Assessment/Plan:</p>	<p><b>MEDS/ORDERS</b></p>
<p>DVT PPx GI PPx T/L/Ds Code Status Dispo</p>	<p>RN:  Contact:</p>

**TO-DOS**

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