

PATIENT CHART

Chart for Vincent Brody

STUDENT NAME:	
PATIENT INITIALS:	
CLINICAL DATE(S):	
INSTRUCTOR:	

Vincent Brody		Gender: Male	Allergies: No known allergies	
DOB: 06/28/XX	Age: 67	Height: 172 cm (68 in)	Weight: 70 kg (154 lbs)	MRN: PCS62800
Adm DX: Chronic obstructive pulmonary disease		Adm Date:	Adm Provider: Dr. Janet Jones	
Adv Directive: Full code		Location: Medical Unit	Contact Precaution: Standard	

PATIENT INFORMATION

Marital Status: Married	Religion: Baptist
Next of Kin: Wife (Katherine Brody)	Race: African American
Primary Language: English	Occupation: Retired businessman
<p>History of Present Illness: Patient has complained of increasing fatigue and shortness of breath with activity and inability to sleep well at night. Has also had increased sputum production and cough.</p>	
<p>Past Medical History: Patient has a 50-year history of smoking 2 packs a day and has continued to smoke despite health care providers' recommendations to quit. During the last year he has had 2 COPD exacerbations.</p>	
<p>Immunizations: Up to date</p>	
<p>Surgeries/Procedures: None</p>	
<p>Social History: Married for 42 years, has three grown children. Retired businessman.</p>	

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NURSING NOTES

Date:	Order:
Initials:	Nurse Signature:

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PROVIDER'S ORDERS

Date:	Order:
	<p>Diet: regular, encourage fluids</p> <p>Activity: up as tolerated</p> <p>Continuous SpO₂ monitoring and vital signs every 5 minutes x 1 hour, then every 4 hours</p> <p>Oxygen per nasal cannula at 2 L/min, titrate to keep SpO₂ greater than 90%</p> <p>IV: D5 ½ normal saline with 20 mEq KCL at 100 mL/hour</p> <p>Incentive spirometry every 2 hours</p> <p>Meds:</p> <p>Albuterol 2.5 mg in 3 mL normal saline via nebulizer every 4 hours</p> <p>Methylprednisolone 125 mg IV x 1 now</p> <p>Prednisone 20 mg PO three times per day, first dose tomorrow.</p> <p>Labs:</p> <p>CBC</p> <p>BMP</p> <p>BNP</p> <p>Troponin</p> <p>CK-MB</p> <p>ABG</p> <p>Chest x-ray portable (PA)</p>
Initials:	Provider Signature:
JJ	Janet Jones, MD

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PROVIDER'S STAT ORDERS

Date:	Order:
1510	Continuous ECG and SpO ₂ monitoring Oxygen to obtain SpO ₂ greater than 90% Obtain thoracotomy tray and a chest tube set-up with a 24 French chest tube Chest x-ray before and after chest tube insertion Morphine 2 mg IV push prior to chest tube insertion
Initials:	Provider Signature:

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INTAKE & OUTPUT

Time/ date	Intake					Output				
	Oral	Tube feed	IV	IVPB	Other	Urine	Emesis	NG	Drains type	Other
23-07										
Shift total:										
07-15										
Shift total:										
15-23										
Shift total:										

This is a worksheet to be used at the bedside to keep track of each intake and output. The totals will then be recorded on the 24 Hour Fluid Balance Sheet

Fluid Measurements

- 1 cc = 1 mL
- 1 ounce = 30 mL
- 8 ounces = 240 mL
- 1 cup = 8 ounces = 240 mL
- 4 cups = 32 ounces = 1 quart or 1 liter = 1000 mL

Sample Measurements

- Coffee cup = 200 mL
- Clear glass = 240 mL
- Milk carton = 240 mL
- Small milk carton = 120 mL
- Juice, gelatin or ice cream cup = 120 mL
- Soup bowl = 160 mL

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NURSING ASSESSMENT FLOWSHEET

<p>GENERAL APPEARANCE: <input type="checkbox"/> awake <input type="checkbox"/> cheerful <input type="checkbox"/> crying <input type="checkbox"/> sleeping <input type="checkbox"/> lethargic <input type="checkbox"/> calm <input type="checkbox"/> agitated <input type="checkbox"/> anxious <input type="checkbox"/> combative <input type="checkbox"/> fearful</p> <p>SKIN: <input type="checkbox"/> (see wound care sheet) <input type="checkbox"/> see nursing notes Braden scale score: <input type="checkbox"/> risk skin breakdown COLOR: <input type="checkbox"/> acyanotic <input type="checkbox"/> pale <input type="checkbox"/> ruddy <input type="checkbox"/> jaundiced <input type="checkbox"/> cyanotic TEMP: <input type="checkbox"/> warm/dry <input type="checkbox"/> hot <input type="checkbox"/> cool <input type="checkbox"/> cold/clammy <input type="checkbox"/> diaphoretic TURGOR: <input type="checkbox"/> < 3 sec <input type="checkbox"/> > 3 sec HAIR: <input type="checkbox"/> shiny <input type="checkbox"/> dry/faking <input type="checkbox"/> balding <input type="checkbox"/> lesions <input type="checkbox"/> lice</p> <p>NEUROLOGICAL: <input type="checkbox"/> see nursing notes ORIENTATION: <input type="checkbox"/> person <input type="checkbox"/> place <input type="checkbox"/> time <input type="checkbox"/> Disoriented: <input type="checkbox"/> confused <input type="checkbox"/> impaired memory RESPONDS TO: <input type="checkbox"/> name <input type="checkbox"/> stimuli <input type="checkbox"/> non-responsive SPEECH: <input type="checkbox"/> clear <input type="checkbox"/> garbled <input type="checkbox"/> slurred <input type="checkbox"/> aphasic <input type="checkbox"/> inappropriate <input type="checkbox"/> cannot follow conversation FACE: <input type="checkbox"/> symmetrical <input type="checkbox"/> drooping <input type="checkbox"/> drooling EYES: <input type="checkbox"/> PERRLA <input type="checkbox"/> unequal <input type="checkbox"/> drooping lid SIGHT: <input type="checkbox"/> no correction <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> blind HEARING: <input type="checkbox"/> WNL <input type="checkbox"/> HOH <input type="checkbox"/> hearing aid Hx: <input type="checkbox"/> seizures <input type="checkbox"/> CVA <input type="checkbox"/> brain injury <input type="checkbox"/> spinal injury <input type="checkbox"/> other</p> <p>MUSCULOSKELETAL: <input type="checkbox"/> see nursing notes GAIT: <input type="checkbox"/> steady <input type="checkbox"/> unsteady <input type="checkbox"/> non-ambulatory ACTIVITY: <input type="checkbox"/> up ad lib <input type="checkbox"/> walker <input type="checkbox"/> cane <input type="checkbox"/> crutches <input type="checkbox"/> wheelchair Assist: <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> lift <input type="checkbox"/> bed bound HAND GRIPS: Amputation <input type="checkbox"/> right <input type="checkbox"/> left Location _____ RIGHT: <input type="checkbox"/> strong <input type="checkbox"/> weak <input type="checkbox"/> flaccid <input type="checkbox"/> contractures LEFT: <input type="checkbox"/> strong <input type="checkbox"/> weak <input type="checkbox"/> flaccid <input type="checkbox"/> contractures ROM: ARMS: <input type="checkbox"/> full <input type="checkbox"/> weak <input type="checkbox"/> flaccid <input type="checkbox"/> contractures LEGS: <input type="checkbox"/> full <input type="checkbox"/> weak <input type="checkbox"/> flaccid <input type="checkbox"/> contractures <input type="checkbox"/> TED hose AMPUTATION: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> BKA <input type="checkbox"/> AKA <input type="checkbox"/> other SPINE: <input type="checkbox"/> kyphosis <input type="checkbox"/> scoliosis <input type="checkbox"/> osteoporosis OTHER: <input type="checkbox"/> Cast location: _____ <input type="checkbox"/> Traction _____</p>	<p>RESPIRATORY: <input type="checkbox"/> see nursing notes RESPIRATIONS: Rate _____ O2 _____ SPO2 _____ % <input type="checkbox"/> reg <input type="checkbox"/> even <input type="checkbox"/> irreg <input type="checkbox"/> labored <input type="checkbox"/> uses accessory muscles <input type="checkbox"/> cough BREATH SOUNDS: RIGHT: <input type="checkbox"/> clear <input type="checkbox"/> crackles <input type="checkbox"/> wheezes <input type="checkbox"/> decreased <input type="checkbox"/> absent Left: <input type="checkbox"/> clear <input type="checkbox"/> crackles <input type="checkbox"/> wheezes <input type="checkbox"/> decreased <input type="checkbox"/> absent THORAX: <input type="checkbox"/> even expansion <input type="checkbox"/> uneven expansion SMOKING: cigarettes pk/day _____ <input type="checkbox"/> cigars <input type="checkbox"/> marijuana <input type="checkbox"/> cocaine</p> <p>GASTROINTESTINAL/NUTRITION <input type="checkbox"/> see nursing notes APPEARANCE: <input type="checkbox"/> flat <input type="checkbox"/> round <input type="checkbox"/> obese <input type="checkbox"/> soft <input type="checkbox"/> gravid BOWEL SOUNDS: <input type="checkbox"/> active <input type="checkbox"/> hypoactive <input type="checkbox"/> hyperactive <input type="checkbox"/> absent PALPATION: <input type="checkbox"/> non-tender <input type="checkbox"/> tender (location) _____ <input type="checkbox"/> mass (location) _____ LAST BM: _____ <input type="checkbox"/> incontinent <input type="checkbox"/> stoma- _____ <input type="checkbox"/> constipation <input type="checkbox"/> diarrhea <input type="checkbox"/> mucous <input type="checkbox"/> blood Diet: _____ <input type="checkbox"/> impaired swallowing <input type="checkbox"/> choking <input type="checkbox"/> NG tube Color drainage _____ <input type="checkbox"/> Feeding tube <input type="checkbox"/> tube feeding Type: _____ Rate: _____</p> <p>GENITOURINARY: <input type="checkbox"/> see nursing notes <input type="checkbox"/> Voids <input type="checkbox"/> catheter <input type="checkbox"/> stoma APPEARANCE OF URINE: <input type="checkbox"/> clear <input type="checkbox"/> light yellow <input type="checkbox"/> amber <input type="checkbox"/> brown <input type="checkbox"/> cloudy <input type="checkbox"/> sediment <input type="checkbox"/> red/wine <input type="checkbox"/> clots BLADDER: <input type="checkbox"/> soft <input type="checkbox"/> firm/distended <input type="checkbox"/> incontinent</p> <p>FEMALES: LMP: _____ <input type="checkbox"/> WNL <input type="checkbox"/> dysmenorrheal Birth control: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> BSE monthly <input type="checkbox"/> menopause <input type="checkbox"/> taking estrogen</p> <p>SEXUALITY: <input type="checkbox"/> sexually active <input type="checkbox"/> safe sex MED Hx: <input type="checkbox"/> urinary retention <input type="checkbox"/> BPH <input type="checkbox"/> Frequent UTI</p>
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NURSING ASSESSMENT FLOWSHEET – CONTINUED

<p>CARDIOVASCULAR: [] see nursing notes HEART SOUNDS: [] normal S1-S2 [] Abnormal S3-S4 [] murmur PULSE: APICAL: [] reg [] irreg [] strong [] faint RADIAL: [] reg [] irreg [] strong [] faint [] nonpalpable PEDALIS: [] reg [] irreg [] strong [] faint [] nonpalpable EXTREMITY COLOR & TEMP: [] warm [] cool [] cold [] acyanotic [] cyanotic [] discolor EDEMA: [] none [] generalized (anasarca) Site #1 _____ [] pitting [] 1+ [] 2+ [] 3+ [] 4+ [] non-pitting Site #2 _____ [] pitting [] 1+ [] 2+ [] 3+ [] 4+ [] non-pitting CAPILLARY REFILL: Fingers [] brisk [] slow Toes: [] brisk [] slow Hx: [] Pacemaker [] HTN [] CAD [] CHF [] PVD Other: _____</p>	<p>PAIN ASSESSMENT: [] see nursing notes [] see MAR PRECIPITATING: _____ QUALITY: _____ REGION: _____ SEVERITY 0-10/10: Now ____ at worst ____ at best ____ TIMING: _____</p> <p>SAFETY: [] see nursing notes [] Fall risk PRECAUTIONS: [] side rails x _____ [] bed down [] call light [] nightlight [] restraints [] wrist [] vest</p> <p>DISCHARGE/TEACHING: [] see nursing notes NEEDS: _____ _____</p> <p>TYPE OF LEARNER: [] visual [] auditory [] kinesthetic Educational level _____ Family present: [Y] [N]</p>
<p>FLUID BALANCE [] see nursing notes INTAKE: [] PO [] IV: Solution: _____ Rate _____ ml/hr SITE LOCATION: _____ [] clean [] patent [] redness [] swelling [] cool [] hot [] pain [] tubing change [] dressing change MUCOUS MEMBRANES: [] moist [] pink [] dry [] sticky [] coated Today's wt: _____ Yesterday's wt: _____</p>	<p>NURSE SIGNATURE: Time completed: REASSESSMENT: TIME _____ [] no change [] see nurses notes [] initials ____ TIME _____ [] no change [] see nurses notes [] initials ____ TIME _____ [] no change [] see nurses notes [] initials ____</p>

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LABORATORY

Time:						
Arterial Blood Gas						
Oxygen flow (L/min or %)						
pH (7.35-7.45)						
PCO ₂ (35-45 mmHg)						
PO ₂ (80-100 mmHg)						
HCO ₃ ⁻ (22-26 mEq/L)						
Base excess (±2)						
SaO ₂ (>95%)						
Venous Blood Analysis						
Complete Blood Count:						
Hgb (13.5-17.5 g/dL)	16.5					
HCT (40-45%)	49*					
WBC (5-11*10 ⁹)	7					
Platelets (150-400*10 ⁹)	158					
Basic Metabolic Panel:						
Na ⁺ (135-143 mEq/L)	135					
K ⁺ (3.5-5.1 mEq/L)	4.1					
Cl ⁻ (90-110 mEq/L)	100					
HCO ₃ ⁻ (22-26 mEq/L)	26					
BUN (8-23 mg/dL)	14.2					
Creatinine (0.6-1.1 mg/dL)	1.1					
Glucose (70-110 mg/dL)	90					
Miscellaneous:						
Prothrombin time (10-14 s)						
INR (0.8-1.1)						
APTT (25-40 s)						
CRP (<10 mg/L)						
D-dimer (<0.5 mcg/mL)	0.3					
CK-MB (0-4.9 ng/mL)	0.5					
Troponin T (0-0.1 ng/mL)	0.0					
BUN (< 167 pg/mL)	89.9					
Lactate (0.5-2.2 mmol/L)						

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SBAR

Before calling the provider:

1. Assess the patient
2. Have charts and relevant information in front of you

SBAR Report	Patient Information	Notes
Situation	Identify yourself: Patient's name and reason for report: Concerns:	
Background	History includes: Current problems are: Any patient complaints:	
Assessment	Vital signs: Pain level: Lab values: Interventions completed: Give your conclusions:	
Recommendation	What I need from you is: Be specific about a time frame: Suggestions for tests/treatments: Verify orders and when to call back:	