

24 Hour Care Sheet

Label

DATE: _____

LOS: _____

POD #: _____

	7a	3p	11p
Pain Meds/ PCA Epidural			
FALLS RISK	Score _____ High Y N Risk?	Score _____ High Y N Risk?	Score _____ High Y N Risk?
NEURO:			
VITALS:	HR _____ RR _____ Temp _____ BP _____ O ₂ Sat _____ Rhythm _____	HR _____ RR _____ Temp _____ BP _____ O ₂ Sat _____ Rhythm _____	HR _____ RR _____ Temp _____ BP _____ O ₂ Sat _____ Rhythm _____
PULMONARY: VENT:	O ₂ _____ LPM via _____ Mode _____ TV _____ Rate _____ FiO ₂ _____ PEEP _____ PS _____ Trach size _____ CPAP _____ BPAP _____ Resp Tx _____ Incentive Spirometer Y N	O ₂ _____ LPM via _____ Mode _____ TV _____ Rate _____ FiO ₂ _____ PEEP _____ PS _____ Trach size _____ CPAP _____ BPAP _____ Resp Tx _____ Incentive Spirometer Y N	O ₂ _____ LPM via _____ Mode _____ TV _____ Rate _____ FiO ₂ _____ PEEP _____ PS _____ Trach size _____ CPAP _____ BPAP _____ Resp Tx _____ Incentive Spirometer Y N
METABOLIC:	Accuchecks _____ Sliding Scale _____	Accuchecks _____ Sliding Scale _____	Accuchecks _____ Sliding Scale _____
IV:	Site/ Date: _____ IVF: _____	Site/ Date: _____ IVF: _____	Site/ Date: _____ IVF: _____
GI/GU:	Foley Y N Output _____ Size/Date _____ # of Cath days _____ CBI _____ Hemovac/JP _____ Incontinent _____ VAC _____ BM _____ Flexiseal _____	Foley Y N Output _____ Size/Date _____ # of Cath days _____ CBI _____ Hemovac/JP _____ Incontinent _____ VAC _____ BM _____ Flexiseal _____	Foley Y N Output _____ Size/Date _____ # of Cath days _____ CBI _____ Hemovac/JP _____ Incontinent _____ VAC _____ BM _____ Flexiseal _____
STRICT I&O:	Chest Tube: _____ NGT _____ H ₂ O Sealed/Suction L _____ O _____	Chest Tube: _____ NGT _____ H ₂ O Sealed/Suction L _____ O _____	Chest Tube: _____ NGT _____ H ₂ O Sealed/Suction L _____ O _____
Critical Results (Rad/ Lab)			
Misc. Comments			
disciplinary Rounds:			
EB Daily Goal			
RN:			