CVICU

Room #: _____

Patient Label

Height: _____ Weight: _____

Code status: _____

Dx/ Admission date: _____

Allergies: _____

Isolation: Yes ☐ No ☐ Type: _____

+ For: _____

Doctors	Specialty

Hx:

Neuro

A&O: _____

Pain Meds: _____

Last pain med: _____ Sedation level: _____

Lines

_____

_____

_____

_____

Respiratory

RA_____ NC_____ Oxy-Mask_____ O2: _____

BiPAP: _____ IPAP: _____ EPAP: _____ FiO2: _____

ETT/Trach size: _____ Placement: _____

Vent settings Mode: _____

FiO2: ____ PEEP: _____ RR: _____ TV: _____ PS: _____

IV Therapy	Rate

Cardio

HR: _____ Rhythm: _____

BP: _____ PPM/AICD: _____

Device: _____ Edema: _____

Temp_____ SCDs: _____ Pulses: _____

Plan of care: _____

_____

_____

_____

GI/GU

NG/OG: _____ Tube Feed: _____

Diet: _____ AC: _____

Last BM: _____ Rectal Tube: _____

Foley: _____ External Urinary device: _____

Urine Output/ Last 12 hrs: _____

To do: _____

_____

_____

Integumentary

Wounds: _____

_____

_____

Password:_____

Contacts: _____

_____

Labs: