



CVICU

Room #: _____

Code status: _____

Allergies: _____

Isolation: Yes ☐ No ☐ Type: _____

+ For: _____

Doctors

Specialty

Neuro

A&O: _____

Pain Meds: _____

Last pain med: _____ Sedation level: _____

Respiratory

RA _____ NC _____ Oxy-Mask _____ O2: _____

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

ETT/Trach size: _____ Placement: _____

Vent settings Mode: _____

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

Cardio

HR: _____ Rhythm: _____

BP: _____ PPM/AICD: _____

Device: _____ Edema: _____

Temp _____ SCDs: _____ Pulses: _____

GI/GU

NG/OG: _____ Tube Feed: _____

Diet: _____ AC: _____

Last BM: _____ Rectal Tube: _____

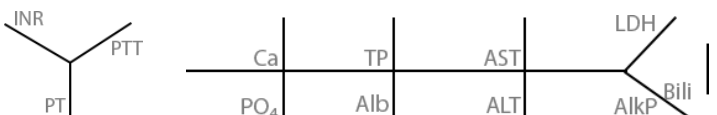
Foley: _____ External Urinary device: _____

Urine Output/ Last 12 hrs: _____

Integumentary

Wounds: _____

Labs:



Patient Label

Height: _____ Weight: _____

Dx/ Admission date: _____

Hx:

Lines

IV Therapy

Rate

Plan of care: _____

To do: _____

Password: _____

Contacts: _____
