

Patient name:	Patient number:	Male / Female	Age	Ht. (cm)	Wt. (kg)	Date:	Time in:	Time out:
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Problem List	↑ HR <input type="text"/> ↓	↑ BP <input type="text"/> ↓	↑ RR <input type="text"/> ↓	↑ SpO ₂ <input type="text"/> ↓	↑ Temp <input type="text"/> ↓	Pain (0-10)	UO (ml)									
	↑WBC↓	↑Hb↓	↑Pit↓	↑INR↓	↑Glu↓	↑Na↓	↑K↓	↑Ca↓	↑pH ↓	↑PO ₂ ↓	↑PCO ₂ ↓	↑HCO ₃ ↓	↑Lac↓	↑Billi↓	↑BUN ↓	↑Cr↓
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Findings	History	Code Status	Allergies	Home Medications	Current Medications	Interventions
	<input type="checkbox"/> Unknown <input type="checkbox"/> Previously healthy <input type="checkbox"/> CHF <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Chronic liver failure <input type="checkbox"/> Chronic renal failure <input type="checkbox"/> Diabetes	<input type="checkbox"/> Cancer <input type="checkbox"/> Chemotherapy <input type="checkbox"/> AIDS <input type="checkbox"/> Other:	<input type="checkbox"/> Full code <input type="checkbox"/> DNI <input type="checkbox"/> DNR <input type="checkbox"/> DNI & DNR <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown <input type="checkbox"/> No allergies <input type="checkbox"/> Penicillin <input type="checkbox"/> Other:	<input type="checkbox"/> Unknown <input type="checkbox"/> No medications <input type="checkbox"/> Opioids <input type="checkbox"/> Sedatives <input type="checkbox"/> Anticoagulants <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Insulin	<input type="checkbox"/> Beta blockers <input type="checkbox"/> Steroids <input type="checkbox"/> Antibiotics <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other:

Rounding checklist: System based plan of care

 <ul style="list-style-type: none"> <input type="checkbox"/> Sedation break <input type="checkbox"/> Delirium <input type="checkbox"/> Pain treatment 	 <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular medications 	 <ul style="list-style-type: none"> <input type="checkbox"/> Lung protective vent. <input type="checkbox"/> Spont. breathing trial <input type="checkbox"/> Head elevation 	 <ul style="list-style-type: none"> <input type="checkbox"/> Fluid balance reviewed <input type="checkbox"/> Electrolytes reviewed 	 <ul style="list-style-type: none"> <input type="checkbox"/> Glucose control <input type="checkbox"/> Ulcer prophylaxis <input type="checkbox"/> Nutrition <input type="checkbox"/> Bowel protocol 	 <ul style="list-style-type: none"> <input type="checkbox"/> Venous thrombosis prophylaxis 	 <ul style="list-style-type: none"> <input type="checkbox"/> Antimicrobials reviewed 	 <ul style="list-style-type: none"> <input type="checkbox"/> Skin integrity <input type="checkbox"/> Wound care reviewed 	 <ul style="list-style-type: none"> <input type="checkbox"/> Medications reviewed 	 <ul style="list-style-type: none"> <input type="checkbox"/> Devices reviewed 	 <ul style="list-style-type: none"> <input type="checkbox"/> Physical therapy 	 <ul style="list-style-type: none"> <input type="checkbox"/> Family present <input type="checkbox"/> Goals of care/ Social 	 <ul style="list-style-type: none"> <input type="checkbox"/> Safe for ICU discharge
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