

NIGHT

Nurse: Signature:

A AIRWAY O2 delivery device: NP HM NRB mask ETT

B INSPIRATORY / EXPIRATORY SOUNDS Auscultation zone: Left Right

Apex: Mid-zone: Bases:

WORK OF BREATHING

- Reduced breath sounds
Normal breath sounds
Moderate breath sounds
Severe breath sounds

C CARDIOVASCULAR

Rhythm: SCDs: Capillary refill time: seconds

D DISABILITY

PCA prescription checked: Confusion: Delirium score: Agitation:

G GASTROINTESTINAL

Abdomen: Bowel sounds: Enteric tube instu: Free drainage: Feeding protocol: Position confirmed on x-ray: Last bowel movement: Date: Type:

I INTEGUMENT

Skin temperature: Skin colour: Mouth: Wound care plan started: Inspected / Phlebitis score:

TV ACCESS / URINARY CATHETER

Site: Wound care plan started: Inspected / Phlebitis score:

S SAFETY

- O2 level correct & functioning
Suction connected & functioning
Emergency equipment checked
Monitor alarms on & limits set

NOTES

AM

Nurse: Signature:

A AIRWAY O2 delivery device: NP HM NRB mask ETT

B INSPIRATORY / EXPIRATORY SOUNDS Auscultation zone: Left Right

Apex: Mid-zone: Bases:

WORK OF BREATHING

- Reduced breath sounds
Normal breath sounds
Moderate breath sounds
Severe breath sounds

C CARDIOVASCULAR

Rhythm: SCDs: Capillary refill time: seconds

D DISABILITY

PCA prescription checked: Confusion: Delirium score: Agitation:

G GASTROINTESTINAL

Abdomen: Bowel sounds: Enteric tube instu: Free drainage: Feeding protocol: Position confirmed on x-ray: Last bowel movement: Date: Type:

I INTEGUMENT

Skin temperature: Skin colour: Mouth: Wound care plan started: Inspected / Phlebitis score:

TV ACCESS / URINARY CATHETER

Site: Wound care plan started: Inspected / Phlebitis score:

S SAFETY

- O2 level correct & functioning
Suction connected & functioning
Emergency equipment checked
Monitor alarms on & limits set

NOTES

PM

Nurse: Signature:

A AIRWAY O2 delivery device: NP HM NRB mask ETT

B INSPIRATORY / EXPIRATORY SOUNDS Auscultation zone: Left Right

Apex: Mid-zone: Bases:

WORK OF BREATHING

- Reduced breath sounds
Normal breath sounds
Moderate breath sounds
Severe breath sounds

C CARDIOVASCULAR

Rhythm: SCDs: Capillary refill time: seconds

D DISABILITY

PCA prescription checked: Confusion: Delirium score: Agitation:

G GASTROINTESTINAL

Abdomen: Bowel sounds: Enteric tube instu: Free drainage: Feeding protocol: Position confirmed on x-ray: Last bowel movement: Date: Type:

I INTEGUMENT

Skin temperature: Skin colour: Mouth: Wound care plan started: Inspected / Phlebitis score:

TV ACCESS / URINARY CATHETER

Site: Wound care plan started: Inspected / Phlebitis score:

S SAFETY

- O2 level correct & functioning
Suction connected & functioning
Emergency equipment checked
Monitor alarms on & limits set

NOTES