

Nursing V
Coordinating and Improving Care
Clinical Handbook
MAKE ASSIGNMENT SHEET

PREP P1RN PRIMARY NURSE Working with Faculty

Predict and Manage Potential Complications

Collect background information on 2 patients- history, other pre-existing conditions, diet, medications, treatments, functional ability work with faculty or primary nurse. Complete brainsheet and SBARS and SHAMLDC3's on both patients.

Visit each patient and perform an assessment

Answer the following questions patient 1:

What are you on alert for with this patient?

What are the most important assessments to make?

What complications could occur?

What interventions could prevent these complications?

How will you prioritize implementation of nursing interventions? Explain.

What actions would you take for each complication should it occur?

Who would you call if something goes wrong?

What would you need to communicate when speaking with the provider?

Prep One PRIMARY NURSE Working with Faculty

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Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest

BR Priv Commode Neuro Checks Restraints Bed Alarms

Precautions- FALL — Elope

LOC Diet

AOx3 NPO

CDIFF MRSA VRE FLU D P P Strict I&O

OBS 1:1 Neutropenic Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
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IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

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Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D

AV Paced AICD Block 1 2 3 PAC's PVC's

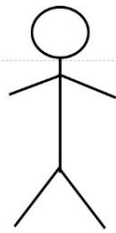
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Pulses: R I W T B Doppler

Pulse Trend: _____100—90—80—70—60—50_____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other

Edema 0 1 2 3 4 P W T G



PULMONARY — O2@_____L NC VM PRB NRB CPAP BIPAP FIO2_____ TRACH # F NF C U

Breath Sounds: Clear Diminished Coarse Wheezes Crackles

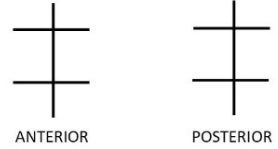
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Treatments: Nebes _____ ISP _____ CPT

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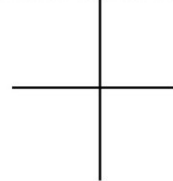
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Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

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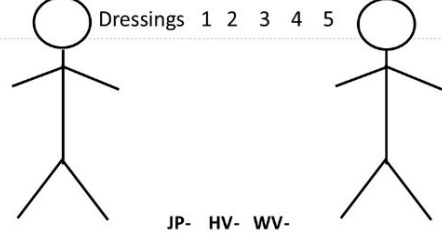
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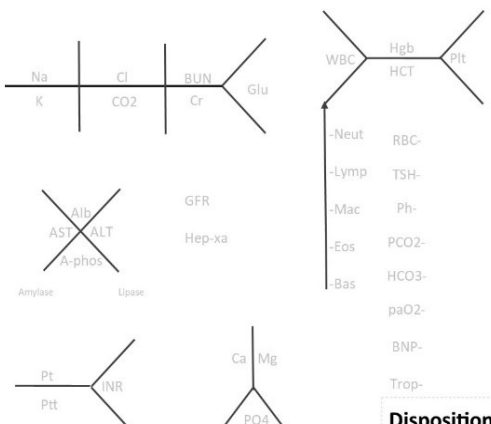


MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending



Speech CM PT OT GI Cardiology Neuro Renal Wound Ortho Pulm Surgical

Disposition: Home Home Health NH ALF SCF REHAB

S-SITUATION

NURSINGKAMP

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Pulse Oximetry _____

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CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

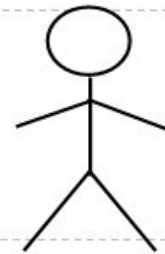
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- Comatose— Eyes Closed Not responding to stimulation

Skin is: Warm Dry Pale Mottled
Diaphoretic Extremities Cold Hot

Edema		Pulses
0 1		1 2
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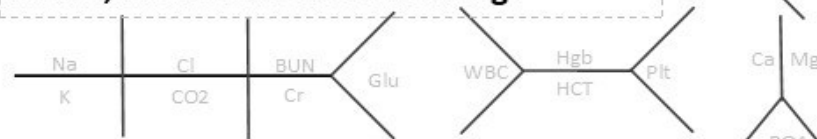
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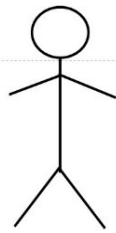
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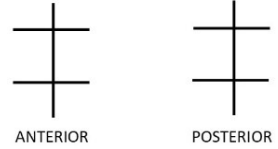
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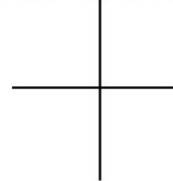
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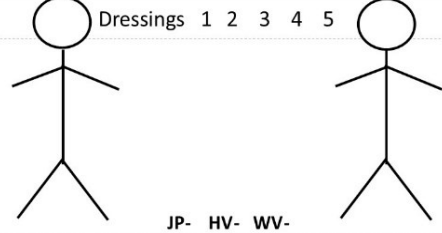
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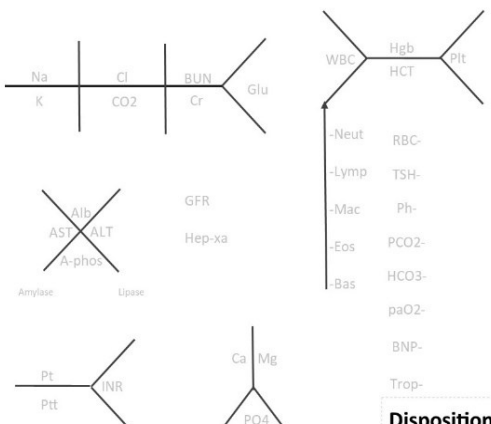
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							Speech

New Orders/Pending



Disposition: Home Home Health NH ALF SCF REHAB Surgical

S-SITUATION

NURSINGKAMP

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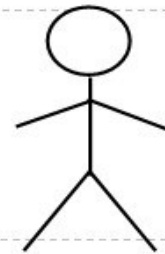
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0 1
2 3
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Pulses
1 2
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Drains
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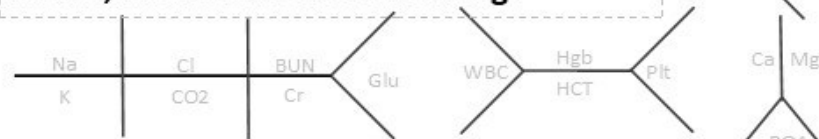
Do you need any test like
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Would you like any changes?

How often would you like vital signs?

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If the patient doesn't get better would you want to be called back and when?



PH PaCo2 HCO3 PaO2 Lactic Acid Troponin

Nursing V Primary Nurse CLINICAL REFLECTION – P1RN

1. Today, I taught my client (or client's family) about ----- and I felt...

2. If I could repeat today, I would change how I...

3. Today, I felt like I utilized my nursing knowledge when I...

4. The thing I did best today was (include why)....

5. Today, I recognized that evidence based practice is essential, when...

6. Today, I demonstrated professionalism when I ...

7. Today, I felt sad/frustrated when ...

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9. Before I began client care today, I worried most about (include your thoughts and feelings before and after the clinical experience)...

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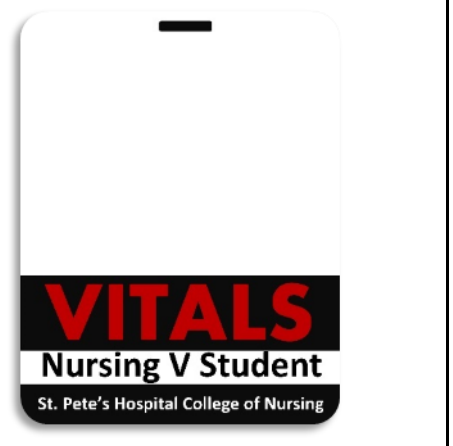
Prep Two P2VS

NV-C-06 Nursing V Clinical Vital Nursing Assignment

Purpose of the Nursing Assignment

The purpose of this nursing assignment is to comprehensively evaluate and prioritize patient care by assessing vital signs, reviewing laboratory results, understanding patient history, and analyzing medication regimens. This process ensures early identification of clinical concerns and promotes effective collaboration among healthcare team members. The assignment aims to develop critical thinking and delegation skills while fostering clear communication using the SBAR framework.

- 1: Work with the nurse, CNA, or LPN and inform them of your intent to assist with vital signs on the floor, providing two sets of vitals or any other stat vitals. Additionally, express your willingness to assist with new admissions, transfers, and vitals.
2. Wear Vital Nursing Student Badge and reporting when off or on floor
3. Fill out Vital Registry Assignment and answer objectives



Assignment Objectives

Assess and Prioritize Vital Signs:

- Identify and document vital signs for all patients.
- Determine which vital signs are the highest priority for specific diagnoses (e.g., high blood pressure for hypertensive patients, heart rate in cardiac patients).

Delegation and Escalation of Concerns:

- Recognize which vital signs warrant reporting by an LPN to an RN and the rationale (e.g., abnormal blood pressure or heart rate requiring immediate intervention).
- Determine which vital signs would be reported by a UAP to an RN and why (e.g., critical temperature changes or respiratory distress).

Critical Analysis of Patient Status:

- Identify clients with high heart rates and explore the underlying causes (e.g., infection, pain, or cardiac conditions).
- Analyze clients with low or high blood pressure and correlate with potential causes (e.g., medication effects, dehydration, or underlying conditions).

Delegation to Team Members:

- Identify clients who require the expertise of an RN due to complexity or potential for rapid deterioration.
- Assign appropriate stable clients to LPNs based on their scope of practice.

Prep Two

PREP 2 P2VS NV-C-06 Nursing V Clinical Vital Nursing Assignment

SBAR Framework:

- Research and complete 2 SBAR reports for clients identified as most concerning, detailing significant issues and rationale for concerns.
- Submit and present 3 SBAR reports to faculty for review and feedback.

Expected Outcomes

By completing this assignment, students will:

- Demonstrate the ability to assess and prioritize vital signs based on clinical significance.
- Understand appropriate delegation of care tasks to team members.
- Develop effective communication skills using the SBAR format.

Enhance their ability to identify and escalate concerning patient conditions to promote safety and quality care. This exercise strengthens decision-making, delegation, and teamwork, essential components of professional nursing practice.

Vital Nursing Assessment

	Date of Admission	Room/DOA	Diagnosis	P R I C E	Admission Labs-Diff	Admission Labs
Admit	Admit VS	T-	P-	R-	O2-	BP/MAP-
Vitals		T-	P-	R-	O2-	BP/MAP-
2 Sets		T-	P-	R-	O2-	BP/MAP-
Per shift	Antibiotics- MOST PT DO WISH		Duo/Nebs	Oxygen	BP Meds	Current Labs
	RN LPN					

Circle HISTORY
 Pulmonary Renal Infection Cardiac on ECG What
 Circle RN or LPN Identify on Antibiotics? On duo Nebs? On Oxygen how Much Any BP Meds Current labs
 Who is more appropriate assignment Reason for High Heart Rate Circle
M-eds **O**-Oxygen **S**-stress **T**-trauma **P**-Pain **Thyroid** **D**-dehydration **O**-Orthostatic
W-Withdrawal **I**-Infection **H**-Hemorrhage **B**-Bleeding

Answer the following related to prioritizing your care and delegating:

Prioritize which patient you should care for first, second and third? Why?

What are the primary assessments/data collection that should be completed first for each patient? Why?

Nursing V Primary Nurse CLINICAL REFLECTION – NV-C-05

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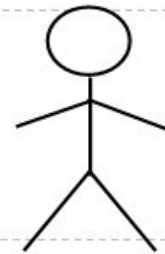
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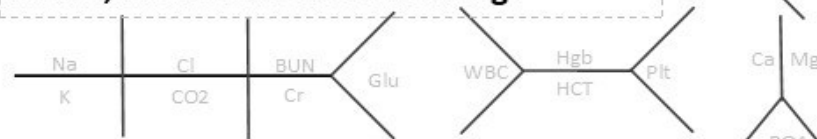
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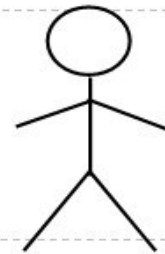
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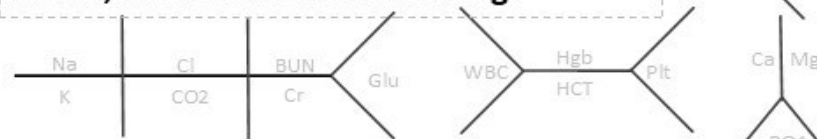
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How long do you expect this problem will last

If the patient doesn't get better would you want to be called back and when?

Vital Nursing Assessment

Room/DOA	Diagnosis	PRICE	Admission Labs-Diff	Current Labs
		P R I C E	Admission Labs-Diff	Current Labs
Admit VS	T- P-	R-	BP/MAP-	
	T- P-	R-	BP/MAP-	
	T- P-	R-	BP/MAP-	
	Antibiotics- MOST PT DO WISH	Duo/Nebs	BP Meds	
		P R I C E	Admission Labs-Diff	Current Labs
Admit VS	T- P-	R-	BP/MAP-	
	T- P-	R-	BP/MAP-	
	T- P-	R-	BP/MAP-	
	Antibiotics- MOST PT DO WISH	Duo/Nebs	BP Meds	
		P R I C E	Admission Labs-Diff	Current Labs
Admit VS	T- P-	R-	BP/MAP-	
	T- P-	R-	BP/MAP-	
	T- P-	R-	BP/MAP-	
	Antibiotics- MOST PT DO WISH	Duo/Nebs	BP Meds	

Vital Nursing Assessment

Room/DOA	Diagnosis	PRICE	P R I C E	Oxygen	Admission Labs-Diff	Current Labs
Admit VS	T-	P-	R-	O2-	BP/MAP-	
	T-	P-	R-	O2-	BP/MAP-	
	T-	P-	R-	O2-	BP/MAP-	
Antibiotics- MOST PT DO WISH		Duo/Nebs		Oxygen	BP Meds	
Room/DOA	Diagnosis	PRICE			Admission Labs-Diff	
Admit VS	T-	P-	R-	O2-	BP/MAP-	
	T-	P-	R-	O2-	BP/MAP-	
	T-	P-	R-	O2-	BP/MAP-	
Antibiotics- MOST PT DO WISH		Duo/Nebs		Oxygen	BP Meds	
Room/DOA	Diagnosis	PRICE			Admission Labs-Diff	
Admit VS	T-	P-	R-	O2-	BP/MAP-	
	T-	P-	R-	O2-	BP/MAP-	
	T-	P-	R-	O2-	BP/MAP-	
Antibiotics- MOST PT DO WISH		Duo/Nebs		Oxygen	BP Meds	

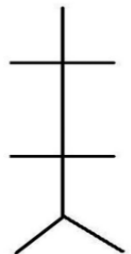
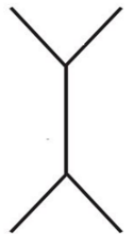
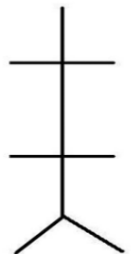
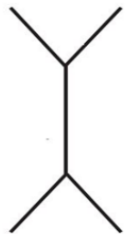
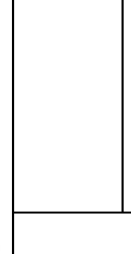
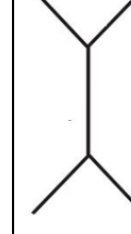
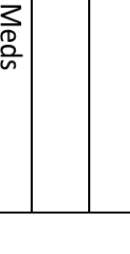
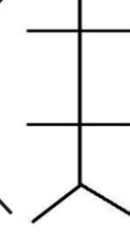
Vital Nursing Assessment

Room/DOA	Diagnosis	PRICE	P R I C E	Oxygen	Admission Labs-Diff	BP Meds	Current Labs
Admit VS	T- P-	R-		O2-	BP/MAP-		<div style="text-align: center;"> </div>
	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	Antibiotics- MOST PT DO WISH		Duo/Nebs	Oxygen	BP Meds		
Room/DOA	Diagnosis	P R I C E			Admission Labs-Diff		
Admit VS	T- P-	R-		O2-	BP/MAP-		<div style="text-align: center;"> </div>
	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
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	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
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Vital Nursing Assessment

Room/DOA	Diagnosis	PRICE	P R I C E	Oxygen	Admission Labs-Diff	Current Labs
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	T- P-	R-		O2-	BP/MAP-	
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Vital Nursing Assessment

Room/DOA	Diagnosis	PRICE	P R I C E	Oxygen	Admission Labs-Diff	BP Meds	Current Labs
Admit VS	T- P-	R-		O2-	BP/MAP-		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>
	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
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Room/DOA	Diagnosis	P R I C E			Admission Labs-Diff		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>
Admit VS	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	Antibiotics- MOST PT DO WISH		Duo/Nebs	Oxygen	BP Meds		
Room/DOA	Diagnosis	P R I C E			Admission Labs-Diff		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>
Admit VS	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	Antibiotics- MOST PT DO WISH		Duo/Nebs	Oxygen	BP Meds		
Room/DOA	Diagnosis	P R I C E			Admission Labs-Diff		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>
Admit VS	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	T- P-	R-		O2-	BP/MAP-		
	Antibiotics- MOST PT DO WISH		Duo/Nebs	Oxygen	BP Meds		

Prep Three Shadowing Experience Presentation
Prep 3 P3SH—NV-C-08 Shadowing Nursing Experience

After shadowing an RN on the clinical unit, the student will perform an 8-10-minute presentation during post-conference that week which covers the following information.

Patient demographics of each patient. Please include age, gender, admission date, admitting diagnosis, co-morbidities, and any other pertinent information (*abnormal* lab values, vital signs, assessment findings, etc.)

SHAMLDC3 on most Acute Patient

Prioritization: Which patient would you see first and why? In what order would you see all patients and why? Did this follow with what your RN did?

Time Management: How did your RN manage her/his time (provide specifics)? What would you do differently?

Delegation: What tasks did your RN delegate? Were they appropriate? What would you have done differently?

Prep Three Shadowing Experience Presentation

Prep 3 P3SH NV-C-08 Shadowing Nursing Experience

Patient Assessment Techniques: Observe how the RN conducts patient assessments. Are they thorough? Do they effectively prioritize their assessments based on patient needs?

Medication Administration: How does the RN handle medication preparation and administration? Are the "rights" of medication administration (right patient, right drug, etc.) consistently followed?

Time Management: Assess how the RN organizes their day. Do they demonstrate effective prioritization and manage interruptions smoothly?

Communication with Patients:

Evaluate how the RN communicates with patients. Are they clear, compassionate, and patient-centered? Do they involve the patient in care decisions?

Collaboration with the Healthcare Team

Observe how the RN interacts with other team members. Are they respectful and collaborative? How do they handle conflict or differing opinions?

Documentation Practices

Monitor how and when the RN documents patient care. Is the documentation accurate, timely, and in compliance with facility policies?

Teaching and Mentoring

Notice if the RN takes opportunities to educate patients, family members, or colleagues. Do they explain medical information clearly and effectively?

Prep Three Shadowing Experience Presentation

Prep 3 P3SH NV-C-08 Shadowing Nursing Experience

Critical Thinking and Problem-Solving

Watch for moments when the RN needs to make quick decisions or solve problems. How do they approach and resolve challenges?

Professionalism and Ethical Practice

Assess the RN's professional demeanor. Do they uphold ethical standards, respect patient confidentiality, and model professional behavior?

Emergency Response

If an emergency arises, observe the RN's response. Do they remain calm, delegate appropriately, and follow established protocols effectively?

Skills observed demonstrated : (ie. Foley, IV insertion)

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest

BR Priv Commode Neuro Checks Restraints Bed Alarms

Precautions- FALL — Elope

LOC Diet

AOx3 NPO

CDIFF MRSA VRE FLU D P P Strict I&O

OBS 1:1 Neutropenic Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D

AV Paced AICD Block 1 2 3 PAC's PVC's

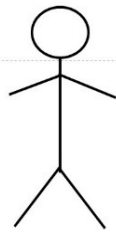
Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V

Pulses: R I W T B Doppler

Pulse Trend: _____100—90—80—70—60—50_____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other

Edema 0 1 2 3 4 P W T G



PULMONARY — O2@_____L NC VM PRB NRB CPAP BIPAP FIO2_____ TRACH # F NF C U

Breath Sounds: Clear Diminished Coarse Wheezes Crackles

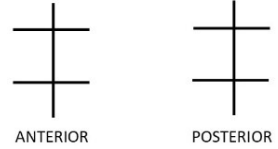
Cough: Productive Non-Productive—

Treatments: Nebes _____ ISP _____ CPT

O2 Sats Trend: 100—95—90—_____

Rate Trend: _____24—20—16_____

Chest Tube: R L Pneumo Hemo



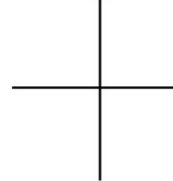
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: CKD Dialysis: M T W T F Sa Su

Foley: # F Clear Cloudy Amber Bloody Intake _____ Output _____



Skin/Drains/Dressings CDI Dressings 1 2 3 4 5

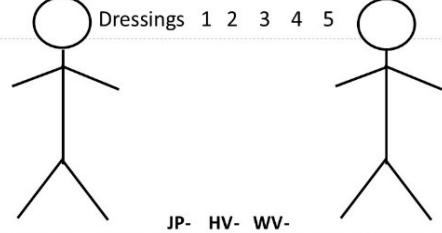
Weakness: RUE LUE RLE LLE

Numbness: RUE LUE RLE LLE

Pain: 1 2 3 4 5 6 7 8 9 10 Location:

Med: Frequency:

Trend Pain: 1 2 3 4 5 6 7 8 9 10

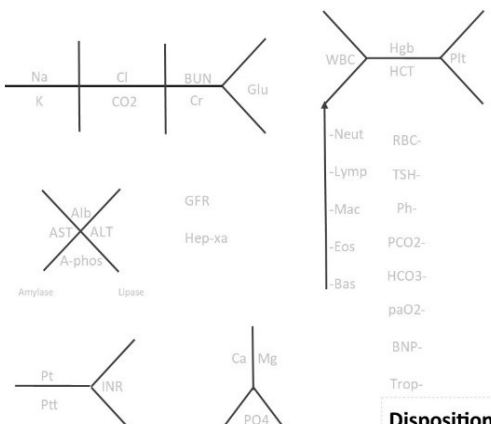


MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending



Speech CM PT OT GI Cardiology Neuro Renal Wound Ortho Pulm Surgical

Disposition: Home Home Health NH ALF SCF REHAB

S-SITUATION

NURSINGKAMP

B-BACKGROUND

I am calling about—

Room/Name _____ Age Gender _____

Code Status—FC DNR DNI HCP MOST

Allergies:

Admit Date _____ Primary _____

Admit Dx _____

The problem I am calling about is-

I just assessed the pt personally vitals are-

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

Previous were

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

I am concerned about the

BP >200 <100 30mm difference

Pulse >130 _____ < 50 _____

Resp < 8 _____ >30 _____

Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

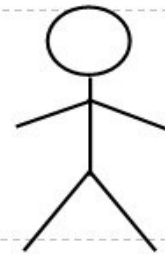
Patient is Currently— Alert Oriented

Person Place Time Confused changed yes no

- Confused—Cooperative Non Cooperative
- Agitated Combative
- Lethargic but conversant able to swallow
- Stuporous not talking clearly possibly not able to swallow
- Comatose— Eyes Closed Not responding to stimulation

Skin is: Warm Dry Pale Mottled
Diaphoretic Extremities Cold Hot

Edema
0 1
2 3
4 P W



Pulses
1 2
3 4
Drains
Foley

The Patient is — on Oxygen Not on Oxygen

The patient has been on (l/pm) _____ % for
_____ hours/minutes O2 Sats _____ Nebs

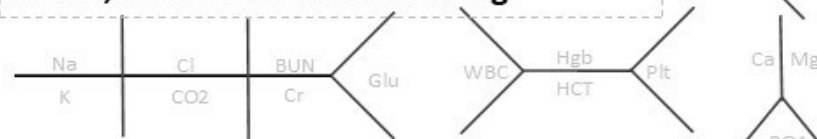
A-ASSESSMENT MEDS

This is what I think the problem is

Problem seems to be Cardiac Pulmonary
Neuro Infection Meds _____

I'm not sure what the problem is but the
patient is deteriorating.

The patient seems unstable and may get
worse, we need to do something.



PH PaCo2 HCO3 PaO2 Lactic Acid Troponin

R-RECOMMENDATIONS

I would like to suggest:

- Transfer to ICU
- Come see the patient
- Talk to patient or family about code status
- Ask on-call to see patient now
- Ask for a consultant

Are there any test needed:

Do you need any test like
CXR ABG
EKG CBC
BMP

Would you like any changes?

How often would you like vital signs?

How long do you expect this problem will last

If the patient doesn't get better would you want to be called back and when?

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive

Allergies:

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest

BR Priv Commode Neuro Checks Restraints Bed Alarms

Precautions- FALL — Elope

LOC Diet

AOx3 NPO

CDIFF MRSA VRE FLU D P P Strict I&O

OBS 1:1 Neutropenic Confused Daily Weights

Last BM

PAST HISTORY

Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST

XRAY	MRI	CT	ECHO
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US CATH

T	P	R	BP	MAP	O2
T	P	R	BP	MAP	O2
T	P	R	BP	MAP	O2

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

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CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D

AV Paced AICD Block 1 2 3 PAC's PVC's

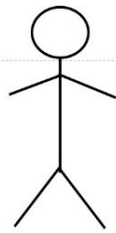
Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V

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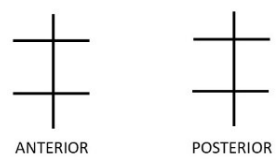
Cough: Productive Non-Productive—

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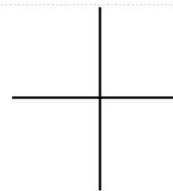
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I

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G - J TUBE: CKD Dialysis: M T W T F Sa Su

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Skin/Drains/Dressings CDI Dressings 1 2 3 4 5

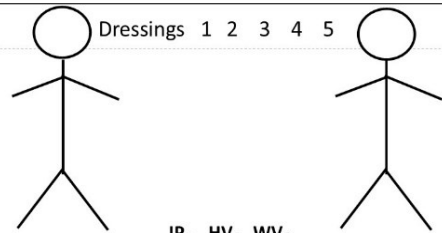
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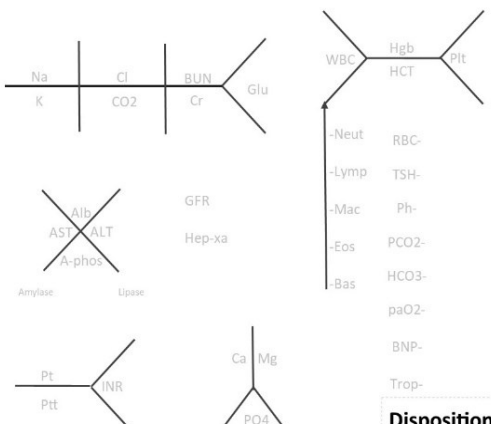


MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending



Speech CM PT OT GI Cardiology Neuro Renal Wound Ortho Pulm Surgical

Disposition: Home Home Health NH ALF SCF REHAB

S-SITUATION

NURSINGKAMP

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Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

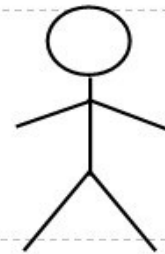
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- Lethargic but conversant able to swallow
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- Comatose— Eyes Closed Not responding to stimulation

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Edema
0 1
2 3
4 P W



Pulses
1 2
3 4
Drains
Foley

The Patient is — on Oxygen Not on Oxygen

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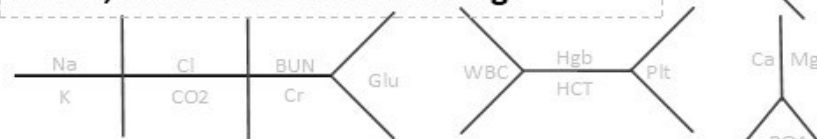
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EKG CBC
BMP

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How often would you like vital signs?

How long do you expect this problem will last

If the patient doesn't get better would you want to be called back and when?

P4IO Survey Lines and Assessment

Assess patients lines

Document Initial Survey 2

Make a copy

Give Report to Prof

Identify most acute

Once report is given fill out survey 2

IO Survey 2

DEVICE

IV

TLC

PICC

PORT

FOLEY

CT

Wound

GI

PEG

NGT

DSNG

ECG

IVF	
TPN	

Prep 5 Charge Position

Shadowing Experience Presentation

Prioritization: Which patient would you see first and why? In what order would you see all patients and why? Did this follow with what your RN did?

Time Management: How did your RN manage her/his time (provide specifics)? What would you do differently?














Delegation: What tasks did your RN delegate? Were they appropriate? What would you have done differently?

CHARGE POSITION TASK

Charge Responsibilities

























- Meet with charge nurse introduce self identify patients students are unable to have
- Schedule Random assignments for floor nurses (students)
- Fill out Student Floor Assignment and complete sheet of all patients
- Schedule 30 min lunches in two groups A and B
- Ensure brainsheets or assignments are collected and given to Faculty
- Visit ER by (11-12 PM Days 7-8 Evenings) ensure brainsheets are completed deliver to Faculty
- Visit ICU by (1-2 PM Days 8-9 Evenings) ensure brainsheets are completed deliver to faculty
- Visit CVICU by (1-2 PM Days 8-9 Evenings) ensure brainsheets are completed
- Ensure person doing PREP work have completed brainsheets by 1pm Days 9pm Evenings
- Sit with Instructor during reports from students SHAMLDC3

CHARGE TRACKER—CHARGE NURSE =

Room	Nurse	DX	T	P	R	BP	MAP	O2	IV Meds/Devices	LABS
		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	
		C P D						02	NC F TELE	
		C P D						02	NC F TELE	
		C P D						02	NC F TELE	
		C P D						02	NC F TELE	
Lunch A										
Lunch B										

ER ICU CVICU 2MAC VN SVH

CHARGE TRACKER—CHARGE NURSE =

Room	Nurse	DX	T	P	R	BP	MAP	O2	IV Meds/Devices	LABS
		C P D						02	NC F TELE	  
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		C P D						02	NC F TELE	  
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		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	  
		C P D						02	NC F TELE	  

Lunch A

Lunch B

ER

ICU

CV/ICU

2MAC

VN

SVH

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest

BR Priv Commode Neuro Checks Restraints Bed Alarms

Precautions- FALL — Elope

CDIFF MRSA VRE FLU

OBS 1:1 Neutropenic

LOC Diet

AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D

AV Paced AICD Block 1 2 3 PAC's PVC's

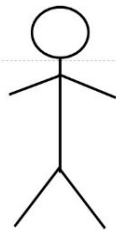
Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V

Pulses: R I W T B Doppler

Pulse Trend: _____100—90—80—70—60—50_____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other

Edema 0 1 2 3 4 P W T G



PULMONARY — O2@_____L NC VM PRB NRB CPAP BIPAP FIO2_____ TRACH # F NF C U

Breath Sounds: Clear Diminished Coarse Wheezes Crackles

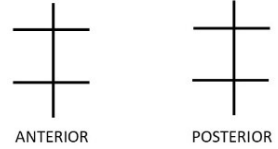
Cough: Productive Non-Productive—

Treatments: Nebs _____ ISP _____ CPT

O2 Sats Trend: 100—95—90_____

Rate Trend: _____24—20—16_____

Chest Tube: R L Pneumo Hemo



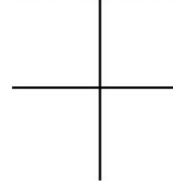
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: CKD Dialysis: M T W T F Sa Su

Foley: # F Clear Cloudy Amber Bloody Intake _____ Output _____



Skin/Drains/Dressings CDI Dressings 1 2 3 4 5

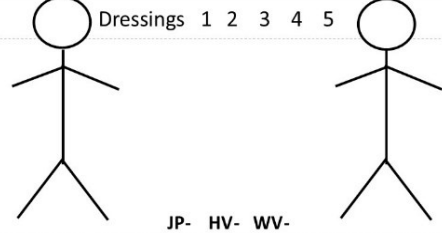
Weakness: RUE LUE RLE LLE

Numbness: RUE LUE RLE LLE

Pain: 1 2 3 4 5 6 7 8 9 10 Location:

Med: Frequency:

Trend Pain: 1 2 3 4 5 6 7 8 9 10

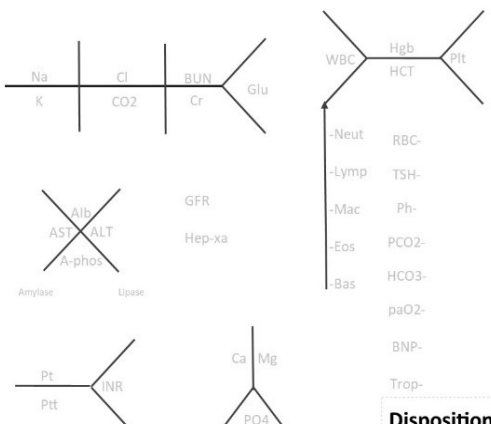


JP- HV- WV- JP- HV- WV-

MEDICATIONS		MEDS PRN	

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
							Speech

New Orders/Pending



Disposition: Home Home Health NH ALF SCF REHAB Surgical

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest

BR Priv Commode Neuro Checks Restraints Bed Alarms

Precautions- FALL — Elope

CDIFF MRSA VRE FLU

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Confused Daily Weights

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Pulmonary—Other					↑ Thyroid ↓
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Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
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US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
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MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

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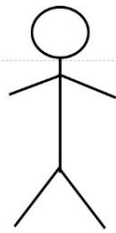
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Pulses: R I W T B Doppler

Pulse Trend: _____100—90—80—70—60—50_____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other

Edema 0 1 2 3 4 P W T G



PULMONARY — O2@_____L NC VM PRB NRB CPAP BIPAP FIO2_____ TRACH # F NF C U

Breath Sounds: Clear Diminished Coarse Wheezes Crackles

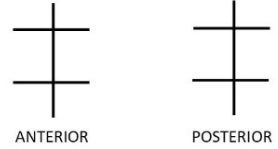
Cough: Productive Non-Productive—

Treatments: Nebes _____ ISP _____ CPT

O2 Sats Trend: 100—95—90_____

Rate Trend: _____24—20—16_____

Chest Tube: R L Pneumo Hemo



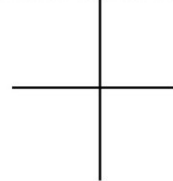
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NGT: R L — Green Clear Red _____ Amount: _____

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Skin/Drains/Dressings CDI Dressings 1 2 3 4 5

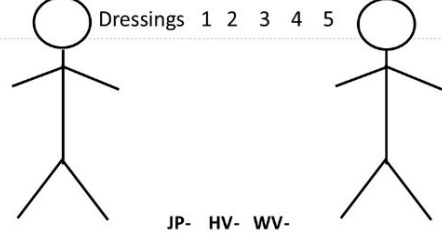
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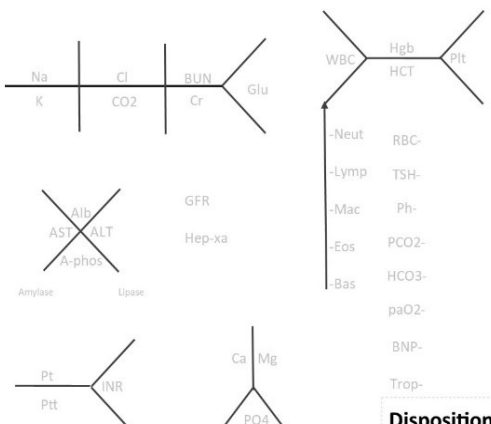
JP- HV- WV- JP- HV- WV-

MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending



Speech CM PT OT GI Cardiology Neuro Renal Wound Ortho Pulm Surgical

Disposition: Home Home Health NH ALF SCF REHAB

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest

BR Priv Commode Neuro Checks Restraints Bed Alarms

Precautions- FALL — Elope

LOC Diet

AOx3 NPO

CDIFF MRSA VRE FLU D P P Strict I&O

OBS 1:1 Neutropenic Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist

Central: IJ TLC PICC Port

Dialysis G S

IVF: NS 0.45 NS D51/2 D5NS LR _____cc/hr _____ukg/hr

Blood TPN Lipids

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

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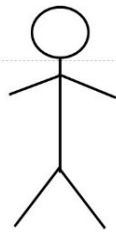
Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V

Pulses: R I W T B Doppler

Pulse Trend: _____100—90—80—70—60—50_____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other

Edema 0 1 2 3 4 P W T G



PULMONARY — O2@_____L NC VM PRB NRB CPAP BIPAP FIO2_____ TRACH # F NF C U

Breath Sounds: Clear Diminished Coarse Wheezes Crackles

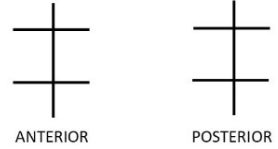
Cough: Productive Non-Productive—

Treatments: Nebs _____ ISP _____ CPT

O2 Sats Trend: 100—95—90—_____

Rate Trend: _____24—20—16_____

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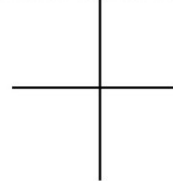
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NGT: R L — Green Clear Red _____ Amount: _____

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Skin/Drains/Dressings CDI Dressings 1 2 3 4 5

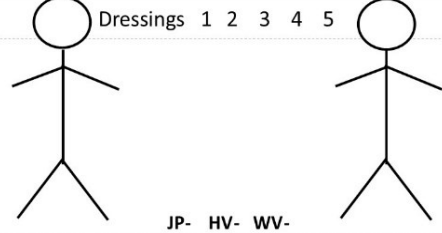
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Med: Frequency:

Trend Pain: 1 2 3 4 5 6 7 8 9 10

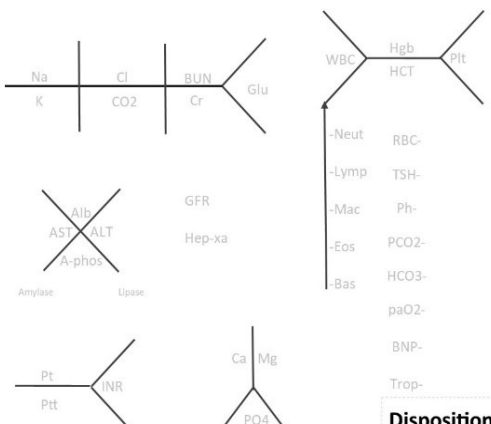


JP- HV- WV- JP- HV- WV-

MEDICATIONS		MEDS PRN	

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
							Speech

New Orders/Pending



Disposition: Home Home Health NH ALF SCF REHAB Surgical

Prep Six

Mentoring Experience Reflective Paper Nursing 1

During clinical, Nursing V students may be scheduled to mentor one Nursing I student. After completing this experience, Nursing V students will answer the following questions in a three-page paper using APA format. Please include a cover page.

Nursing I Student Mentoring Experience:

1. What three things did you observed during the experience that were expected?
2. What three things did you observe that were unexpected?
3. As a Nursing V student, how do you feel you were able to facilitate the growth of your mentees (Nursing I students) during this experience?
4. How will this experience affect your practice?
5. What three things do you feel you did well during this mentoring experience?
6. What three things do you feel you should improve upon to be a better mentor?

Prep Six

Mentoring Experience Reflective Paper Nursing 1

During clinical, Nursing V students may be scheduled to mentor one Nursing I student. After completing this experience, Nursing V students will answer the following questions in a three-page paper using APA format. Please include a cover page.

Prep Seven

Mentoring Experience Reflective Paper Nursing 2

During clinical, Nursing V students may be scheduled to mentor two to three Nursing II students. After completing this experience, Nursing V students will answer the following questions in a three-page paper using APA format. Please include a cover page.

Nursing II Student Mentoring Experience:

1. What three things did you observed during the experience that were expected?
2. What three things did you observe that were unexpected?
3. As a Nursing V student, how do you feel you were able to facilitate the growth of your mentees (Nursing II students) during this experience?
4. How will this experience affect your practice?
5. What three things do you feel you did well during this mentoring experience?
6. What three things do you feel you should improve upon to be a better mentor?

Clinical Floors ASSIGNMENT

You will be responsible to the staff member assigned to your client; however, you will be giving direct client care autonomously. You may give or not give meds to your patient.

You may only give I.V. push medications when an instructor or R.N. is present, using the proper guidelines.

1	Floor Brain sheet – Available on Canvas
2	2 SHAMLD Reports Complete WEEK 1-7
3	3 SHAMLD Reports Complete Week 9-12
1	1 SBAR Per Shift

IN ORDER TO BE SUCCESSFUL IN THIS COURSE

All paper work is due the Tuesday AM (7-3) or Monday or Wednesday (3-11) following clinical.

Clinical is on a Pass/Fail basis.

In order to pass, you must achieve Satisfactory on all objectives on the Clinical Evaluation Tool.

Here’s what you need to do to be successful in Nursing V Clinical

Sick days are made up; however, do not report to clinical if you are ill.

Punctuality is expected- if you are late 15 minutes you will be sent home

BASIC FLOW OF CLINICAL -you should be able to give a full report within 3 hours of clinical

700-800	200-300	Receive Report Complete SHAMLD
800-930	300-430	Complete Assessment Gather Data
930-1115	500-615	Give Report to Faculty Care for Patients Complete Brainsheets
1115-1200	615-700	Lunch Dinner
1200-300	700-1000	Give Report of Care for Patients Complete SBAR Give report in Post conference

You should take advantage of any opportunity to get off of floor to see a procedure of your nurses assignment – Clinical Reflection Paper is required for off procedures

IF YOU GO OFF THE FLOOR GIVE REPORT IN POST CONFERENCE INCLUDING SBAR

FLOW OF SHAMLD PROCESS– DO NOT LOOK AT H&P OR ER REPORT UNTIL AFTER YOUR ASSESSMENT SHAMLD PROCESS

Look At Labs look do your fishbones– Circle your abnormal

Think what meds would I expect this patient to have– CRIPL Cardiac Pulmonary, Renal, Infection IV, Level meds-

Then open meds write just meds and IV’s no dosages

Then look at vitals, and ECG, EKG Tele I & O Assessment

Think what history would this patient have? CPRI Cardiac Pulmonary Renal Infection?

Then think what diagnostics they may have then open it and read it.

Complete your assessment while asking SHAMLD with the patient—Compare with what you thought?

Complete Extensive Brain Sheet– give to Faculty

Complete SBAR scenario

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

Precautions- FALL — Elope _____

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IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS D51/2 D5NS LR _____ cc/hr _____ ukg/hr

Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

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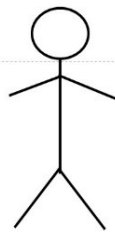
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Pulse Trend: _____ 100—90—80—70—60—50 _____

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Edema

0
1
2
3
4
P W
T G

PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____ TRACH # _____ F NF C U _____

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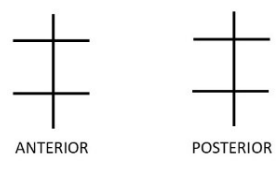
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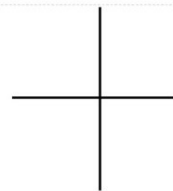
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Skin/Drains/Dressings CDI _____

Dressings 1 2 3 4 5 _____

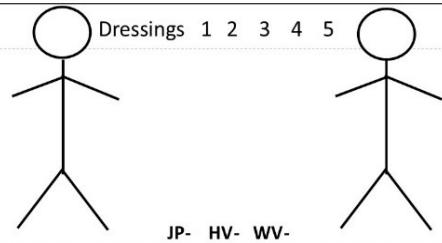
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Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____



MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
-------	----	------	------	------	----	-----------------------	------------

New Orders/Pending

Na	Cl	BUN	Glu	WBC	Hgb	HCT	Plt
K	CO2	Cr		-Neut	RBC-		
				-Lymph	TSH-		
				-Mac	Ph-		
				-Eos	PCO2-		
				-Bas	HCO3-		
					paO2-		
					BNP-		
					Trop-		

Disposition: Home Home Health NH ALF SCF REHAB _____

Speech
CM
PT
OT
GI
Cardiology
Neuro
Renal
Wound
Ortho
Pulm
Surgical

S-SITUATION

NURSINGKAMP

B-BACKGROUND

I am calling about—

Room/Name _____ Age Gender _____

Code Status—FC DNR DNI HCP MOST

Allergies:

Admit Date _____ Primary _____

Admit Dx _____

The problem I am calling about is-

I just assessed the pt personally vitals are-

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

Previous were

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

I am concerned about the

BP >200 <100 30mm difference

Pulse >130 _____ < 50 _____

Resp < 8 _____ >30 _____

Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

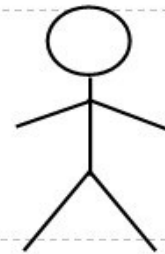
Patient is Currently— Alert Oriented

Person Place Time Confused changed yes no

- Confused—Cooperative Non Cooperative
- Agitated Combative
- Lethargic but conversant able to swallow
- Stuporous not talking clearly possibly not able to swallow
- Comatose— Eyes Closed Not responding to stimulation

Skin is: Warm Dry Pale Mottled
Diaphoretic Extremities Cold Hot

Edema
0 1
2 3
4 P W



Pulses
1 2
3 4
Drains
Foley

The Patient is — on Oxygen Not on Oxygen

The patient has been on (l/pm) _____ % for
_____ hours/minutes O2 Sats _____ Nebs

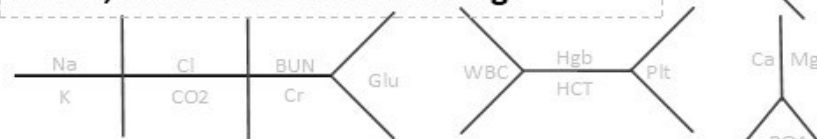
A-ASSESSMENT MEDS

This is what I think the problem is

Problem seems to be Cardiac Pulmonary
Neuro Infection Meds _____

I'm not sure what the problem is but the
patient is deteriorating.

The patient seems unstable and may get
worse, we need to do something.



PH PaCo2 HCO3 PaO2 Lactic Acid Troponin

R-RECOMMENDATIONS

I would like to suggest:

- Transfer to ICU
- Come see the patient
- Talk to patient or family about code status
- Ask on-call to see patient now
- Ask for a consultant

Are there any test needed:

Do you need any test like
CXR ABG
EKG CBC
BMP

Would you like any changes?

How often would you like vital signs?

How long do you expect this problem will last

If the patient doesn't get better would you want to be called back and when?

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

Precautions- FALL — Elope _____

CDIFF MRSA VRE FLU _____

OBS 1:1 Neutropenic _____

LOC Diet

AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM _____

PAST HISTORY

Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST

XRAY	MRI	CT	ECHO
------	-----	----	------

US CATH

T	P	R	BP	MAP	O2
T	P	R	BP	MAP	O2
T	P	R	BP	MAP	O2

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS D51/2 D5NS LR _____ cc/hr _____ ukg/hr

Blood TPN Lipids _____

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS D51/2 D5NS LR _____ cc/hr _____ ukg/hr

Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D _____

AV Paced AICD Block 1 2 3 PAC's PVC's _____

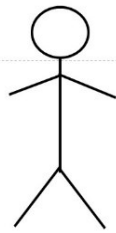
Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____ 100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____

Edema 0 1 2 3 4 P W T G



PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____ TRACH # F NF C U

Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

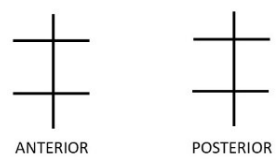
Cough: Productive Non-Productive _____

Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90 _____

Rate Trend: _____ 24—20—16 _____

Chest Tube: R L Pneumo Hemo _____



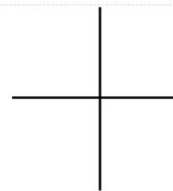
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: _____ CKD Dialysis: M T W T F Sa Su _____

Foley: # F Clear Cloudy Amber Bloody Intake _____ Output _____



Skin/Drains/Dressings CDI Dressings 1 2 3 4 5

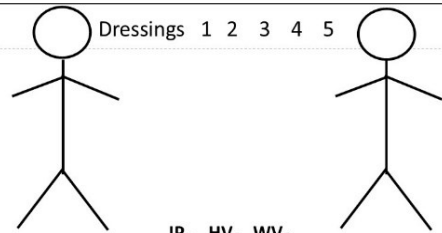
Weakness: RUE LUE RLE LLE _____

Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____

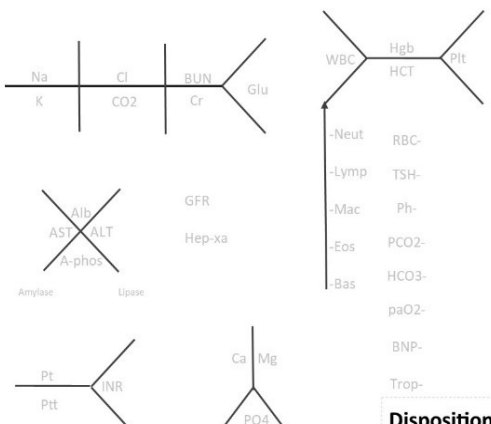


MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
-------	----	------	------	------	----	-----------------------	------------

New Orders/Pending



Speech CM PT OT GI Cardiology Neuro Renal Wound Ortho Pulm Surgical

Disposition: Home Home Health NH ALF SCF REHAB

S-SITUATION

NURSINGKAMP

B-BACKGROUND

I am calling about—

Room/Name _____ Age Gender _____

Code Status—FC DNR DNI HCP MOST

Allergies:

Admit Date _____ Primary _____

Admit Dx _____

The problem I am calling about is-

I just assessed the pt personally vitals are-

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

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BP >200 <100 30mm difference

Pulse >130 _____ < 50 _____

Resp < 8 _____ >30 _____

Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

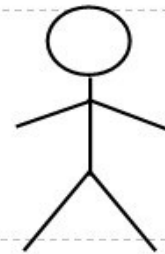
Patient is Currently— Alert Oriented

Person Place Time Confused changed yes no

- Confused—Cooperative Non Cooperative
- Agitated Combative
- Lethargic but conversant able to swallow
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- Comatose— Eyes Closed Not responding to stimulation

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Edema
0 1
2 3
4 P W



Pulses
1 2
3 4
Drains
Foley

The Patient is — on Oxygen Not on Oxygen

The patient has been on (l/pm) _____ % for _____ hours/minutes O2 Sats _____ Nebs _____

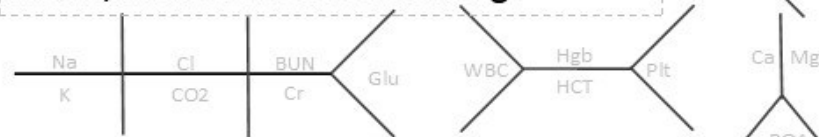
A-ASSESSMENT MEDS

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Problem seems to be Cardiac Pulmonary
Neuro Infection Meds _____

I'm not sure what the problem is but the patient is deteriorating.

The patient seems unstable and may get worse, we need to do something.



PH PaCo2 HCO3 PaO2 Lactic Acid Troponin

R-RECOMMENDATIONS

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Would you like any changes?

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How long do you expect this problem will last

If the patient doesn't get better would you want to be called back and when?

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

Precautions- FALL — Elope _____

CDIFF MRSA VRE FLU _____

OBS 1:1 Neutropenic _____

LOC Diet

AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS D51/2 D5NS LR _____ cc/hr _____ ukg/hr

Blood TPN Lipids _____

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS D51/2 D5NS LR _____ cc/hr _____ ukg/hr

Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D

AV Paced AICD Block 1 2 3 PAC's PVC's _____ Pulses _____

Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____ 100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____

Edema _____

0 _____

1 _____

2 _____

3 _____

4 _____

P W _____

T G _____

PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____ TRACH # _____ F NF C U _____

Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

Cough: Productive Non-Productive _____

Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90—85—80—75—70—65—60—55—50 _____

Rate Trend: _____ 24—22—20—18—16 _____

Chest Tube: R L Pneumo Hemo _____

Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I _____

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: _____ CKD Dialysis: M T W T F Sa Su _____

Foley: # F Clear Cloudy Amber Bloody Intake _____ Output _____

Skin/Drains/Dressings CDI _____

Dressings 1 2 3 4 5 _____

Weakness: RUE LUE RLE LLE _____

Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____

JP- HV- WV- _____

MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending

Na	Cl	BUN	Glu	WBC	Hgb	HCT	Plt
K	CO2	Cr		-Neut	RBC-		
				-Lymp	TSH-		
				-Mac	Ph-		
				-Eos	PCO2-		
				-Bas	HCO3-		
					paO2-		
					BNP-		
					Trop-		

Alb AST ALT A-phos Amylase Lipase GFR Hep-xa Pt Ptt Ca Mg PO4

Disposition: Home Home Health NH ALF SCF REHAB _____

Speech _____

CM _____

PT _____

OT _____

GI _____

Cardiology _____

Neuro _____

Renal _____

Wound _____

Ortho _____

Pulm _____

Surgical _____

S-SITUATION

NURSINGKAMP

B-BACKGROUND

I am calling about—

Room/Name _____ Age Gender _____

Code Status—FC DNR DNI HCP MOST

Allergies:

Admit Date _____ Primary _____

Admit Dx _____

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Previous were

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

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Pulse >130 _____ < 50 _____

Resp < 8 _____ >30 _____

Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

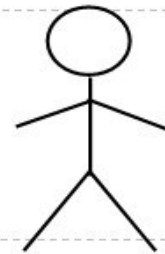
Patient is Currently— Alert Oriented

Person Place Time Confused changed yes no

- Confused—Cooperative Non Cooperative
- Agitated Combative
- Lethargic but conversant able to swallow
- Stuporous not talking clearly possibly not able to swallow
- Comatose— Eyes Closed Not responding to stimulation

Skin is: Warm Dry Pale Mottled
Diaphoretic Extremities Cold Hot

Edema
0 1
2 3
4 P W



Pulses
1 2
3 4
Drains
Foley

The Patient is — on Oxygen Not on Oxygen

The patient has been on (l/pm) _____ % for
_____ hours/minutes O2 Sats _____ Nebs

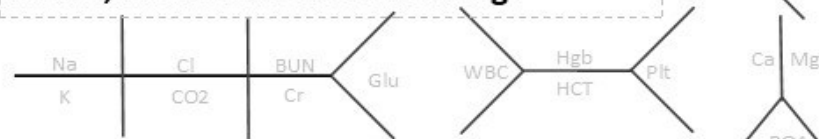
A-ASSESSMENT MEDS

This is what I think the problem is

Problem seems to be Cardiac Pulmonary
Neuro Infection Meds _____

I'm not sure what the problem is but the
patient is deteriorating.

The patient seems unstable and may get
worse, we need to do something.



PH PaCo2 HCO3 PaO2 Lactic Acid Troponin

R-RECOMMENDATIONS

I would like to suggest:

- Transfer to ICU
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Are there any test needed:

Do you need any test like
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EKG CBC
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Would you like any changes?

How often would you like vital signs?

How long do you expect this problem will last

If the patient doesn't get better would you want to be called back and when?

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

Precautions- FALL — Elope _____

CDIFF MRSA VRE FLU _____

OBS 1:1 Neutropenic _____

LOC Diet

AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____

D51/2 D5NS LR _____

_____cc/hr

_____ukg/hr

Blood TPN Lipids _____

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____

D51/2 D5NS LR _____

_____cc/hr

_____ukg/hr

Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D _____

AV Paced AICD Block 1 2 3 PAC's PVC's _____

Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____

Edema _____

0 _____

1 _____

2 _____

3 _____

4 _____

P W _____

T G _____

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Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

Cough: Productive Non-Productive _____

Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90 _____

Rate Trend: _____24—20—16 _____

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Skin/Drains/Dressings CDI _____

Dressings 1 2 3 4 5 _____

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Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____

JP- HV- WV- _____

MEDICATIONS

MEDS PRN

HgA1c _____ BG _____ AC B _____ AC L _____ AC D _____ HS _____

nursingkamp.com ©2020

Consulted: _____

New Orders/Pending

Speech _____

CM _____

PT _____

OT _____

GI _____

Cardiology _____

Neuro _____

Renal _____

Wound _____

Ortho _____

Pulm _____

Surgical _____

Disposition: Home Home Health NH ALF SCF REHAB _____

S-SITUATION

NURSINGKAMP

B-BACKGROUND

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Room/Name _____ Age Gender _____

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Allergies:

Admit Date _____ Primary _____

Admit Dx _____

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I just assessed the pt personally vitals are-

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Previous were

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

I am concerned about the

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Resp < 8 _____ >30 _____

Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
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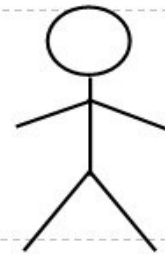
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Edema		Pulses
0 1		1 2
2 3		3 4
4 P W		Drains
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The patient has been on (l/pm) _____ % for _____ hours/minutes O2 Sats _____ Nebs _____

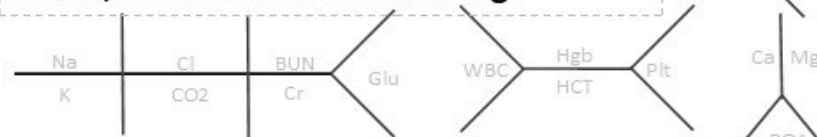
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- Do you need any test like
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- EKG CBC
- BMP

Would you like any changes?

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FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

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Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

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AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM _____

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AKI	Ulcer	Divert	Seizure	Smoker	ETOH
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CURRENT CONSULTS TEST			
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US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____ cc/hr

D51/2 D5NS LR _____ ukg/hr

Blood TPN Lipids _____

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Site: AC FA HAND Wrist _____

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CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D _____

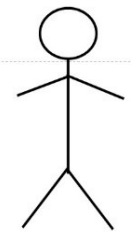
AV Paced AICD Block 1 2 3 PAC's PVC's _____

Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____ 100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____



Edema

0

1

2

3

4

P W

T G

PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____

TRACH # _____ F NF C U _____

Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

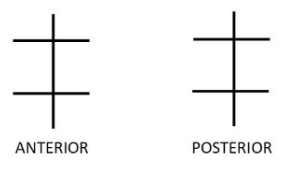
Cough: Productive Non-Productive _____

Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90 _____

Rate Trend: _____ 24—20—16 _____

Chest Tube: R L Pneumo Hemo _____



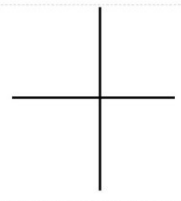
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I _____

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: _____ CKD Dialysis: M T W T F Sa Su _____

Foley: # _____ F Clear Cloudy Amber Bloody Intake _____ Output _____



Skin/Drains/Dressings CDI _____

Dressings 1 2 3 4 5 _____

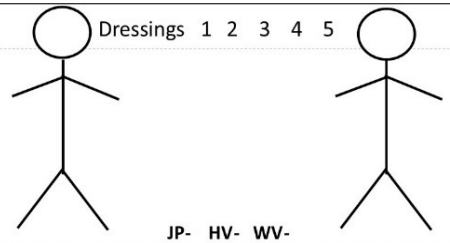
Weakness: RUE LUE RLE LLE _____

Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____



JP-

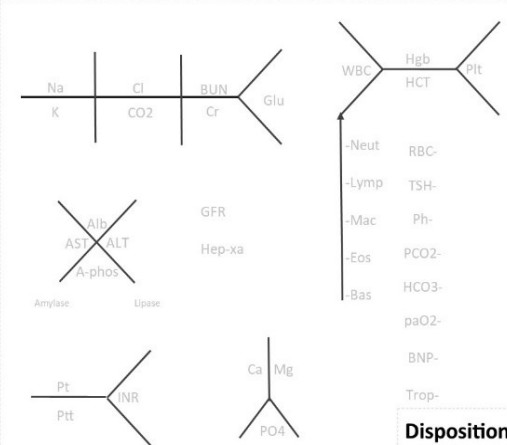
HV-

WV-

MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending

Speech

CM

PT

OT

GI

Cardiology

Neuro

Renal

Wound

Ortho

Pulm

Surgical

Disposition: Home Home Health NH ALF SCF REHAB

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

Precautions- FALL — Elope _____

CDIFF MRSA VRE FLU _____

OBS 1:1 Neutropenic _____

LOC Diet

AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____ cc/hr

D51/2 D5NS LR _____ ukg/hr

Blood TPN Lipids _____

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____ cc/hr

D51/2 D5NS LR _____ ukg/hr

Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D

AV Paced AICD Block 1 2 3 PAC's PVC's _____ Pulses _____

Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____ 100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____

Edema _____

0 _____

1 _____

2 _____

3 _____

4 _____

P W _____

T G _____

PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____ TRACH # _____ F NF C U _____

Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

Cough: Productive Non-Productive _____

Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90 _____

Rate Trend: _____ 24—20—16 _____

Chest Tube: R L Pneumo Hemo _____

Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I _____

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: _____ CKD Dialysis: M T W T F Sa Su _____

Foley: # F Clear Cloudy Amber Bloody Intake _____ Output _____

Skin/Drains/Dressings CDI _____

Dressings 1 2 3 4 5 _____

Weakness: RUE LUE RLE LLE _____

Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____

JP- HV- WV- _____

MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending

Na	Cl	BUN	Glu	WBC	Hgb	HCT	Plt
K	CO2	Cr		-Neut	RBC-		
				-Lymph	TSH-		
				-Mac	Ph-		
				-Eos	PCO2-		
				-Bas	HCO3-		
					paO2-		
					BNP-		
					Trop-		

Alb AST ALT A-phos Amylase Lipase GFR Hep-xa Pt Ptt Ca Mg PO4

Disposition: Home Home Health NH ALF SCF REHAB _____

Speech _____

CM _____

PT _____

OT _____

GI _____

Cardiology _____

Neuro _____

Renal _____

Wound _____

Ortho _____

Pulm _____

Surgical _____

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

Precautions- FALL — Elope _____

LOC Diet _____

CDIFF MRSA VRE FLU _____

OBS 1:1 Neutropenic _____

AOx3 NPO _____

D P P Strict I&O _____

Confused Daily Weights _____

Last BM _____

PAST HISTORY

Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other _____					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST

XRAY	MRI	CT	ECHO
------	-----	----	------

US CATH

T	P	R	BP	MAP	O2
T	P	R	BP	MAP	O2
T	P	R	BP	MAP	O2

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____ cc/hr

D51/2 D5NS LR _____ ukg/hr

Blood TPN Lipids _____

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____ cc/hr

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Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D _____

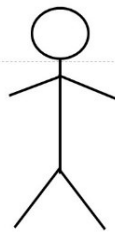
AV Paced AICD Block 1 2 3 PAC's PVC's _____

Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____ 100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____



Edema

0
1
2
3
4
P W
T G

PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____ TRACH # _____ F NF C U _____

Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

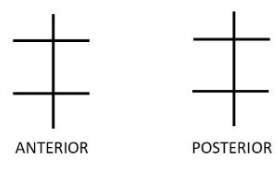
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Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90 _____

Rate Trend: _____ 24—20—16 _____

Chest Tube: R L Pneumo Hemo _____



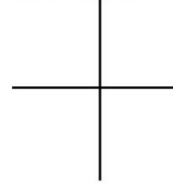
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I _____

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: _____ CKD Dialysis: M T W T F Sa Su _____

Foley: # _____ F Clear Cloudy Amber Bloody Intake _____ Output _____



Skin/Drains/Dressings CDI _____ Dressings 1 2 3 4 5 _____

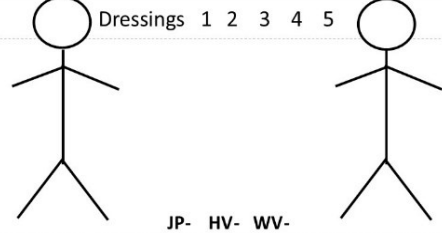
Weakness: RUE LUE RLE LLE _____

Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____



MEDICATIONS

MEDS PRN _____

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending

Na	Cl	BUN	Glu	WBC	Hgb	HCT	Plt
K	CO2	Cr		-Neut	RBC-		
				-Lymp	TSH-		
				-Mac	Ph-		
				-Eos	PCO2-		
				-Bas	HCO3-		
					paO2-		
					BNP-		
					Trop-		

Alb AST ALT A-phos Amylase Lipase GFR Hep-xa Pt Ptt Ca Mg PO4

Disposition: Home Home Health NH ALF SCF REHAB _____

Speech
CM
PT
OT
GI
Cardiology
Neuro
Renal
Wound
Ortho
Pulm
Surgical

FLOOR NURSE

Room/Name _____ Age Gender _____

Full Code DNR DNI HCP MOST Advanced Directive _____

Allergies: _____

Admit Date _____ Primary _____

Admit Dx _____

Mobility: AD-LIB Assist 1 2 FULL Cane Walker Bedrest _____

BR Priv Commode Neuro Checks Restraints Bed Alarms _____

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CDIFF MRSA VRE FLU _____

OBS 1:1 Neutropenic _____

LOC Diet

AOx3 NPO

D P P Strict I&O

Confused Daily Weights

Last BM _____

PAST HISTORY					
Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

CURRENT CONSULTS TEST			
XRAY	MRI	CT	ECHO

US		CATH	
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		
T	P	R	BP
MAP	O2		

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

Central: IJ TLC PICC Port _____

Dialysis G S _____

IVF: NS 0.45 NS _____ cc/hr

D51/2 D5NS LR _____ ukg/hr

Blood TPN Lipids _____

IV # _____ R L SL DATE: _____

Site: AC FA HAND Wrist _____

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IVF: NS 0.45 NS _____ cc/hr

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Blood TPN Lipids _____

CARDIOVASCULAR — EKG Telemetry Lead Rate **NURSINGKAMP**

SB NS ST Afib Aflutter A-Paced F D V-Paced F D _____

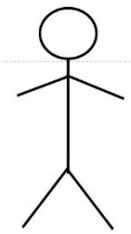
AV Paced AICD Block 1 2 3 PAC's PVC's _____

Heart Sounds: S1 S2 S3 S4 Murmur I II III IV V _____

Pulses: R I W T B Doppler _____

Pulse Trend: _____ 100—90—80—70—60—50 _____

VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other _____



Edema

0
1
2
3
4
P W
T G

PULMONARY — O2@ _____ L NC VM PRB NRB CPAP BIPAP FIO2 _____ TRACH # _____ F NF C U _____

Breath Sounds: Clear Diminished Coarse Wheezes Crackles _____

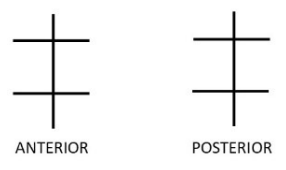
Cough: Productive Non-Productive _____

Treatments: Nebs _____ ISP _____ CPT _____

O2 Sats Trend: 100—95—90 _____

Rate Trend: _____ 24—20—16 _____

Chest Tube: R L Pneumo Hemo _____



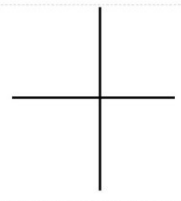
Endocrine/GU Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I _____

Bowel Sounds: Hypo Hyper Active Nausea Vomiting _____ Diarrhea _____

NGT: R L — Green Clear Red _____ Amount: _____

G - J TUBE: _____ CKD Dialysis: M T W T F Sa Su _____

Foley: # _____ F Clear Cloudy Amber Bloody Intake _____ Output _____



Skin/Drains/Dressings CDI _____

Dressings 1 2 3 4 5 _____

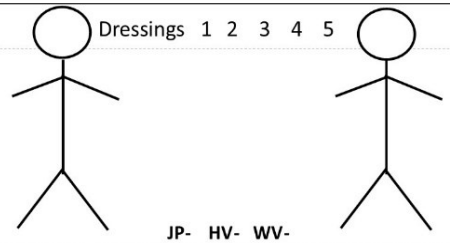
Weakness: RUE LUE RLE LLE _____

Numbness: RUE LUE RLE LLE _____

Pain: 1 2 3 4 5 6 7 8 9 10 Location: _____

Med: _____ Frequency: _____

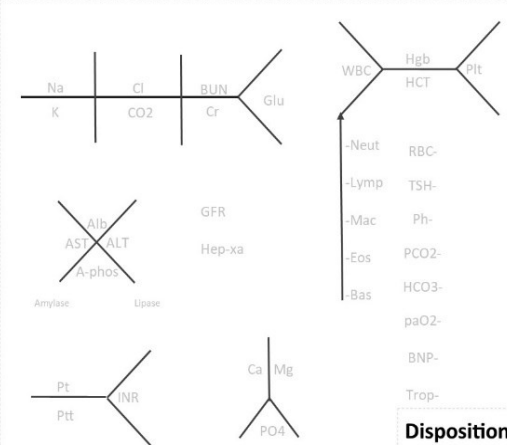
Trend Pain: 1 2 3 4 5 6 7 8 9 10 _____



MEDICATIONS

MEDS PRN

HgA1c	BG	AC B	AC L	AC D	HS	nursingkamp.com ©2020	Consulted:
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New Orders/Pending

Speech

CM

PT

OT

GI

Cardiology

Neuro

Renal

Wound

Ortho

Pulm

Surgical

Disposition: Home Home Health NH ALF SCF REHAB

OFFSITE—CCD- Critical Care Unit - CVICU

This is an ICU/CCU and CVICU floor the patients have numerous active comorbidities ranging from sepsis, post operative, post myocardial infarctions etc. Many of the patients are ventilated with numerous access and procedural applications. You will have the opportunity to shadow a critical care nurse and assist with the delivery of care.

Report to unit at 0645 or 1500. If Evening 245 PM- 1100 PM

Point of Contact: You will work with a preceptor/staff nurse.

Medication Administration: You will not give any medications without your preceptor.

Fill out 2- SPCON-NVC-BRAINSHEET-3 for each patient

Fill out SPCON-NVC-BRAINSHEET-4 SBAR addressing potential complications for each patient

- **Patient Care Experience:** What specific patient interactions or observations stood out to you during your shadowing experience in the ICU, and how did they influence your understanding of critical care nursing?

- **Interdisciplinary Collaboration:** How did the ICU team (nurses, doctors, respiratory therapists, etc.) collaborate to manage patient care, and what insights did you gain about the importance of teamwork in this high-stakes environment?

- **Emotional and Ethical Challenges:** Were there any emotionally challenging or ethically complex situations you observed in the ICU? How did the healthcare team address these challenges, and how did it impact your thoughts on nursing in such settings?

- **Critical Thinking and Decision-Making:** How did you see critical thinking and quick decision-making play a role in patient care? Reflect on how nurses in the ICU assess and respond to rapidly changing patient conditions, and what strategies you might adopt in similar situations.

Room/Name
Age Gender
HCP

Allergies

- FC
- DNR
- DNI
- LW
- HCP
- MOLST

Admit Date:

DX

PCP

Consults: C P R ID PSY Neuro Surg Wound Ortho PT OT SW

PMHX: CAD HTN PVD ACS MI A-FIB Aflutter Cath CABG x Stent x CHF R L BNP
 PE DVT COPD Asthma Emphysema PNA COVID CKD

ESR S M T W T F S PD DM 1 DM 2 AKI Stroke CA

Depression Thyroid ↑ ↓ Seizure

Smoker ETOH **SCALE** _____ **SCORE** _____

Precautions	LOC	A&O x	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Confused	<input type="checkbox"/> Lethargic
<input type="checkbox"/> FALL	TIME					MEDICATIONS & TREATMENTS	
<input type="checkbox"/> D	TEMP						@ _____
<input type="checkbox"/> A	PULSE						@ _____
<input type="checkbox"/> S	RESP						@ _____
<input type="checkbox"/> C	BP						@ _____
<input type="checkbox"/> CDIFF	SPO2						
<input type="checkbox"/> MRSA	PAIN						
<input type="checkbox"/> VRE							
<input type="checkbox"/> OBS							
<input type="checkbox"/> 1:1							
<input type="checkbox"/> Neut							
<input type="checkbox"/> Sitter							

WNL NCL % CPAP BiPap



NEBS Chest Tube

Trach # C U

Incentive S@BS

ECG—Lead NSR ST SB A- fib A-Flutter

RATE PAC PVC AV Block 1 2 3

EF % S1 S2 S3 S4 MURMUR

VALVE T P M A

T	M
P	A

NG R - L PEG ILIOST COLOST

NPO-

TPN

DIET

BM

Foley **Output:**

Intake:



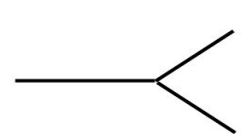
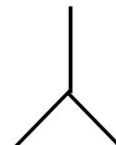
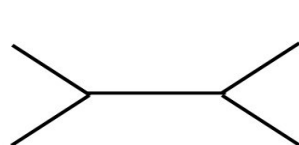
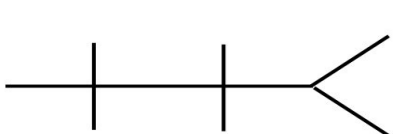
BS

BS

BS

BS

A1C



HEMODYNAMICS—Ranges	Lines	GTT's
<input type="checkbox"/> Aline <input type="checkbox"/> Emco <input type="checkbox"/> CRRT	<input type="checkbox"/> TLC R L F I J	
<input type="checkbox"/> SWANN <input type="checkbox"/> Impella	<input type="checkbox"/> PICC <input type="checkbox"/> Port A D	
<input type="checkbox"/> CVP	<input type="checkbox"/> V#	
<input type="checkbox"/> PAWP	<input type="checkbox"/> IV #	
<input type="checkbox"/> SVR	<input type="checkbox"/> IV #	
<input type="checkbox"/> CO	<input type="checkbox"/> IV #	
<input type="checkbox"/> CI	<input type="checkbox"/> TPN <input type="checkbox"/> LIPIDS	
Temp		
HR		
Systolic		
Diastolic		
MAP		
SpO2		

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Do/ Orders

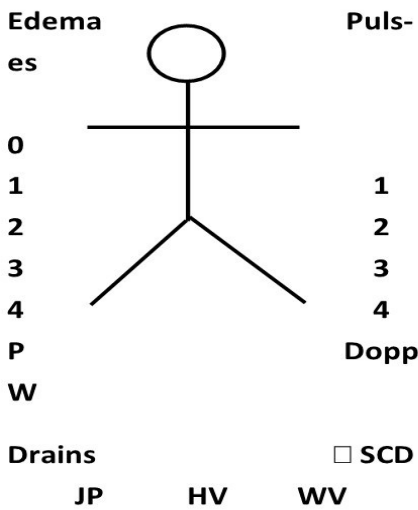
SCHEDULED

Cath US MRI

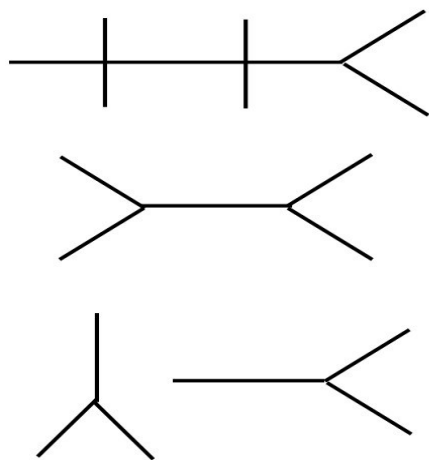
Stress Dop CT

CXR Surg

07	<input type="checkbox"/>
19	<input type="checkbox"/>
08	<input type="checkbox"/>
20	<input type="checkbox"/>
09	<input type="checkbox"/>
21	<input type="checkbox"/>
10	<input type="checkbox"/>
22	<input type="checkbox"/>
11	<input type="checkbox"/>
23	<input type="checkbox"/>
12	<input type="checkbox"/>
24	<input type="checkbox"/>
13	<input type="checkbox"/>
01	<input type="checkbox"/>
14	<input type="checkbox"/>
02	<input type="checkbox"/>
15	<input type="checkbox"/>
03	<input type="checkbox"/>
16	<input type="checkbox"/>
04	<input type="checkbox"/>
17	<input type="checkbox"/>
05	<input type="checkbox"/>
18	<input type="checkbox"/>
06	<input type="checkbox"/>
19	<input type="checkbox"/>
07	<input type="checkbox"/>



- D-Dimer
- Troponin
- BNP
- Lactic Acid
- AST
- ALT
- BS
- BS
- BS
- A1C



AS HE VS SK TU LI DR RX ET WO CT RE I/O

Discharge: Home Home Health Rehab SNF ALF Hospice

Room/Name
Age Gender
HCP

Allergies

- FC
- DNR
- DNI
- LW
- HCP
- MOLST

Admit Date:

DX

PCP

Consults: C P R ID PSY Neuro Surg Wound Ortho PT OT SW

PMHX: CAD HTN PVD ACS MI A-FIB Aflutter Cath CABG x Stent x CHF R L BNP
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<input type="checkbox"/> S	RESP						@ _____
<input type="checkbox"/> C	BP						@ _____
<input type="checkbox"/> CDIFF	SPO2						
<input type="checkbox"/> MRSA	PAIN						
<input type="checkbox"/> VRE							
<input type="checkbox"/> OBS							
<input type="checkbox"/> 1:1							
<input type="checkbox"/> Neut							
<input type="checkbox"/> Sitter							

WNL NCL % CPAP BiPap



NEBS Chest Tube

Trach # C U

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ECG—Lead NSR ST SB A-fib A-Flutter

RATE PAC PVC AV Block 1 2 3

EF % S1 S2 S3 S4 MURMUR

VALVE T P M A

T	M
P	A

NG R - L PEG ILIOST COLOST

NPO-

TPN

DIET

BM

Foley **Output:**

Intake:



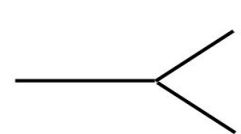
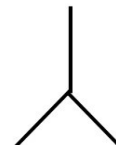
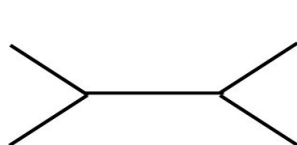
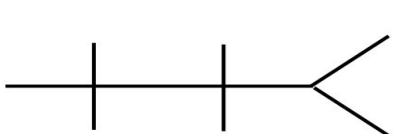
BS

BS

BS

BS

A1C



HEMODYNAMICS—Ranges	Lines	GTT's
<input type="checkbox"/> Aline <input type="checkbox"/> Emco <input type="checkbox"/> CRRT	<input type="checkbox"/> TLC R L F I J	
<input type="checkbox"/> SWANN <input type="checkbox"/> Impella	<input type="checkbox"/> PICC <input type="checkbox"/> Port A D	
<input type="checkbox"/> CVP	<input type="checkbox"/> V#	
<input type="checkbox"/> PAWP	<input type="checkbox"/> IV #	
<input type="checkbox"/> SVR	<input type="checkbox"/> IV #	
<input type="checkbox"/> CO	<input type="checkbox"/> IV #	
<input type="checkbox"/> CI	<input type="checkbox"/> TPN <input type="checkbox"/> LIPIDS	
Temp		
HR		
Systolic		
Diastolic		
MAP		
SpO2		

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Do/ Orders

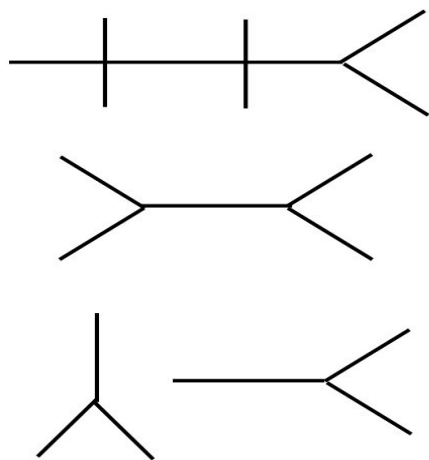
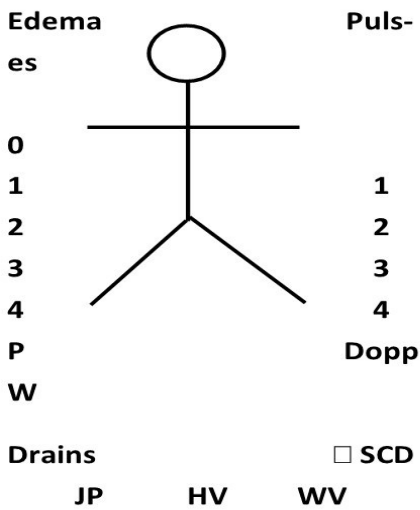
SCHEDULED

Cath US MRI

Stress Dop CT

CXR Surg

07	<input type="checkbox"/>
19	<input type="checkbox"/>
08	<input type="checkbox"/>
20	<input type="checkbox"/>
09	<input type="checkbox"/>
21	<input type="checkbox"/>
10	<input type="checkbox"/>
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01	<input type="checkbox"/>
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16	<input type="checkbox"/>
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05	<input type="checkbox"/>
18	<input type="checkbox"/>
06	<input type="checkbox"/>
19	<input type="checkbox"/>
07	<input type="checkbox"/>



- D-Dimer
- Troponin
- BNP
- Lactic Acid
- AST
- ALT
- BS
- BS
- BS
- A1C

AS HE VS SK TU LI DR RX ET WO CT RE I/O

Discharge: Home Home Health Rehab SNF ALF Hospice

S-SITUATION

NURSINGKAMP

B-BACKGROUND

I am calling about—

Room/Name _____ Age Gender _____

Code Status—FC DNR DNI HCP MOST

Allergies:

Admit Date _____ Primary _____

Admit Dx _____

The problem I am calling about is-

I just assessed the pt personally vitals are-

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

Previous were

T _____ P _____ R _____ BP _____ MAP _____ O2 _____

I am concerned about the

BP >200 <100 30mm difference

Pulse >130 _____ < 50 _____

Resp < 8 _____ >30 _____

Temp <96 _____ > 103 _____

Pulse Oximetry _____

Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

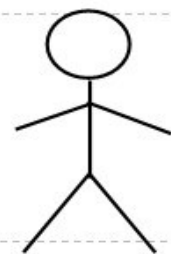
Patient is Currently— Alert Oriented

Person Place Time Confused changed yes no

- Confused—Cooperative Non Cooperative
- Agitated Combative
- Lethargic but conversant able to swallow
- Stuporous not talking clearly possibly not able to swallow
- Comatose— Eyes Closed Not responding to stimulation

Skin is: Warm Dry Pale Mottled
Diaphoretic Extremities Cold Hot

Edema		Pulses
0 1		1 2
2 3		3 4
4 P W		Drains
		Foley



The Patient is — on Oxygen Not on Oxygen

The patient has been on (l/pm) _____ % for _____ hours/minutes O2 Sats _____ Nebs _____

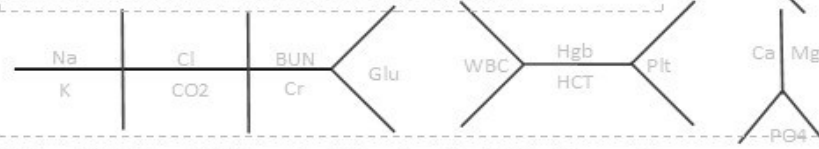
A-ASSESSMENT MEDS

This is what I think the problem is

Problem seems to be Cardiac Pulmonary
Neuro Infection Meds _____

I'm not sure what the problem is but the patient is deteriorating.

The patient seems unstable and may get worse, we need to do something.



PH PaCo2 HCO3 PaO2 Lactic Acid Troponin

R-RECOMMENDATIONS

I would like to suggest:

- Transfer to ICU
- Come see the patient
- Talk to patient or family about code status
- Ask on-call to see patient now
- Ask for a consultant

Are there any test needed:

- Do you need any test like
- CXR ABG
- EKG CBC
- BMP

Would you like any changes?

How often would you like vital signs?
How long do you expect this problem will last
If the patient doesn't get better would you want to be called back and when?

S-SITUATION

NURSINGKAMP

B-BACKGROUND

I am calling about—

Room/Name

Age Gender

Code Status—FC DNR DNI HCP MOST

Allergies:

Admit Date

Primary

Admit Dx

The problem I am calling about is-

I just assessed the pt personally vitals are-

T P R BP MAP O2

Previous were

T P R BP MAP O2

I am concerned about the

BP >200 <100 30mm difference

Pulse >130 ___ < 50 ___

Resp < 8 ___ >30 ___

Temp <96 ___ > 103 ___

Pulse Oximetry ___

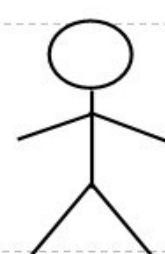
Angina	MI	AFIB	CABG	HTN	ACS
CHF	COPD-E	COPD-B	Asthma	CKD	DM I II
Seizures	Dementia	Other			

Patient is Currently— Alert Oriented

Person Place Time Confused changed yes no

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- Stuporous not talking clearly possibly not able to swallow
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Skin is: Warm Dry Pale Mottled Diaphoretic Extremities Cold Hot

Edema		Pulses
0 1		1 2
2 3		3 4
4 P W		Drains Foley

The Patient is — on Oxygen Not on Oxygen

The patient has been on (l/pm) % for ___ hours/minutes O2 Sats ___ Nebs

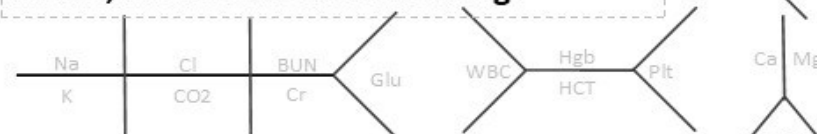
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R-RECOMMENDATIONS

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CXR ABG
EKG CBC
BMP

Would you like any changes?

How often would you like vital signs?
How long do you expect this problem will last
If the patient doesn't get better would you want to be called back and when?

Nursing V CLINICAL REFLECTION – SPCON_NVC-011

To Be completed per clinical Site - CCU - ED – SVH – CHARGE – CVICU– 2Mac - If things are not applicable put N/A

1. Today, I taught my client (or client's family) about ----- and I felt...

2. If I could repeat today, I would change how I...

3. Today, I felt like I utilized my nursing knowledge when I...

4. The thing I did best today was (include why)....

5. Today, I recognized that evidence based practice is essential, when...

6. Today, I demonstrated professionalism when I ...

7. Today, I felt sad/frustrated when ...

8. Today, I was a client advocate when I ...

9. Before I began client care today, I worried most about (include your thoughts and feelings before and after the clinical experience)...

E.D.-Emergency Dept

You will work with a preceptor. You may give all meds. SEE THE GUIDELINES UNDER THE TELEMETRY HEADING FOR THE CRITERIA FOR MEDICATIONS. Try to observe in the triage and Fast Track areas. Be alert for learning opportunities such as EKG's and catheterizations, IV's Blood Draws.

- **Critical Thinking and Decision-Making:** *Reflect on a situation you observed in the ER where quick decision-making was crucial. How did the healthcare team assess the patient's condition and determine the immediate course of action? What role did critical thinking play in the process, and how would you handle a similar situation as a nurse?*

- **Communication and Teamwork:** *In the fast-paced ER environment, effective communication and teamwork are vital. Describe an instance where you witnessed strong collaboration between nurses, physicians, and other healthcare professionals. How did communication impact patient care, and what strategies did you observe that you would incorporate into your own nursing practice?*

- **Emotional Resilience and Patient Care:** *The ER often presents emotionally challenging situations. Reflect on a moment when a difficult or emotional patient case unfolded. How did the healthcare team manage the emotional aspects of the case while providing care? What insights did you gain about maintaining emotional resilience as a nurse in such situations?*

- **Time Management and Prioritization:** *ER nurses often have to manage multiple patients with varying levels of acuity. Reflect on how you observed the nursing staff prioritize care during your time in the ER. What strategies did you see them use to manage their time effectively, and how would you apply these strategies to your future practice?*

RM: Name/Age



C/O

Allergies NKDA

FC
 DNR
 LW

AMB TRIAGE ESI GCS PREC: -

Consults C P R ID PSY Neuro Surg Wound Ortho PT OT SW • ADMITTO:

LOC A & Ox 1 2 3 Confused Lethargic Sedated PERRLA • SAFETY: Fall SI ASP RESTRAINTS Sitter

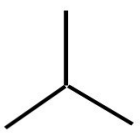
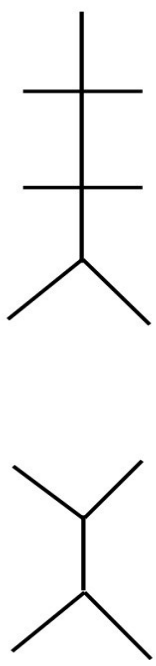
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P	Trop - +	BNP						<input type="checkbox"/> CKR-
R		NC <input type="checkbox"/>						<input type="checkbox"/> US -
B/p	NEBS: <input type="checkbox"/>	PAIN						<input type="checkbox"/> CT -
02								<input type="checkbox"/> ECHO -

Labs: GI - WNL PRN's



_____ @ _____
_____ @ _____
_____ @ _____

Diagnostics & Pending Notes



Foley

INTAKE:

OUTPUT:

Belongings Meds Consent

RM:

C/O

Allergies NKDA

FC

Name/Age



DNR

LW

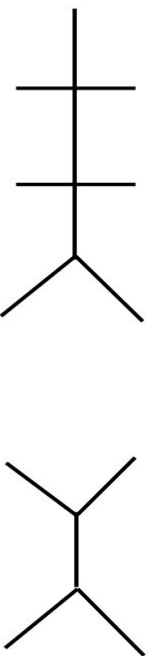
AMB TRIAGE ESI GCS **PREC:** -

Consults C P R ID PSY Neuro Surg Wound Ortho PT OT SW • **ADMITTO:**

LOC A&Ox 1 2 3 Confused Lethargic Sedated **PERRLA** • **SAFETY:** Fall SI ASP RESTRAINTS Sitter

T		TELE: <input type="checkbox"/>	<input type="checkbox"/> IV #	<input type="checkbox"/> IV #	<input type="checkbox"/> PICC	<input type="checkbox"/> IP	<input type="checkbox"/> TLC	<input type="checkbox"/> EKG-
P	Trop - +	BNP	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> CXR-
R		NC <input type="checkbox"/>	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> US -
B/P	NEBS: <input type="checkbox"/>	PAIN	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> CT -
02	<input type="checkbox"/>		<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> @	<input type="checkbox"/> ECHO -

Lab: GI - WNL **PRN's**



Foley

INTAKE:

OUTPUT:

Belongings Meds Consent

RM: Name/Age



C/O

Allergies NKDA

FC
 DNR
 LW

AMB TRIAGE ESI GCS PREC: -

Consults C P R ID PSY Neuro Surg Wound Ortho PT OT SW • ADMITTO:

LOC A & Ox 1 2 3 Confused Lethargic Sedated PERRLA • SAFETY: Fall SI ASP RESTRAINTS Sitter

T		TELE: <input type="checkbox"/>	<input type="checkbox"/> IV #	<input type="checkbox"/> IV #	<input type="checkbox"/> PICC	<input type="checkbox"/> IP	<input type="checkbox"/> TLC	<input type="checkbox"/> EKG-
P	Trop - +	BNP						<input type="checkbox"/> CKR-
R		NC <input type="checkbox"/>						<input type="checkbox"/> US -
B/p	NEBS: <input type="checkbox"/>	PAIN						<input type="checkbox"/> CT -
02								<input type="checkbox"/> ECHO -

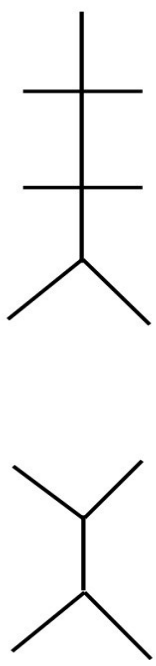
Labs: GI - WNL

PRN's



_____ @ _____
_____ @ _____
_____ @ _____

Diagnostics & Pending Notes



Foley

INTAKE:

OUTPUT:

Belongings Meds Consent

RM: Name/Age



C/O

Allergies NKDA

FC
 DNR
 LW

AMB TRIAGE ESI GCS PREC: -

Consults C P R ID PSY Neuro Surg Wound Ortho PT OT SW • ADMITTO:

LOC A & Ox 1 2 3 Confused Lethargic Sedated PERRLA • SAFETY: Fall SI ASP RESTRAINTS Sitter

T		TELE: <input type="checkbox"/>	<input type="checkbox"/> IV #	<input type="checkbox"/> IV #	<input type="checkbox"/> PICC	<input type="checkbox"/> IP	<input type="checkbox"/> TLC	<input type="checkbox"/> EKG-
P	Trop - +	BNP						<input type="checkbox"/> CXR-
R		NC <input type="checkbox"/>						<input type="checkbox"/> US -
B/P	NEBS: <input type="checkbox"/>	PAIN						<input type="checkbox"/> CT -
02								<input type="checkbox"/> ECHO -

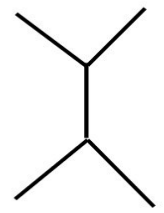
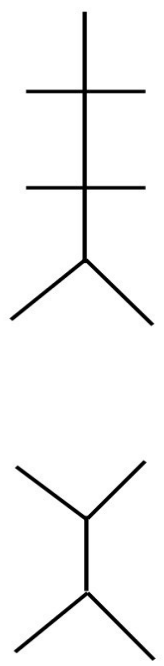


GI - WNL

PRN's

_____ @ _____

Diagnostics & Pending Notes



Foley

INTAKE:

OUTPUT:

Belongings Meds Consent

Nursing V CLINICAL REFLECTION – ER

To Be completed per clinical Site - CCU - ED – SVH – CHARGE – CVICU– 2Mac - If things are not applicable put N/A

1. Today, I taught my client (or client's family) about ----- and I felt...

2. If I could repeat today, I would change how I...

3. Today, I felt like I utilized my nursing knowledge when I...

4. The thing I did best today was (include why)....

5. Today, I recognized that evidence based practice is essential, when...

6. Today, I demonstrated professionalism when I ...

7. Today, I felt sad/frustrated when ...

8. Today, I was a client advocate when I ...

9. Before I began client care today, I worried most about (include your thoughts and feelings before and after the clinical experience)...

Nursing V CLINICAL REFLECTION – CVICU

To Be completed per clinical Site - CCU - ED – SVH – CHARGE – CVICU– 2Mac - If things are not applicable put N/A

1. Today, I taught my client (or client's family) about ----- and I felt...

2. If I could repeat today, I would change how I...

3. Today, I felt like I utilized my nursing knowledge when I...

4. The thing I did best today was (include why)....

5. Today, I recognized that evidence based practice is essential, when...

6. Today, I demonstrated professionalism when I ...

7. Today, I felt sad/frustrated when ...

8. Today, I was a client advocate when I ...

9. Before I began client care today, I worried most about (include your thoughts and feelings before and after the clinical experience)...

Nursing V CLINICAL REFLECTION –VN

To Be completed per clinical Site - CCU - ED – SVH – CHARGE – CVICU– 2Mac - If things are not applicable put N/A

(VN) Virtual Nurse hub) Location Albany Memorial Campus- 600 Northern Blvd 5th Floor Park on Shaker Rd lot past Dunkin Donuts Lot G

1. Today, I taught my client (or client's family) about ----- and I felt...

2. If I could repeat today, I would change how I...

3. Today, I felt like I utilized my nursing knowledge when I...

4. The thing I did best today was (include why)....

5. Today, I recognized that evidence based practice is essential, when...

6. Today, I demonstrated professionalism when I ...

7. Today, I felt sad/frustrated when ...

8. Today, I was a client advocate when I ...

9. Before I began client care today, I worried most about (include your thoughts and feelings before and after the clinical experience)...

Nursing V CLINICAL REFLECTION – SVH

Sunny View Hospital 1270 Belmont Avenue Schenectady Left Parking Lot Call supervisor (518) 788-3418 Report to 2 West Charge Nurse

To Be completed per clinical Site - CCU - ED – SVH – CHARGE – CVICU– 2Mac - If things are not applicable put N/A

1. Today, I taught my client (or client's family) about ----- and I felt...

2. If I could repeat today, I would change how I...

3. Today, I felt like I utilized my nursing knowledge when I...

4. The thing I did best today was (include why)....

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6. Today, I demonstrated professionalism when I ...

7. Today, I felt sad/frustrated when ...

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9. Before I began client care today, I worried most about (include your thoughts and feelings before and after the clinical experience)...