MARK THE APPROPRIATE BOX AND EXPLAIN ABNORMALITIES

SYSTEMS	NIGHTS	DAYS	EVENINGS
	Time: Initials:	Time: Initials:	Time: Initials:

NEURO

Glasgow Coma Scale (GCS)

EYE OPENING RESPONSE	VERBAL RESPONSE	MOTOR RESPONSE
4 ☐☐☐ Spontaneous	5 ☐☐☐ Oriented	6 ☐☐☐ Obeys Commands
3 ☐☐☐ To Voice	4 ☐☐☐ Confused	5 ☐☐☐ Localizes Pain
2 ☐☐☐ To Pain	3 ☐☐☐ Inappropriate Words	4 ☐☐☐ Withdraws to Pain
1 ☐☐☐ None	2 ☐☐☐ Incomprehensible Words	3 ☐☐☐ Flexion to Pain
	1 ☐☐☐ None	2 ☐☐☐ Extension to Pain
		1 ☐☐☐ None

NIGHTS	DAYS	EVENINGS
GCS Score = ______ ☐ Sz precaution	GCS Score = ______ ☐ Sz precaution	GCS Score = ______ ☐ Sz precaution
Pupil size ______ ☐ NA	Pupil size ______ ☐ NA	Pupil size ______ ☐ NA

KEY FOR NEURO CHECKS

CONSCIOUSNESS:
- **A - Alert & Cooperative**
- **L - Lethargic, stuporous, responds to verbal stimuli**
- **S - Semi-comatose, responds only to painful stimuli**
- **C - Comatose, does not respond**

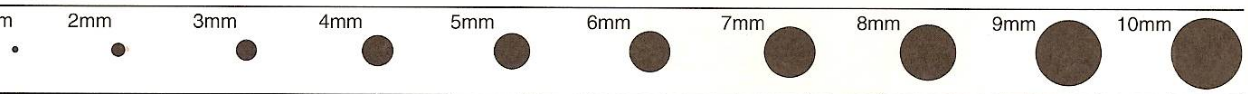
SPEECH:
- **N - Normal**
- **S - Slurred**
- **A - Aphasic**

PUPIL REACTION:
- **++ Normal, brisk**
- **+ Sluggish**
- **- No reaction**

MOVEMENT
Moves all extremities or ø see nurses notes

STRENGTH:
- **S - Strong**
- **W - Weak**
- **F - Flaccid**

PUPIL SIZE: 1mm 2mm 3mm 4mm 5mm 6mm 7mm 8mm 9mm 10mm



FREQUENT NEURO CHECKS

TIME:																	
LOC																	
Speech																	
Pupils Size mm																	
Reaction																	
Movement																	
Strength																	

MUSCULO-SKELETAL

NIGHTS	DAYS	EVENINGS
Movement of Extremities ☐ Equally ☐ Weakness ☐ Paralysis Sensation ☐ Denies Numbness or Tingling ☐ Numbness Specify ______ ☐ Tingling Specify ______ Gait ☐ Steady ☐ Unsteady ☐ Uses Assistive Devices	Movement of Extremities ☐ Equally ☐ Weakness ☐ Paralysis Sensation ☐ Denies Numbness or Tingling ☐ Numbness Specify ______ ☐ Tingling Specify ______ Gait ☐ Steady ☐ Unsteady ☐ Uses Assistive Devices	Movement of Extremities ☐ Equally ☐ Weakness ☐ Paralysis Sensation ☐ Denies Numbness or Tingling ☐ Numbness Specify ______ ☐ Tingling Specify ______ Gait ☐ Steady ☐ Unsteady ☐ Uses Assistive Devices
Explain	Explain	Explain

RESPIRATORY

NIGHTS	DAYS	EVENINGS
☐ Even and Non-labored ☐ SOB ☐ Lungs Clear ☐ Diminished ☐ Wheezes ☐ Crackles ☐ Rhonchi ☐ Cough ☐ Non-productive ☐ Productive ☐ Sputum (Describe) ______ O_2 Rate ______ per ______ ☐ Incentive Spirometry q ______ WA Volume ______ ☐ Deep breathe q 2 hours WA ☐ Chest tube (s) ______	☐ Even and Non-labored ☐ SOB ☐ Lungs Clear ☐ Diminished ☐ Wheezes ☐ Crackles ☐ Rhonchi ☐ Cough ☐ Non-productive ☐ Productive ☐ Sputum (Describe) ______ O_2 Rate ______ per ______ ☐ Incentive Spirometry q ______ WA Volume ______ ☐ Deep breathe q 2 hours WA ☐ Chest tube (s) ______	☐ Even and Non-labored ☐ SOB ☐ Lungs Clear ☐ Diminished ☐ Wheezes ☐ Crackles ☐ Rhonchi ☐ Cough ☐ Non-productive ☐ Productive ☐ Sputum (Describe) ______ O_2 Rate ______ per ______ ☐ Incentive Spirometry q ______ WA Volume ______ ☐ Deep breathe q 2 hours WA ☐ Chest tube (s) ______
Explain	Explain	Explain
☐ Specimen Sent ______	☐ Specimen Sent ______	☐ Specimen Sent ______

CV

NIGHTS	DAYS	EVENINGS
☐ Telemetry Rhythm: ______ Heart Rhythm if not on monitor ☐ Regular ☐ Irregular Radial Pulses ☐ Right ☐ Left Pedal Pulses ☐ Right ☐ Left ☐ Skin Warm and Dry ☐ Diaphoretic ☐ Cool ☐ Edema ☐ A.E. Hose/SCD	☐ Telemetry Rhythm: ______ Heart Rhythm if not on monitor ☐ Regular ☐ Irregular Radial Pulses ☐ Right ☐ Left Pedal Pulses ☐ Right ☐ Left ☐ Skin Warm and Dry ☐ Diaphoretic ☐ Cool ☐ Edema ☐ A.E. Hose/SCD	☐ Telemetry Rhythm: ______ Heart Rhythm if not on monitor ☐ Regular ☐ Irregular Radial Pulses ☐ Right ☐ Left Pedal Pulses ☐ Right ☐ Left ☐ Skin Warm and Dry ☐ Diaphoretic ☐ Cool ☐ Edema ☐ A.E. Hose/SCD
Explain	Explain	Explain

GI

NIGHTS	DAYS	EVENINGS
Abd: ☐ Soft ☐ Firm ☐ Distended Bowel Sounds ☐ Active ☐ Hypoactive ☐ Absent ☐ Nausea ☐ Vomiting ☐ Flatus ☐ BM ☐ Diarrhea ☐ Constipation ☐ Ostomy ☐ NG Tube	Abd: ☐ Soft ☐ Firm ☐ Distended Bowel Sounds ☐ Active ☐ Hypoactive ☐ Absent ☐ Nausea ☐ Vomiting ☐ Flatus ☐ BM ☐ Diarrhea ☐ Constipation ☐ Ostomy ☐ NG Tube	Abd: ☐ Soft ☐ Firm ☐ Distended Bowel Sounds ☐ Active ☐ Hypoactive ☐ Absent ☐ Nausea ☐ Vomiting ☐ Flatus ☐ BM ☐ Diarrhea ☐ Constipation ☐ Ostomy ☐ NG Tube
Explain	Explain	Explain
☐ Specimen Sent ______	☐ Specimen Sent ______	☐ Specimen Sent ______

MARK THE APPROPRIATE BOX AND EXPLAIN ABNORMALITIES

SYSTEMS	NIGHTS Time: Initials:	DAYS Time: Initials:	EVENINGS Time: Initials:
GU	☐ Continent ☐ Incontinent Urine: Color ______ ☐ Clear ☐ Cloudy ☐ Void ☐ Foley ☐ Straight Cath ☐ Other ______	☐ Continent ☐ Incontinent Urine: Color ______ ☐ Clear ☐ Cloudy ☐ Void ☐ Foley ☐ Straight Cath ☐ Other ______	☐ Continent ☐ Incontinent Urine: Color ______ ☐ Clear ☐ Cloudy ☐ Void ☐ Foley ☐ Straight Cath ☐ Other ______
Explain	Explain	Explain	Explain
	☐ Specimen Sent ______	☐ Specimen Sent ______	☐ Specimen Sent ______
SKIN	☐ Intact ☐ Rash - describe: ______ ☐ Ecchymosis - describe: ______ ☐ Hematoma - describe: ______ ☐ Lesion - describe: ______ ☐ Specialty bed - type: ______	☐ Intact ☐ Rash - describe: ______ ☐ Ecchymosis - describe: ______ ☐ Hematoma - describe: ______ ☐ Lesion - describe: ______ ☐ Specialty bed - type: ______	☐ Intact ☐ Rash - describe: ______ ☐ Ecchymosis - describe: ______ ☐ Hematoma - describe: ______ ☐ Lesion - describe: ______ ☐ Specialty bed - type: ______
Explain	Explain	Explain	Explain
WOUND INCISION SITE ONE	☐ N/A location: ______ ☐ Drsg change not required ☐ Drsg dry and intact ☐ Drsg changed - type: ______ **Wound Appearance** ☐ Drainage - amt/type: ______ ☐ Incision closed ☐ staples ☐ steri-strips ☐ sutures ☐ dehiscence ☐ Odor ☐ Eschar ☐ Slough **Surrounding Skin** ☐ Erythema ☐ Excoriation	☐ N/A location: ______ ☐ Drsg change not required ☐ Drsg dry and intact ☐ Drsg changed - type: ______ **Wound Appearance** ☐ Drainage - amt/type: ______ ☐ Incision closed ☐ staples ☐ steri-strips ☐ sutures ☐ dehiscence ☐ Odor ☐ Eschar ☐ Slough **Surrounding Skin** ☐ Erythema ☐ Excoriation	☐ N/A location: ______ ☐ Drsg change not required ☐ Drsg dry and intact ☐ Drsg changed - type: ______ **Wound Appearance** ☐ Drainage - amt/type: ______ ☐ Incision closed ☐ staples ☐ steri-strips ☐ sutures ☐ dehiscence ☐ Odor ☐ Eschar ☐ Slough **Surrounding Skin** ☐ Erythema ☐ Excoriation
Explain	Explain	Explain	Explain
	☐ Culture sent - site	☐ Culture sent - site	☐ Culture sent - site
WOUND INCISION SITE TWO	☐ N/A location: ______ ☐ Drsg change not required ☐ Drsg dry and intact ☐ Drsg changed - type: ______ **Wound Appearance** ☐ Drainage - amt/type: ______ ☐ Incision closed ☐ staples ☐ steri-strips ☐ sutures ☐ dehiscence ☐ Odor ☐ Eschar ☐ Slough **Surrounding Skin** ☐ Erythema ☐ Excoriation	☐ N/A location: ______ ☐ Drsg change not required ☐ Drsg dry and intact ☐ Drsg changed - type: ______ **Wound Appearance** ☐ Drainage - amt/type: ______ ☐ Incision closed ☐ staples ☐ steri-strips ☐ sutures ☐ dehiscence ☐ Odor ☐ Eschar ☐ Slough **Surrounding Skin** ☐ Erythema ☐ Excoriation	☐ N/A location: ______ ☐ Drsg change not required ☐ Drsg dry and intact ☐ Drsg changed - type: ______ **Wound Appearance** ☐ Drainage - amt/type: ______ ☐ Incision closed ☐ staples ☐ steri-strips ☐ sutures ☐ dehiscence ☐ Odor ☐ Eschar ☐ Slough **Surrounding Skin** ☐ Erythema ☐ Excoriation
Explain	Explain	Explain	Explain
	☐ Culture sent - site	☐ Culture sent - site	☐ Culture sent - site

PAIN

Time/ Pain Level:	Location:	Inter- vention(s):	Time/ Pain Level:	Time/ Pain Level:	Location:	Inter- vention(s):	Time/ Pain Level:	Time/ Pain Level:	Location:	Inter- vention(s):	Time/ Pain Level:

Interventions:
1 Medication
2 Heating Pad
3 Ice Pack
4 Repositioning
5 Massage
6 Elevate Extremity
7 Foot Cradle
8 Sitz Bath
9 Shower
10 Support/Pillows
11 Dimmed Lights
12 Closed Door
13 Uninterrupted Rest
14 Frequent Contact
15 Rhythmic Breathing
16 Music
17 Diversional Activity
18 ROM Exercises
19 Splint Incision
20 Emotional Support

Target Level ______

PCA Pump ☐

Pain Intensity Scale 0 - - 1 - - 2 - - 3 - - 4 - - 5 - - 6 - - 7 - - 8 - - 9 - - 10
No Pain — Moderate Pain — Worst Possible Pain

S = Sleeping
U = Unable to Quantify

Form # 5083 (Rev. 5/01)

Mercy Medical Center Mt. Shasta
CHW

24 HOUR PATIENT PROGRESS RECORD

MARK THE APPROPRIATE BOX AND EXPLAIN ABNORMALITIES

SYSTEMS	NIGHTS Time: Initials:	DAYS Time: Initials:	EVENINGS Time: Initials:
NUTRITION	☐ NPO Diet ____ Fed by: ☐ Self ☐ Assist ☐ Total ☐ Snack ☐ Supplement ☐ Fluid Restriction ☐ Enteral Feeding ☐ Bolus ☐ Controller Formula ____ Rate ____ ☐ Parenteral Nutrition	☐ NPO Diet ____ Diet ____ BKFT ____% Lunch ____% Fed by: ☐ Self ☐ Assist ☐ Total ☐ Snack ☐ Supplement ☐ Fluid Restriction ☐ Enteral Feeding ☐ Bolus ☐ Controller Formula ____ Rate ____ ☐ Parenteral Nutrition	☐ NPO Diet ____ Diet ____ Dinner ____% Other ____% Fed by: ☐ Self ☐ Assist ☐ Total ☐ Snack ☐ Supplement ☐ Fluid Restriction ☐ Enteral Feeding ☐ Bolus ☐ Controller Formula ____ Rate ____ ☐ Parenteral Nutrition
Explain		Explain	Explain
	Residual q 4 hours ____ ml ____ ml	Residual q 4 hours ____ ml ____ ml	Residual q 4 hours ____ ml ____ ml
HYGIENE	☐ Oral Care ☐ Facial Shave ☐ Self Care ☐ Shower ☐ Partial Bath ☐ Complete Bath ☐ Shampoo ☐ Peri Care ☐ Sitz ☐ Diaper Care	☐ Oral Care ☐ Facial Shave ☐ Self Care ☐ Shower ☐ Partial Bath ☐ Complete Bath ☐ Shampoo ☐ Peri Care ☐ Sitz ☐ Diaper Care	☐ Oral Care ☐ Facial Shave ☐ Self Care ☐ Shower ☐ Partial Bath ☐ Complete Bath ☐ Shampoo ☐ Peri Care ☐ Sitz ☐ Diaper Care
Explain		Explain	Explain
ACTIVITY	☐ Ad Lib ☐ Assist ☐ Commode ☐ Chair x ____ ☐ Dangle x ____ ☐ Bedrest ☐ Turned and Repositioned q ____ H ☐ Slept at Intervals ☐ Turns Self ☐ BRP	☐ Ad Lib ☐ Assist ☐ Commode ☐ Chair x ____ ☐ Dangle x ____ ☐ Bedrest ☐ Turned and Repositioned q ____ H ☐ Slept at Intervals ☐ Turns Self ☐ BRP	☐ Ad Lib ☐ Assist ☐ Commode ☐ Chair x ____ ☐ Dangle x ____ ☐ Bedrest ☐ Turned and Repositioned q ____ H ☐ Slept at Intervals ☐ Turns Self ☐ BRP
Explain		Explain	Explain
	☐ Ambulate x ____	☐ Ambulate x ____	☐ Ambulate x ____
SAFETY	☐ Siderails up ☐ Top x ____ ☐ Bottom x ____ ☐ Falls Risk ☐ Bed Alarm ☐ Siderails release signed Bed ☐ Wheels Locked ☐ In Low Position Call light ☐ Within reach ☐ Unable to use	☐ Siderails up ☐ Top x ____ ☐ Bottom x ____ ☐ Falls Risk ☐ Bed Alarm ☐ Siderails release signed Bed ☐ Wheels Locked ☐ In Low Position Call light ☐ Within reach ☐ Unable to use	☐ Siderails up ☐ Top x ____ ☐ Bottom x ____ ☐ Falls Risk ☐ Bed Alarm ☐ Siderails release signed Bed ☐ Wheels Locked ☐ In Low Position Call light ☐ Within reach ☐ Unable to use
	☐ Safety Restraint (See Flowsheet)	☐ Safety Restraint (See Flowsheet)	☐ Safety Restraint (See Flowsheet)
EMOTIONAL **SPIRITUAL**	Coping: ☐ Adequately ☐ Inadequately Support: ☐ Social ☐ Family ☐ Spiritual	Coping: ☐ Adequately ☐ Inadequately Support: ☐ Social ☐ Family ☐ Spiritual	Coping: ☐ Adequately ☐ Inadequately Support: ☐ Social ☐ Family ☐ Spiritual
Explain		Explain	Explain
IV STATUS	**Peripheral** ☐ N/A ☐ #1 location ____ ☐ #2 location ____ Site: Site: ☐ clear ☐ red ☐ clear ☐ red ☐ swollen ☐ swollen **Central** ☐ N/A ☐ Location ____ Site: Dressing: ☐ clear ☐ red ☐ Dry/Intact ☐ swollen ☐ Changed	**Peripheral** ☐ N/A ☐ #1 location ____ ☐ #2 location ____ Site: Site: ☐ clear ☐ red ☐ clear ☐ red ☐ swollen ☐ swollen **Central** ☐ N/A ☐ Location ____ Site: Dressing: ☐ clear ☐ red ☐ Dry/Intact ☐ swollen ☐ Changed	**Peripheral** ☐ N/A ☐ #1 location ____ ☐ #2 location ____ Site: Site: ☐ clear ☐ red ☐ clear ☐ red ☐ swollen ☐ swollen **Central** ☐ N/A ☐ Location ____ Site: Dressing: ☐ clear ☐ red ☐ Dry/Intact ☐ swollen ☐ Changed
Explain		Explain	Explain
# of IV Pumps ____		# of IV Pumps ____	# of IV Pumps ____
	Tubing Date ____ ☐ Tubing Changed	Tubing Date ____ ☐ Tubing Changed	Tubing Date ____ ☐ Tubing Changed

IV STARTS

TIME	LOCATION	GAUGE	SIGNATURE/TITLE