

DIAGNOSIS: INTRACRANIAL HEMORRHAGE

MARK "X" IF ORDERED

PHYSICIAN: _____ [_____] ENTER TIME

MESSAGES	<p>LEVEL I: NEURO INTERMEDIATE DATE: _____</p> <p><i>Facilitate therapy consults ASAP when patient stable.</i></p>				
TESTS	<p> <input type="checkbox"/> CBC \bar{c} diff <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> INR/PT <input type="checkbox"/> PTT <input type="checkbox"/> Calcium <input type="checkbox"/> Mg <input type="checkbox"/> Phosphorus <input type="checkbox"/> Pre-albumin <input type="checkbox"/> SED rate <input type="checkbox"/> UA <input type="checkbox"/> Fasting Lipid Profile <input type="checkbox"/> Homocystine Level <input type="checkbox"/> EKG (12 Lead) <input type="checkbox"/> Echo <input type="checkbox"/> Hypercoagulable Profile (Protein C, Protein S, Antithrombin III, Lupus Anticoagulation Screen (LAC), Anticardiolipin Antibodies) <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Head CTA <input type="checkbox"/> Carotid Duplex <input type="checkbox"/> Cerebral Ateriogram <input type="checkbox"/> TEE <input type="checkbox"/> TCD <input type="checkbox"/> Head CT Scan: <input type="checkbox"/> \bar{c} contrast <input type="checkbox"/> \bar{s} contrast <input type="checkbox"/> MRA neck vessels: <input type="checkbox"/> with <input type="checkbox"/> without gadolinium <input type="checkbox"/> MRI Brain: <input type="checkbox"/> with <input type="checkbox"/> without gadolinium <input type="checkbox"/> MRA cerebral vessels: <input type="checkbox"/> with <input type="checkbox"/> without gadolinium </p> <p>Blood glucose level on arrival to unit & repeat in 4h. If > 120 mg/dl, see admission orders.</p>	11-7	7-3	3-11	
MEDS/PAIN MGMT	<p>ID bracelet <input checked="" type="checkbox"/> ed</p> <p>Allergy bracelet <input checked="" type="checkbox"/> ed</p> <p>Notify physician if expected pain relief not obtained.</p>				
NEURO MUSCULO SKELETAL	<p>SR \uparrow, Bed \downarrow position when in bed. HOB \uparrow 30°.</p> <p>4 Side Rails \uparrow due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] \downarrow LOC [E] Patient's request</p> <p>Activities \bar{c} assist.</p> <p><input type="checkbox"/> Bedrest <input type="checkbox"/> Chair _____ X/day <input type="checkbox"/> BRP / BSC</p> <p>NIHSS \bar{q}24h</p> <p>Neuro checks/GCS \bar{q}4h & prn.</p>	<p>Bed \downarrow/# of SR \uparrow</p> <p>Bedrest</p> <p>Chair</p> <p>BRP/BSC</p> <p>Precautions</p> <p>GCS/Neuro checks</p>			
CARDIO-VASCULAR RESPIRATORY	<p>VS & SaO₂ \bar{q}4h & prn.</p> <p>BP limits: _____</p> <p>Maintain SaO₂ \geq 90%.</p> <p>O₂: <input type="checkbox"/> NC: _____ lpm. <input type="checkbox"/> _____ % CAG mask.</p> <p><input checked="" type="checkbox"/> SCD hose</p>	<p><input checked="" type="checkbox"/> Cardiac monitor</p> <p>O₂</p> <p>SCD hose</p>			
GASTROINTESTINAL METABOLIC/ FLUID BALANCE	<p>Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____</p> <p>Aspiration precautions HOB \uparrow for 30 min after meals, etc.</p> <p><input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare</p> <p><input type="checkbox"/> IV _____ at _____ ml/h.</p> <p>_____ at _____ ml/h.</p> <p>Accurate I & O</p> <p>Void/Cath: <input type="checkbox"/> Foley (Foley inserted: _____)</p> <p>(Check \bar{c} physician \bar{q}72h regarding Foley)</p>	<p>Assisted \bar{c} feeding</p> <p>Aspiration precautions</p> <p>Tube placement <input checked="" type="checkbox"/> ed</p> <p>IV site <input checked="" type="checkbox"/> ed \bar{q}2h</p> <p>Tube irrigated</p> <p>Gastric Residual</p> <p>Foley Cath Care</p>			
INTEGU-MENTARY	<p>Turn side to side \bar{q}2h: <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance</p> <p>Oral care \bar{c} soft toothbrush t.i.d.</p> <p>Complete bath.</p> <p>Skin care \bar{q} shift & prn.</p> <p><input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe \bar{q}24h & prn.</p> <p><input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____</p> <p><input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____</p> <p><input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.</p>	<p>Turn</p> <p>Oral care</p> <p>Personal Hygiene/Bath/Shower _____</p>			
PSYCHO-SOCIAL	<p>Discuss plan of care \bar{c} pt/SO</p> <p>Management Rounds _____</p>	<p>Plan of care discussed</p>			
TEACHING/ DISCHARGE PLANNING	<p>Review pt pathway \bar{c} pt/SO <input checked="" type="checkbox"/> Daily multi-disciplinary team meeting for rehab/discharge planning</p> <p>Disease process, procedures, & precautions.</p> <p>Resource Person/Care Reviewed By _____</p> <p>Instruct: Pain management to pt/SO Give Pain brochure to pt/SO (if not done). [_____]</p>				
CONSULTS	<p>Social Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Rehab Consult Dr. _____</p> <p>Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> TCU evaluation</p> <p>Clinical Nutrition <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Care referral</p> <p>Pastoral Services: Follow-up prn: _____ <input checked="" type="checkbox"/> Smoking Cessation for all smokers</p>				
MISC. INTERVENTIONS					

LEVEL I: Neuro Intermediate Patient Assessment & Progress

ASSESSMENT SYMBOLS									
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.									
DATE		/		/		/		/	
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)								
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. No S/S of ↑ ICP / Vasospasm. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. <input type="text"/> <input type="text"/> Fall Risk <input type="text"/> NIH Scale <input type="text"/>	GCS:		GCS:		GCS:		GCS:	
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.								
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. O ₂ as per pathway.								
GASTRO-INTESTINAL	Tolerates 25% of diet. Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____								
FLUID BALANCE/IV	Output ≥ 30ml/h or ≥ 240ml/8h. Voids / Foley patent c̄ clear yellow / amber urine. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.								
INTEGUMENTARY INCISION	Skin intact, non-reddened. Braden Scale: <input type="text"/>								
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.								
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.								
PHYSICIAN COMM	1 Paged in hospital 5 DX report called 2 Paged per service 6 Report faxed 3 Office contact 7 Physician contact 4 Home contact 8 Physician present *Physician order	TIME	CODE						

LEVEL II: Patient Assessment & Progress

ASSESSMENT SYMBOLS					
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.					
DATE		/	/	/	/
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)				
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. No S/S of ↑ ICP / Vasospasm. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. <input type="text"/> <input type="text"/> Fall Risk <input type="text"/> NIH Scale <input type="text"/>	GCS:	GCS:	GCS:	GCS:
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.				
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. O ₂ as per pathway.				
GASTRO-INTESTINAL	Tolerates 25% of diet. Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____				
FLUID BALANCE/IV	Output ≥ 30ml/h or ≥ 240ml/8h. Voids / Foley patent c̄ clear yellow / amber urine. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.				
INTEGUMENTARY INCISION	Skin intact, non-reddened. Braden Scale: <input type="text"/>				
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.				
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.				
PHYSICIAN COMM	1 Paged in hospital 5 DX report called 2 Paged per service 6 Report faxed 3 Office contact 7 Physician contact 4 Home contact 8 Physician present *Physician order	TIME	CODE		

LEVEL III: Patient Assessment & Progress

ASSESSMENT SYMBOLS		DATE		/		/		/		/	
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.											
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)										
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. No S/S of ↑ ICP / Vasospasm. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. Fall Risk <input type="text"/> NIH Scale <input type="text"/>	GCS:		GCS:		GCS:		GCS:			
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.										
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. O ₂ as per pathway.										
GASTRO-INTESTINAL	Tolerates 50-75% of diet. Normal pattern of elimination Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____										
FLUID BALANCE/IV	Output ≥ 240ml/8h. Voids / Foley patent c̄ clear yellow / amber urine. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.										
INTEGUMENTARY INCISION	Skin intact, non-reddened. Braden Scale: <input type="text"/>										
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.										
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.										
PHYSICIAN COMM	1 Paged in hospital 5 DX report called 2 Paged per service 6 Report faxed 3 Office contact 7 Physician contact 4 Home contact 8 Physician present *Physician order	TIME	CODE								

LEVEL IV: Patient Assessment & Progress

ASSESSMENT SYMBOLS									
<p>BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.</p>									
DATE		/		/		/		/	
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)								
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. No S/S of ↑ ICP / Vasospasm. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. Fall Risk <input type="text"/> NIH Scale <input type="text"/>	GCS:		GCS:		GCS:		GCS:	
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.								
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. O ₂ as per pathway.								
GASTRO-INTESTINAL	Tolerates 75-100% of diet. Normal pattern of elimination Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____								
FLUID BALANCE/IV	Output ≥ 240ml/8h. Voids / Foley patent c̄ clear yellow / amber urine. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.								
INTEGUMENTARY INCISION	Skin intact, non-reddened. Braden Scale: <input type="text"/>								
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.								
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.								
PHYSICIAN COMM	1 Paged in hospital 5 DX report called 2 Paged per service 6 Report faxed 3 Office contact 7 Physician contact 4 Home contact 8 Physician present *Physician order	TIME	CODE						

MESSAGES	LEVEL V: NEURO INTERMEDIATE DATE: _____				
TESTS	<input type="checkbox"/> Daily labs: <input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____		Tests completed		
	<input type="checkbox"/> CT scan head <input type="checkbox"/> \bar{s} contrast		Labs called/faxed: _____ Time: _____		
MEDS/PAIN MGMT			ID bracelet ✓'ed		
			Allergy bracelet ✓'ed		
Notify physician if expected pain relief not obtained.					
NEURO MUSCULO SKELETAL	SR ↑, Bed ↓ position when in bed. HOB ↑ 30°.		Bed ↓/# of SR ↑		
	4 Side Rails ↑ due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] ↓ LOC [E] Patient's request				
	Activities \bar{c} assist.		Activities \bar{c} assist		
	<input type="checkbox"/> Ambulate t.i.d. \bar{c} assist. Chair for meals & prn.		Chair		
NHSS \bar{q}24h Neuro checks/GCS \bar{q} 4h & prn.		Ambulate			
		Precautions			
		GCS/Neuro checks			
CARDIO- VASCULAR RESPIRATORY	VS & SaO ₂ \bar{q} 4h & prn.		O ₂		
	BP limits: _____ Maintain SaO ₂ ≥ 90%.				
GASTROINTESTINAL METABOLIC/ FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____		Assisted \bar{c} feeding		
	<input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare		Tube placement ✓'ed		
	I & O		Tube irrigated		
			Gastric Residual		
INTEGU-MENTARY	Turn side to side \bar{q} 2h: <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance		Turn		
	Oral care \bar{c} soft toothbrush t.i.d.		Oral care		
	Bath.		Personal Hygiene/Bath/Shower _____		
	Skin care \bar{q} shift & prn.				
	<input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe \bar{q} 24h & prn. <input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____				
	<input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____ <input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.				
PSYCHO- SOCIAL	Discuss plan of care \bar{c} pt/SO		Plan of care discussed		
			Management Rounds		
TEACHING/ DISCHARGE PLANNING	Review pt pathway \bar{c} pt/SO <input checked="" type="checkbox"/> Daily Multi-disciplinary Team meetings for rehab/discharge planning				
	Disease process, procedures, & precautions.				
CONSULTS	Social Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Rehab Consult Dr. _____		Resource Person/Care Reviewed By		
	Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> TCU evaluation				
	Clinical Nutrition <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Care referral				
	Pastoral Services: Follow-up prn: _____				
MISC. INTERVENTIONS					

LEVEL V: Patient Assessment & Progress

ASSESSMENT SYMBOLS					
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.					
DATE		/	/	/	/
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)				
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. No S/S of ↑ ICP / Vasospasm. Transfers/ambulates c̄ mod assist. Gait steady. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. Fall Risk <input type="checkbox"/> NIH Scale <input type="checkbox"/>	GCS:	GCS:	GCS:	GCS:
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.				
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. Breathing room air.				
GASTRO-INTESTINAL	Tolerates 75-100% of diet. Normal pattern of elimination Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____				
FLUID BALANCE/IV	Output ≥ 240ml/8h. Voids s̄ difficulty. Clear yellow/amber urine. No frequency, burning c̄ urination or tenderness. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.				
INTEGUMENTARY INCISION	Skin intact, non-reddened. Braden Scale: <input type="checkbox"/>				
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.				
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.				
PHYSICIAN COMM	1 Paged in hospital 5 DX report called 2 Paged per service 6 Report faxed 3 Office contact 7 Physician contact 4 Home contact 8 Physician present *Physician order	TIME	CODE		

MESSAGES	LEVEL VI: NEURO INTERMEDIATE DATE: _____ _____ _____ _____				
TESTS	<input type="checkbox"/> Daily labs: <input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CT scan head <input type="checkbox"/> \bar{s} contrast	Tests completed _____ Labs called/faxed: _____ Time: _____	11-7	7-3	3-11
MEDS/PAIN MGMT		ID bracelet <input checked="" type="checkbox"/> ed Allergy bracelet <input checked="" type="checkbox"/> ed			
NEURO MUSCULO SKELETAL	SR \uparrow , Bed \downarrow position when in bed. HOB \uparrow 30°. 4 Side Rails \uparrow due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] \downarrow LOC [E] Patient's request Activities \bar{c} assist. <input type="checkbox"/> Ambulate t.i.d. \bar{c} assist. Chair for meals & prn. NIHSS \bar{q}24h Neuro checks/GCS \bar{q} 4h & prn.	Bed \downarrow /# of SR \uparrow _____ Activities \bar{c} assist Chair Ambulate Precautions GCS/Neuro checks			
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ \bar{q} 4h & prn. BP limits: _____ Maintain SaO ₂ \geq 90%.				
GASTROINTESTINAL METABOLIC/FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare I & O	Assisted \bar{c} feeding _____ Tube placement <input checked="" type="checkbox"/> ed Tube irrigated _____ Gastric Residual _____			
INTEGU-MENTARY	Turn side to side \bar{q} 2h: <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance Oral care \bar{c} soft toothbrush t.i.d. Partial bath/shower \bar{c} assist Personal Hygiene/Complete/Partial Bath _____ Skin care \bar{q} shift & prn. <input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe q24h & prn. <input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____ <input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____ <input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.	Turn _____ Oral care _____			
PSYCHO-SOCIAL	Discuss plan of care w/ppt/SO Management Rounds _____	Plan of care discussed _____			
TEACHING/ DISCHARGE PLANNING	Review pt pathway w/ppt/SO <input checked="" type="checkbox"/> Daily Multi-disciplinary Team meetings for rehab/discharge planning Disease process, procedures, & precautions. Initiate teaching on preparation for Discharge/Transfer meds, activities, diet.	Resource Person/Care Reviewed By _____			
CONSULTS	Social Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Rehab Consult Dr. _____ Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> TCU evaluation Clinical Nutrition <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Care referral Pastoral Services: Follow-up prn: _____				
MISC. INTERVENTIONS					

LEVEL VI: Patient Assessment & Progress

ASSESSMENT SYMBOLS					
<p>BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.</p>					
DATE		/	/	/	/
MEDS/PAIN MANAGEMENT	Pain level (0-10) No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)				
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. Transfers/ambulates c̄ stand-by assist. Gait steady. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. Fall Risk <input type="checkbox"/> NIH Scale <input type="checkbox"/>	GCS:	GCS:	GCS:	GCS:
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.				
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. Breathing room air.				
GASTRO-INTESTINAL	Tolerates 75-100% of diet. Normal pattern of elimination Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: _____				
FLUID BALANCE/IV	Balanced I & O. Voids s̄ difficulty. Clear yellow/amber urine. No frequency, burning c̄ urination or tenderness. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.				
INTEGRUMENTARY INCISION	Skin intact, non-reddened. Braden Scale: <input type="checkbox"/>				
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.				
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.				
PHYSICIAN COMM	1 Paged in hospital 2 Paged per service 3 Office contact 4 Home contact 5 DX report called 6 Report faxed 7 Physician contact 8 Physician present *Physician order	TIME	CODE		

DIAGNOSIS: INTRACRANIAL HEMORRHAGE

MARK "X" IF ORDERED

LEVEL VII: DISCHARGE PREPARATION DATE: _____

MESSAGES

TESTS	<input type="checkbox"/> Daily labs: <input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____	Tests completed	11-7	7-3	3-11
	<input type="checkbox"/> CT scan head <input type="checkbox"/> \bar{s} contrast	Labs called/faxed: _____			
		Time: _____			

MEDS/PAIN MGMT	ID bracelet ✓'ed			
	Allergy bracelet ✓'ed			
Notify physician if expected pain relief not obtained.				

NEURO MUSCULO SKELETAL	SR ↑, Bed ↓ position when in bed. HOB ↑ 30°.	Bed ↓/# of SR ↑			
	4 Side Rails ↑ due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] ↓ LOC [E] Patient's request	Activities \bar{c} assist			
	<input type="checkbox"/> Ambulate t.i.d. \bar{c} assist.	Precautions:			
	Chair for meals & prn.	Quiet private room.			
	NIHSS \bar{q}24h	Visitor limitations.			
	Neuro checks/GCS \bar{q} 4h & prn.	Subdued lights.			
		No rectal stimulation.			
		GCS/Neuro checks			

CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ \bar{q} 4h & prn.			
	BP limits: _____			
	Maintain SaO ₂ ≥ 90%.			

GASTROINTESTINAL METABOLIC/FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____	Assisted \bar{c} feeding			
	<input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare	Tube placement ✓'ed			
	I & O	Tube irrigated			
		Gastric Residual			

INTEGU-MENTARY	Turn side to side \bar{q} 2h: <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance	Turn			
	Oral care \bar{c} soft toothbrush t.i.d.	Oral care			
	Partial bath/shower \bar{c} assist	Personal Hygiene/Complete/Partial Bath _____			
	Skin care \bar{q} shift & prn.				
	<input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe q24h & prn.				
	<input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____				
	<input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____				
	<input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.				

PSYCHO-SOCIAL	Discuss plan of care \bar{c} pt/SO	Plan of care discussed			
	Support pt/SO & allow verbalization of fears/anxiety re: Discharge/Transfer plan.				
	Management Rounds _____				

TEACHING/DISCHARGE PLANNING	<input checked="" type="checkbox"/> Daily Multi-disciplinary Team meetings for rehab/discharge planning			
	Disease process, procedures, & precautions.			
	Teaching on preparation for discharge/transfer meds, activities, diet.			
	Resource Person/Care Reviewed By _____			

CONSULTS	Social Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Rehab Consult Dr. _____			
	Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> TCU evaluation			
	Clinical Nutrition <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Care referral			
	Pastoral Services: Follow-up prn: _____			

MISC. INTERVENTIONS				

LEVEL VII: Patient Assessment & Progress

ASSESSMENT SYMBOLS										
<p>BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.</p>										
DATE										
/ / / /										
MEDS/PAIN MANAGEMENT	Pain level (0-10)									
	<p>No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program.</p> <p><input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES</p> <p>Pain Level p̄ intervention(s). (Time/level 0-10)</p>									
NEUROLOGICAL MUSCULOSKELETAL	<p>Neurological status same or improved. Transfers/ambulates c̄ stand-by assist. Gait steady. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia.</p>									
	<p>Fall Risk <input type="checkbox"/> NIH Scale <input type="checkbox"/></p>			GCS:	GCS:	GCS:	GCS:			
CARDIO-VASCULAR	<p>VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S₁ S₂, regular rhythm & rate. Peripheral pulses palpable.</p>									
RESPIRATORY	<p>SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. Breathing room air.</p>									
GASTRO-INTESTINAL	<p>Tolerates 75-100% of diet. Normal pattern of elimination Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily.</p>									
	Last BM: _____									
FLUID BALANCE/IV	<p>Balanced I & O. Voids s̄ difficulty. Clear yellow/amber urine. No frequency, burning c̄ urination or tenderness. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.</p>									
INTEGUMENTARY INCISION	<p>Skin intact, non-reddened.</p>									
	<p>Braden Scale: <input type="checkbox"/></p>									
PSYCHO-SOCIAL	<p>pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.</p>									
TEACHING	<p>pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.</p>									
PHYSICIAN COMM	1 Paged in hospital		5 DX report called		TIME	CODE				
	2 Paged per service		6 Report faxed							
3 Office contact		7 Physician contact								
4 Home contact		8 Physician present								
		*Physician order								

MESSAGES	LEVEL VIII: DISCHARGE/TRANSFER DATE: _____ _____ _____ _____				
TESTS	<input type="checkbox"/> Daily labs: <input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CT scan head <input type="checkbox"/> \bar{s} contrast	Tests completed _____ Labs called/faxed: _____ Time: _____	11-7	7-3	3-11
MEDS/PAIN MGMT		ID bracelet ✓'ed _____ Allergy bracelet ✓'ed _____			
NEURO MUSCULO SKELETAL	SR ↑, Bed ↓ position when in bed. HOB ↑ 30°. 4 Side Rails ↑ due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] ↓ LOC [E] Patient's request Activities \bar{c} assist. <input type="checkbox"/> Ambulate t.i.d. \bar{c} assist. Chair for meals & prn. NIHSS \bar{q}24h Neuro checks/GCS \bar{q} 4h & prn.	Bed ↓/# of SR ↑ _____ Activities \bar{c} assist Chair Ambulate Precautions GCS/Neuro checks			
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ q.i.d. & prn. BP limits: _____ Maintain SaO ₂ ≥ 90%.				
GASTROINTESTINAL METABOLIC/FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare I & O	Assisted \bar{c} feeding _____ Tube placement ✓'ed _____ Tube irrigated _____ Gastric Residual _____			
INTEGU-MENTARY	Turn side to side \bar{q} 2h: <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance Oral care \bar{c} soft toothbrush t.i.d. Partial bath/shower \bar{c} assist Personal Hygiene/Complete/Partial Bath _____ Skin care \bar{q} shift & prn. <input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe \bar{q} 24h & prn. <input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____ <input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____ <input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.	Turn _____ Oral care _____			
PSYCHO-SOCIAL	Discuss plan of care \bar{c} pt/SO Support pt/SO & allow verbalization of fears/anxiety re: Discharge/Transfer plan. Management Rounds _____	Plan of care discussed _____			
TEACHING/DISCHARGE PLANNING	<input checked="" type="checkbox"/> Daily Multi-disciplinary Team meetings for rehab/discharge planning Disease process, procedures, & precautions. Teaching on preparation for discharge/transfer meds, activities, diet.	Resource Person/Care Reviewed By _____			
CONSULTS	Social Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Rehab Consult Dr. _____ Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> TCU evaluation Clinical Nutrition <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Care referral Pastoral Services: Follow-up prn: _____				
MISC. INTERVENTIONS					

LEVEL VIII: Patient Assessment & Progress

ASSESSMENT SYMBOLS										
BOLD parameters represent Progress Markers. ✓ - Findings according to printed parameters. → - Per written description in previous time frame. - Not assessed at this time.										
DATE										
/ / / /										
MEDS/PAIN MANAGEMENT	Pain level (0-10)									
	No objective c/o's restlessness, irritability. Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)									
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. Transfers/ambulates independently. Gait steady. Awake. Alert. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach ML. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia.									
	Fall Risk <input type="checkbox"/> NIH Scale <input type="checkbox"/>			GCS:	GCS:	GCS:	GCS:			
CARDIO-VASCULAR	VS within expected parameters. Skin warm, dry. Normal color. Heart tones audible, S ₁ S ₂ , regular rhythm & rate. Peripheral pulses palpable.									
RESPIRATORY	SaO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum, non-productive cough. Breathing room air.									
GASTRO-INTESTINAL	Tolerates 75-100% of diet. Normal pattern of elimination Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily.									
	Last BM: _____									
FLUID BALANCE/IV	Balanced I & O. Voids s̄ difficulty. Clear yellow/amber urine. No frequency, burning c̄ urination or tenderness. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.									
INTEGUMENTARY INCISION	Skin intact, non-reddened.									
	Braden Scale: <input type="checkbox"/>									
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.									
TEACHING	pt/SO states understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficit of pt/SO not interfering c̄ ability to learn.									
PHYSICIAN COMM	1 Paged in hospital		5 DX report called	TIME	CODE					
	2 Paged per service		6 Report faxed							
3 Office contact		7 Physician contact								
4 Home contact		8 Physician present								
		*Physician order								