

LEVEL I: Neuro Intermediate 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>Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. No objective c/o restlessness, irritability.</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. 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.</p> <p>Fall Risk <input type="text"/> NIHSS <input type="text"/></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. O₂ as per pathway.</p>				
GASTRO-INTESTINAL	<p>Tolerates 25-50% of diet. Abdomen soft, nontender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily.</p> <p>Last BM: _____</p>				
FLUID BALANCE/IV	<p>Output ≥ 30ml/h or ≥ 240ml/8h. Voids / Foley patent c̄ clear yellow / amber urine. No peripheral edema.</p> <p>IV No drainage or redness. <input type="checkbox"/> No IV.</p>				
INTEGUMENTARY INCISION	<p>Skin intact, non-reddened.</p> <p>Braden Scale: <input type="text"/></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 SAH 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 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: SUBARACHNOID HEMORRHAGE

MARK "X" IF ORDERED

PHYSICIAN: _____ [] ENTER TIME

MESSAGES	LEVEL II: _____ DATE: _____					
	Facilitate therapy consults ASAP when patient stable.					
TESTS	<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"/> s contrast		Labs called/faxed: _____			
MEDS/PAIN MGMT	<input type="checkbox"/> MRI <input type="checkbox"/> Angio _____		Time: _____			
	<input type="checkbox"/> Transcranial doppler					
NEURO MUSCULO SKELETAL	Monitor for pain & medicate as ordered by physician.		ID bracelet ✓'ed			
	Notify physician if expected pain relief not obtained.		Allergy bracelet ✓'ed			
CARDIO-VASCULAR RESPIRATORY	SR ↑, Bed ↓ position when in bed c̄ 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 c̄ assist			
GASTROINTESTINAL METABOLIC/FLUID BALANCE	<input type="checkbox"/> Bedrest <input type="checkbox"/> Chair ___X/day <input type="checkbox"/> BRP / BSC	SAH Precautions:	Activities c̄ assist			
	<input type="checkbox"/> Chair for meals.	Quiet private room.	Chair			
PSYCHO-SOCIAL	NIHSS q̄ 24h.	Visitor limitations.	BRP/BSC			
	Neuro checks c̄ GCS q̄2-4h & prn.	Subdued lights.	SAH Precautions			
TEACHING/DISCHARGE PLANNING	VS & SaO ₂ q̄4h & prn.	No rectal stimulation.	GCS/Neuro checks			
	BP limits: _____					
MISC. INTERVENTIONS	Maintain SaO ₂ ≥ 90%.		O ₂			
	O ₂ : <input type="checkbox"/> NC: _____ lpm. <input type="checkbox"/> _____ % CAG mask.		SCD hose			
CONSULTS	Wean to room air. DC O ₂ if SaO ₂ ≥ 90%.					
	<input checked="" type="checkbox"/> SCD hose					
TEACHING/DISCHARGE PLANNING	Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____		Assisted c̄ feeding			
	Aspiration precautions		Aspiration precautions			
CONSULTS	<input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare.		Tube placement ✓'ed			
	<input type="checkbox"/> IV _____ at _____ ml/h.		IV site ✓'ed q̄2h			
CONSULTS	Accurate I & O		Tube irrigated			
	Void/Cath: <input type="checkbox"/> Foley (Foley inserted: _____) (Check c̄ physician q̄72h regarding Foley)		Gastric Residual			
CONSULTS	If pt exhibits symptoms of vasospasm, maintain patent IV & fluids at ordered rate.		Foley Cath Care			
	Skin care q̄ shift & prn.					
CONSULTS	Oral care c̄ soft toothbrush t.i.d.		Oral care			
	Turn side to side q̄ 2h: <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance		Turn			
CONSULTS	Complete bath. Personal Hygiene/Bath/Shower _____					
	<input type="checkbox"/> Braden Scale 19-23: low risk, continue to observe q24h & prn.					
CONSULTS	<input type="checkbox"/> Braden Scale 12-18 Preventative skin care: _____					
	<input type="checkbox"/> Braden Scale 6-11, notify Skin Team & implement preventative skin care: _____					
CONSULTS	<input type="checkbox"/> If breakdown present notify Skin Team & implement Skin Care Progress Record.					
	Discuss plan of Care with pt/SO		Plan of care discussed			
CONSULTS	Management Rounds _____					
	Disease process, procedures, & precautions.					
CONSULTS	<input checked="" type="checkbox"/> Daily Multi-disciplinary Team meeting for Rehab/discharge planning.					
	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					
CONSULTS	Clinical Nutrition <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Care referral					
	Pastoral Services: Follow-up prn: _____					

LEVEL II: 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)								
	Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. No objective c/o restlessness, irritability. <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"/> NIHSS <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% of diet. 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 SAH 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: SUBARACHNOID HEMORRHAGE

MARK "X" IF ORDERED

PHYSICIAN: _____ [] ENTER TIME

MESSAGES	LEVEL III: _____ DATE: _____ _____ _____				
TESTS	<input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CT scan head <input type="checkbox"/> s contrast <input type="checkbox"/> Angio _____ <input type="checkbox"/> Transcranial doppler	Tests completed _____ Labs called/faxed: _____ Time: _____	11-7	7-3	3-11
MEDS/PAIN MGMT	Notify Physician if expected pain relief not obtained. ID bracelet ✓'ed _____ Allergy bracelet ✓'ed _____				
NEURO MUSCULO SKELETAL	SR ↑, Bed ↓ position when in bed c̄ HOB 30°. 4 Side Rails ↑ due to: [A] Secondary to meds [B] Post-op [C] Positioning [D] ↓ LOC [E] Patient's request Activities c̄ assist. <input type="checkbox"/> Ambulate bid c̄ assist. <input type="checkbox"/> Chair for meals & prn. NIHSS q̄ 24h. Neuro checks c̄ GCS q̄4h & prn.	Bed ↓/# of SR ↑ _____ SAH Precautions: Quiet private room. Visitor limitations. Subdued lights. No rectal stimulation. Activities c̄ assist Chair Ambulate SAH Precautions GCS/Neuro checks			
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ q̄4h & prn. Maintain SaO ₂ ≥ 90%. BP limits: _____ O ₂ : <input type="checkbox"/> NC: _____ lpm. <input type="checkbox"/> _____ % CAG mask. Wean to room air. DC O ₂ if SaO ₂ ≥ 90%. <input checked="" type="checkbox"/> SCD hose	O ₂ _____ SCD hose _____			
GASTROINTESTINAL METABOLIC/FLUID BALANCE	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ Aspiration precautions <input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare. <input type="checkbox"/> IV _____ at _____ ml/h. <input type="checkbox"/> DC IV: _____ Accurate I & O Void/Cath: <input type="checkbox"/> Foley (Check c̄ physician q̄72h regarding Foley. Foley inserted: _____) <input type="checkbox"/> DC Foley: _____	Assisted c̄ feeding Aspiration precautions Tube placement ✓'ed IV site ✓'ed q̄2h Tube irrigated Gastric Residual Foley Cath Care			
INTEGUMENTARY	Skin care q̄ shift & prn. Oral care c̄ soft toothbrush t.i.d. Turn side to side q̄2h: <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance Complete/Partial bath/shower c̄ assist. Personal Hygiene/Bath/Shower _____ <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.	Oral care Turn			
PSYCHO-SOCIAL	Discuss plan of care with pt/SO Management Rounds _____ Plan of care discussed				
TEACHING/DISCHARGE PLANNING	Disease process, procedures, & precautions. <input checked="" type="checkbox"/> Daily Multi-disciplinary Team meeting for Rehab/discharge planning 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 II: 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)								
	Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. No objective c/o restlessness, irritability. <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. Gait steady.								
	Fall Risk <input type="text"/> NIHSS: <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. Breathing room air.								
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 SAH 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					

DIAGNOSIS: SUBARACHNOID HEMORRHAGE

MARK "X" IF ORDERED

PHYSICIAN: _____ [_____] ENTER TIME

MESSAGES	LEVEL IV:	DATE:	11-7	7-3	3-11
TESTS	<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: _____ <input type="checkbox"/> Angio _____ Time: _____ <input type="checkbox"/> Transcranial doppler				
MEDS/PAIN MGMT	ID bracelet <input checked="" type="checkbox"/> ed Allergy bracelet <input checked="" type="checkbox"/> ed				
NEURO MUSCULO SKELETAL	Notify physician if expected pain relief not obtained. SR \uparrow , Bed \downarrow position when in bed \bar{c} HOB 30°. Bed \downarrow /# of SR \uparrow 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. SAH Precautions: Activities \bar{c} assist <input type="checkbox"/> Ambulate tid \bar{c} assist. Quiet private room. Chair Chair for meals & prn. Visitor limitations. Ambulate NIHSS \bar{q} 24h. Subdued lights. SAH Precautions Neuro checks \bar{c} GCS \bar{q} 4h & prn. No rectal stimulation. GCS/Neuro checks				
CARDIO-VASCULAR RESPIRATORY	VS & SaO ₂ \bar{q} 4h & prn. O ₂ Aspiration precautions Aspiration precautions BP limits: _____ Maintain SaO ₂ \geq 90%. SCD hose <input checked="" type="checkbox"/> SCD hose DC SCD's when ambulatory.				
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 <input checked="" type="checkbox"/> ed Accurate I & O Tube irrigated Gastric Residual				
INTEGU-MENTARY	Skin care \bar{q} shift & prn. Oral care Oral care \bar{c} soft toothbrush t.i.d. Oral care Turn Turn side to side \bar{q} 2h: <input type="checkbox"/> Self <input type="checkbox"/> \bar{c} assistance Partial bath/shower \bar{c} assist. Personal Hygiene/Bath/Shower _____ <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 with pt/SO Plan of care discussed Management Rounds _____				
TEACHING/ DISCHARGE PLANNING	Disease process, procedures, & precautions. <input checked="" type="checkbox"/> Daily Multi-disciplinary Team meeting for Rehab/discharge planning 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 IV: 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)			/			/			/								
	Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. No objective c/o restlessness, irritability. <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. Gait steady. Fall Risk <input type="checkbox"/> NIHSS <input type="checkbox"/>									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 SAH 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																

MESSAGES	LEVEL V: Discharge Preparation DATE: _____ _____ _____ _____				
TESTS	<input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ <input type="checkbox"/> CT scan head <input type="checkbox"/> s contrast <input type="checkbox"/> Angio _____ <input type="checkbox"/> Transcranial doppler	Tests completed _____ Labs called/faxed: _____ Time: _____	11-7	7-3	3-11
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 c̄ 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 c̄ assist. SAH Precautions: Activities c̄ assist <input type="checkbox"/> Up ad lib. Quiet private room. Up ad lib <input type="checkbox"/> Ambulate tid c̄ assist. Visitor limitations. Chair Chair for meals & prn. Subdued lights. Ambulate NIHSS q̄ 24h. No rectal stimulation. SAH Precautions Neuro checks c̄ GCS q̄ 4h & prn. 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: _____ Aspiration precautions <input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare. I & O	Assisted c̄ feeding _____ Aspiration precautions _____ Tube placement ✓'ed _____ Tube irrigated _____ Gastric Residual _____			
INTEGU- MENTARY	Skin care q̄ shift & prn. Oral care c̄ soft toothbrush t.i.d. Oral care Turn side to side q̄ 2h: <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance Turn Partial bath/shower c̄ assist. Personal Hygiene/Bath/Shower _____ <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 with pt/SO Plan of care discussed Support pt/SO prn & allow verbalization of fears / anxiety re: Transfer / Discharge plan. _____ Management Rounds _____				
TEACHING/ DISCHARGE PLANNING	Review care c̄ pt/SO <input checked="" type="checkbox"/> Daily Multi-disciplinary Team meeting 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 Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy Clinical Nutrition <input type="checkbox"/> Speech Therapy Pastoral Services: Follow-up prn.				
MISC. INTERVENTIONS	_____ _____ _____ _____				

LEVEL V: 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>Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. No objective c/o restlessness, irritability.</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. 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. Gait steady.</p>								
	<p>Fall Risk <input type="checkbox"/> NIHSS <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>								
	<p>Last BM: _____</p>								
FLUID BALANCE/IV	<p>Balanced I & O. Voids s̄ difficulty. Clear yellow / amber urine. No frequency, burning c̄ urination or tenderness. No peripheral edema.</p> <p>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 SAH 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 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: SUBARACHNOID HEMORRHAGE

MARK "X" IF ORDERED

PHYSICIAN: _____ [] ENTER TIME

MESSAGES	LEVEL VI: Discharge DATE: _____				
TESTS	<input type="checkbox"/> CBC _____ <input type="checkbox"/> BMP _____ Tests completed _____ <input type="checkbox"/> CT scan head <input type="checkbox"/> s contrast Labs called/faxed: _____ <input type="checkbox"/> Angio _____ Time: _____ <input type="checkbox"/> Transcranial doppler		11-7	7-3	3-11
	MEDS/PAIN MGMT ID bracelet ✓'ed _____ Allergy bracelet ✓'ed _____				
NEURO MUSCULO SKELETAL	Notify physician if expected pain relief not obtained. SR ↑, Bed ↓ position when in bed c̄ 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 c̄ assist. SAH Precautions: Activities c̄ assist <input type="checkbox"/> Up ad lib. Quiet private room. Up ad lib <input type="checkbox"/> Ambulate tid c̄ assist. Visitor limitations. Chair Chair for meals & prn. Subdued lights. Ambulate NIHSS q̄ 24h. No rectal stimulation. SAH Precautions Neuro checks c̄ GCS q̄ 4h & prn. 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: _____ Assisted c̄ feeding _____ Aspiration precautions Aspiration precautions _____ <input type="checkbox"/> Tube feeding _____ at _____ ml/h. <input type="checkbox"/> R / L nare. Tube placement ✓'ed _____ I & O Tube irrigated _____ Gastric Residual _____				
	INTEG- MENTARY Skin care q̄ shift & prn. Oral care _____ Oral care c̄ soft toothbrush t.i.d. Turn side to side q̄ 2h: <input type="checkbox"/> Self <input type="checkbox"/> c̄ assistance Personal Hygiene/Bath/Shower _____ Partial bath/shower c̄ assist. <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 with pt/SO Plan of care discussed _____ Support pt/SO prn & allow verbalization of fears / anxiety re: Transfer / Discharge plan. Management Rounds _____				
	TEACHING/ DISCHARGE PLANNING Review care c̄ pt/SO <input checked="" type="checkbox"/> Daily Multi-disciplinary Team meeting for Rehab/discharge planning Disease process, procedures, & precautions. Discharge/Transfer teaching on meds, activities, diet & physician follow-up. Resource Person/Care Reviewed By _____				
CONSULTS	Social Services <input type="checkbox"/> Physical Therapy Neuropsych Dr. _____ <input type="checkbox"/> Occupational Therapy Clinical Nutrition <input type="checkbox"/> Speech Therapy Pastoral Services: Follow-up prn.				
	MISC. INTERVENTIONS				

LEVEL VI: 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) Pain/anxiety not interfering c̄ ADL, sleep, or participation in exercise program. No objective c/o restlessness, irritability. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain Level p̄ intervention(s). (Time/level 0-10)										
	Neurological status same or improved. 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. Gait steady. Fall Risk <input type="text"/> NIHSS <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. 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="text"/>										
PSYCHO-SOCIAL	pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation.										
TEACHING	pt/SO states understanding of Discharge Instructions. 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								