

[illegible][illegible][illegible][illegible]

LEVEL OF CONSCIOUSNESS KEY	ORIENTATION KEY	PUPIL SIZE AND REACTION	MOTOR STRENGTH KEY
5 - Conscious	0 - not oriented		+5 - able to move against full resistance
4 - Lethargy, somnolence, drowsiness	X1 - oriented to person		+4 - able to move against gravity and full resistance
3 - Stupor - aroused by verbal stim. but resp. poorly or inappropriately	X2 - oriented to person, place		+3 - able to move against gravity, but no resistance
2 - Light coma - no response to verbal stimuli but resp. to pain	X3 - oriented to person, place, time		+2 - weak movement, unable to overcome gravity
1 - Deep coma - no resp. to painful stimuli			+1 - flicker of muscle movement
			0 - no movement

[illegible]

LENGTH KEY		PULMONARY FUNCTION					
TIME	TV	V	VC	RR	NIF		
against full resistance							
against gravity and full resistance							
against gravity, but no resistance							
unable to overcome gravity							
movement							

wt. today _____ (KG) Dry wt. _____ (KG) Date today _____
 ALLERGIES _____ AGE _____
 Diagnosis/ _____
 Surgical Procedure/Date _____

[illegible][illegible]

TIME	FI02	TV	RATE	PEEP	IMV	

[illegible]

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GLASSGOW COMA SCALE		BEST VERBAL RESPONSE		BEST MOTOR RESPONSE					
OPENS EYES		5 ORIENTED X		6 OBEYS COMMANDS					
4 SPONTANEOUSLY		4 CONFUSED		5 LOCALIZES TO PAIN					
3 TO SPEECH		3 INAPPROPRIATE WORDS		4 FLEXION WITHDRAWAL					
2 TO PAIN		2 INCOMPREHENSIBLE SOUNDS		3 ABNORMAL FLEXION					
1 NO RESPONSE		1 NO RESPONSE		2 ABNORMAL EXTENSION					
				1 FLACCID					
TOTAL		RECEIVING () NEUROMUSCULAR BLOCKER ()		SEDATION					
COMMUNICATION: _____ VERBAL _____ NONVERBAL _____ WRITTEN _____ INTUBATED _____ SPEECH: _____ CLEAR _____ DYSPHASIA _____ APHASIA: _____ AFFECT/MOOD: _____ AGITATED _____ ANXIOUS _____ CALM _____ FLAT _____ OTHER _____									
PUPILLARY RESPONSE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RIGHT</td> <td style="width: 50%;">LEFT</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>		RIGHT	LEFT				
RIGHT	LEFT								
A. PUPIL SIZE IN mm's									
B. N=Normal, S=Sluggish, F=Fixed									
C. EYE POSITION		MIDLINE _____ DEVIATED _____							
FACIAL SYMMETRY () Y () N		REFLEXES _____							
TONGUE DEVIATION () Y () N		COUGH _____ (+) _____ (-)							
NYSTAGMUS () Y () N		GAG _____ (+) _____ (-)							
PALMAR DRIFT _____ L _____ R _____ NO		CORNEALS _____ (+) _____ (-)							
EOMS _____		BREATHING ABOVE VENT _____ Y _____ N _____ N/A							
DIPLOPIA _____ OD _____ OS _____ OU _____ N/A		INCISION _____							
DRAINS _____		SITE _____							
TYPE _____		DRESSING _____							
LEVEL _____ PATENT _____ Y _____ N									
DRAINAGE _____									
MOTOR STRENGTH									
MAE _____ EQUAL _____ DEFICIT _____		FOLLOWS COMMANDS _____ YES _____ NO							
DEFICIT _____		SPONTANEOUS _____ Y _____ N PURPOSEFUL _____ Y _____ N							
NUMBNESS OR TINGLING REPORTED _____ Y _____ N LOCATION: _____		WITHDRAWS X _____ () N/A							
		TYPE OF STIMULI _____							
		POSTURING _____ Y _____ N TYPE: _____							
COMFORT: PAIN _____ Y _____ N DESCRIBE LOCATION AND QUALITY SCALE 1 TO 10									
MEASURES TAKEN: _____									
OTHER: _____									
RESPIRATORY									
RESPIRATIONS: _____ EUPNEIC _____ DYSPNEIC		DESCRIBE: _____							
PATTERN: _____ REGULAR _____ SHALLOW _____ DEEP									
CHEST EXPANSION: _____ SYMMETRICAL _____ ASYMMETRICAL									
_____ TACHYPNEIC _____		LUNG SOUNDS							
_____ ACCESSORY MUSCLE USE _____		W = WHEEZE _____ T = TENACIOUS _____ CL = CLEAR _____							
_____ NASAL FLARING _____		CR = CRACKLES _____ TH = THIN _____ Y = YELLOW _____							
_____ PARADOXICAL _____		CL = CLEAR _____ F = FROTHY _____ P = PINK _____							
BREATH SOUNDS		D = DIMINISHED _____ C = COPIOUS _____ R = RED _____							
RIGHT _____ LEFT _____		RH = RHONCHI _____							
ANT _____ POST _____		R = RALES _____							
U _____									
M _____									
L _____		COUGH: _____ N/A _____ PRODUCTIVE _____ NONPRODUCTIVE _____							
SPUTUM: _____ N/A COLOR: _____		AMOUNT: _____ CONSISTENCY _____							
O2 DELIVERY MODE: _____ RA _____ NC _____ LITERS _____		FACE MASK _____ SaO2% _____							
_____ TRACH/ET SIZE: _____		TAPED/TIED _____ AT _____							
CARDIOVASCULAR									
RHYTHM: _____		LEADS: _____							
APICAL _____ AUDIBLE _____ REGULAR _____ IRREGULAR _____									
PERIPHERAL PULSES _____		ANGIO SITE N/A () _____							
_____ RADIAL _____ PEDAL _____ OTHER _____		SITE _____							
R _____		HEMATOMA _____ Y _____ N SIZE: _____							
L _____									
SKIN TURGOR: _____ NORMAL _____ OTHER _____		CAP REFILL: _____ BRISK _____ PROLONGED _____							
SKIN TEMP: _____ WARM _____ COOL _____ COLD _____		CLAMMY _____							
EDEMA: LOCATION & GRADES _____		RUE _____ LUE _____ P = PITTING _____							
+1 TO +4 _____		RLE _____ LLE _____ NP = NONPIT _____							
		SACRAL _____ GENERALIZED _____							
TEMPERATURE: _____ (ORAL, AXILLARY, RECTAL, TYMPANIC, CORE)									
PULSAR ACCESS: _____									
ARTERIAL LINE _____ N/A									
LOCATION: _____ DATE PLACED _____ DRESSING D&I _____ STRIP POSTED _____									
DAMPENING: _____ OPTIMAL _____ DAMPENED: _____ CORRELATION: _____									
CORRECTIVE MEASURES: _____ A-LINE _____ CUFF _____									
SWAN GANZ LINE _____ N/A									
CENTRAL LINE _____									
LOCATION: _____ DATE PLACED _____ DRESSING D&I _____ STRIP POSTED _____									
DAMPENING: _____ OPTIMAL _____ DAMPENED: _____ PAWP HOB: _____									
CORRECTIVE MEASURES: _____ C.O. INJECTATE CC _____									

A						PIV		CL		
B										
C										
D										

GASTROINTESTINAL/GENITO/RIINARY

ABDOMEN: ___ FLAT ___ ROUND ___ SOFT ___ FIRM ___ DISTENDED ___ HERNIA
BOWEL SOUNDS: ___ PRESENT X ___ ABSENT ___ OTHER: _____
DIET ORDER: _____ LAST BM: _____
___ PEG ___ DOBHOFF ___ N/G TUBE R L NAFE ___ LIS ___ LCS ___ CLAMPED
EMESIS: () N/A () Y:
ENTERAL FEEDING TUBE ___ PLACEMENT VERIFIED ___ X-RAY ___ AIR BOLUS
FEEDING TYPE: _____ AMOUNT: _____ RESIDUAL: _____
OSTOMY (TYPE AND SITE): _____
VOIDING: ___ CONTINENT ___ INCONTINENT ___ FOLEY TEXAS ___ STRAIGHT CATH Q _____
QUALITY: ___ CLEAR ___ CLOUDY ___ SEDIMENT COLOR: _____
DIALYSIS: ___ N/A _____

SKIN INTEGRITY

() INTACT () SKIN BREAKDOWN/DESCRIBE: _____
BRADEN SCALE: M W F _____
() SPECIAL BED/OVERLAY TYPE: _____

SAFETY

() SIDE RAILS X _____ () CALL LIGHT () ID BAND () ALLERGY BAND
RESTRAINTS: () N/A REASON: PROTECT () SELF () OTHERS (): _____
() SOFT () LEATHER () POSEY VEST () OTHER: _____
LOCATION: _____ MD ORDER -24 HRS OLD () YES

OTHER

SIGNATURE: _____ DTE: _____ TIME: _____

GLASGOW COMA SCALE		NEUROLOGICAL EXAM					
OPENS EYES	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE					
4 SPONTANEOUSLY	5 ORIENTED X	6 OBEYS COMMANDS					
3 TO SPEECH	4 CONFUSED	5 LOCALIZES TO PAIN					
2 TO PAIN	3 INAPPROPRIATE WORDS	4 FLEXION WITHDRAWAL					
1 NO RESPONSE	2 INCOMPREHENSIBLE SOUNDS	3 ABNORMAL FLEXION					
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		1 FLACCID					
TOTAL RECEIVING () NEUROMUSCULAR BLOCKER () SEDATION							
COMMUNICATION: VERBAL NONVERBAL WRITTEN INTUBATED							
SPEECH: CLEAR DYSPHASIA A:HASIA:							
AFFECT/MOOD: AGITATED ANXIOUS ALARM FLAT OTHER							
PUPILLARY RESPONSE							
A. PUPIL SIZE IN mm's B. N=Normal, S=Sluggish, F=Fixed C. EYE POSITION MIDLINE DEVIATED		<table border="1"> <tr> <td>RIGHT</td> <td>LEFT</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		RIGHT	LEFT		
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TONGUE DEVIATION () Y () N III		COUGH (+) (-)					
NYSTAGMUS () Y () N		GAG (+) (-)					
PALMAR DRIFT L R NO		CORNELS (+) (-)					
EOMS		BREATHING ABOVE VENT Y N N/A					
DIPLOPIA OD OS OU N/A		INCISIC					
DRAINS		SITE					
TYPE		DRESSING					
SITE							
LEVEL PATENT Y N							
DRAINAGE							
MOTOR STRENGTH							
MAE _____ EQUAL _____ DEFICIT		FOLLOWS COMMANDS _____ YES _____ NO					
DEFICIT		SPONTANEOUS _____ Y _____ N PURPOSEFUL _____ Y _____ N					
NUMBNESS OR TINGLING REPORTED _____ Y _____ N LOCATION		WITHDRAWS X _____ () N/A					
		TYPE OF STIMULI					
		POSTURING _____ Y _____ N TYPE:					
COMFORT: PAIN _____ Y _____ N DESCRIBE LOCATION AND QUALITY SCALE 1 TO 10							
MEASURES TAKEN: _____							
OTHER: _____							

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