

The following are **some** of the common forms that will be used across a variety of scenarios as you review the nursing chart during the simulation lab.

CAREPLAN

<p>Client Name: Jane Doe DOB: 05/11/1961 Age: 55 PHN: 8967 541 123 No Known Allergies</p>
<p>Level of support: ADLs</p>
<p>Health Challenges:</p> <ul style="list-style-type: none"> • Hypertension • Atrial Fibrillation
<p>Medications:</p> <ul style="list-style-type: none"> • Hydrochlorothiazide 25mg orally daily • ASA 81mg orally daily • Digoxin 0.25 mg orally daily • Warfarin (Coumadin) 2 mg orally daily • See MAR for PRNs
<p>ADLS:</p> <ul style="list-style-type: none"> • Provide encouragement • 1P set-up with minimal assistance with personal hygiene
<p>Mobility:</p> <ul style="list-style-type: none"> • Wheelchair to mobilize with RoHo cushion • One-person assistance pivot with transfer belt • Cane • Dressed and in wheelchair for all meals • Rehabilitation at 1030 • Occupational therapy at 1400
<p>Nutrition: Set up breakfast with minimal assistance during meals Breakfast in room all other meals in dining room</p>
<p>Communication: English</p>
<p>Fall Risk:</p> <ul style="list-style-type: none"> • Risk for falls • Safety: wear hip protector, non-slip socks or slippers • Call bell attached to the wall and pinned to the bed

HEALTH CARE PROVIDER ORDERS

Client Name: Jane Doe DOB: 05/11/1961 Age: 55 PHN: 8967 541 123		Diagnosis: Not yet diagnosed
No Known Allergies Allergies & Sensitivities		
Date	Time	Health Care Provider Orders and Signature
Feb 14, 2016	0900	Cardiac Diet as tolerated
		Vital Signs once a week
		Hydrochlorothiazide 25mg orally daily
		ASA 81mg orally daily
		Digoxin 0.25 mg orally daily
		Warfarin (Coumadin) 2 mg orally daily
		Activity as tolerated
		Refer to PT
		Refer to OT
		INR every Thursday and call MD with results
		<i>Dr. Stevenson</i>
Sep 15, 2016	0900	Acetaminophen 325-500mg po PRN
		Docusate Sodium 200mg po PRN
		<i>Dr. Stevenson</i>

MEDICATION ADMINISTRATION RECORD

Client Name: Jane Doe DOB: 05/11/1961 Age: 55 PHN: 8967 541 123		Diagnosis: Not yet diagnosed					
Allergies: NKDA							
MEDICATION Dosage Route Frequency		DATE: February 15, 2016 TODAY					
Scheduled Medications							
Time of Administration:	0800	1700					
Hydrochlorothiazide 25mg orally daily	0800 <i>L7 RN</i>						
ASA 81mg orally daily	0800 <i>L7 RN</i>						
Digoxin 0.25 mg orally daily	0800 <i>L7 RN</i>						
Warfarin (Coumadin) 2 mg orally daily		1700					
PRN Medications							
Time of Administration:							
Acetaminophen 325-500mg q 4h orally PRN							
Docusate Sodium 200mg orally PRN							
Dimenhydrinate (Gravol) 25-50mg q4h orally PRN	0130 50mg <i>L7 RN</i>						

Client Name: Jane Doe
DOB: 05/11/1961
Age: 55
PHN: 8967 541 123

INTAKE – OUTPUT
12 – HOUR RECORD
(ALL MEASUREMENTS IN ML'S)

DATE: Feb 15, 2016 **DAYSHIFT**

INTAKE: INCLUDES MINIBAGS, FLUSHES, ICE CHIPS, BLOOD PRODUCTS

TIME START	SOLUTION AND ADDITIVES	RATE (mL/hr)	AMOUNT START	TIME STOP	TOTAL IV IN	ORAL FEED	INITIALS	IV STARTS		
								(TIME, SIZE, SITE, # ATTEMPTS, INITIALS)		
12 HOUR CUMMULATIVE INTAKE							→	<input style="width: 100px; height: 30px;" type="text"/>	DAYSHIFT TOTALS	

OUTPUT: URINE, STOOL, RESIDUALS, CHEST TUBES, PIGTAILS, WOUND DRAINS

TIME START	URINE		GASTRIC			STOOL OSTOMY	DRAINS	INITIALS	STANDARD VOLUMES	
	CATHETER	VOIDED	INCT	RESIDUAL	EMESIS				NG	
0030					100			LD RM	SOUP BOWLS	180 mL
									INSULATED MUG	180 mL
									CREAMER	15 mL
									STYROFOAM CUP	180 mL
									ICECREAM, JELLO	120 mL
									POPSICLE	75 mL
									TETRAPACK JUICE/MILK	235 mL
									PORTIONED JUICE/MILK	120 mL
									POP CANS	335 mL
									PRBC	350 mL
									PLASMA	200 mL
									PLATELETS	50 mL/unit
DAYSHIFT TOTALS										

12 HOUR CUMMULATIVE OUTPUT →

Client Name:


VITAL SIGNS RECORD

Age:
DOB:
PHN:

YEAR:	2016																
MONTH:	Feb																
DAY:	15																
TIME:	1200																
T E M P E R A T U R E	ORAL • RECTAL ○ AXILLA X	40													40		
		39														39	
		38															38
		37															37
		36	36.4														36
B L O O D P R E S S U R E & P U L S E	SYSTOLIC Lying v Standing x Sitting o DIASTOLIC Lying ^ Standing x Sitting o • ^	230														230	
		220															220
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		70		•													70
		60		^													60
		50															50
		40															40
BP LOCATION - RA, LA	LA																
PULSE LOCATION - A, R	R																
PULSE RHYTHM - R, IR	R																
RESPIRATION RATE	16																
O ₂ SATURATION	97																
O ₂ RA / L/min / %	RA																
O ₂ MODALITY																	
O ₂ SAT ACTIVITY	sitting																
WEIGHT Kg	65																
INITIALS	SG																

Activities of Daily Living (ADL) Bedside Care Plan

Name		Room Number:
Preferred Name		
Allergies		

Safety Alerts 	<input type="checkbox"/> Fall Precautions	<input type="checkbox"/> Risk of Choking
	<input type="checkbox"/> Hip Protector: Type _____ Size _____ <input type="checkbox"/> Bed Alarm <input type="checkbox"/> Chair Alarm <input type="checkbox"/> Non-slip Socks <input type="checkbox"/> Fall Mat(s) <input type="checkbox"/> Low Bed/Knee Height	<input type="checkbox"/> Nothing by Mouth/Tube Feed <input type="checkbox"/> Thickened Fluid <input type="checkbox"/> Pureed Food
<input type="checkbox"/> Risk of Leaving	<input type="checkbox"/> Restraint/Safety	<input type="checkbox"/> Other Risk
<i>Special Precautions:</i>	Type: <input type="checkbox"/> Wheelchair Seat Belt <input type="checkbox"/> Side Rails: <input type="checkbox"/> Upper R <input type="checkbox"/> Upper L <input type="checkbox"/> Lower R <input type="checkbox"/> Lower L Frequency of Safety Checks: Repositioning Schedule:	<i>Special Precautions:</i>

	Independent	Partial Assist	Full Assist	Communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal; Language: Best approach:	Hearing Aid: <input type="checkbox"/> R <input type="checkbox"/> L Dentures: <input type="checkbox"/> Y <input type="checkbox"/> N Glasses: <input type="checkbox"/> Y <input type="checkbox"/> N				
				Transfers <input type="checkbox"/> 1 person <input type="checkbox"/> 2 person	<input type="checkbox"/> Standing Transfer <input type="checkbox"/> Transfer Belt <input type="checkbox"/> Supervision Only <input type="checkbox"/> Transfer Pole	Reviewed: OT <input type="checkbox"/> PT <input type="checkbox"/>				
				Repositioning	<input type="checkbox"/> Slider Sheet <input type="checkbox"/> Positioning Sling <input type="checkbox"/> Tri-Turner Sling					
				Mobility	Mobility Aids:					
				Continence	Routine:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Days</th> <th style="width: 50%;">Nights</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Days	Nights		
Days	Nights									
				Bathing	<input type="checkbox"/> Bath <input type="checkbox"/> Shower Wash Hair <input type="checkbox"/> Y <input type="checkbox"/> N	Routine:				
				Dressing & Grooming						
				Skin Care						
				Oral Care						
				Dining	Diet Type: Texture: Fluids: Special Utensils:	Routine:				
				Sleeping	Wake Up Time: Nap Time: Bedtime:					

			Respiratory				
Spiritual & Cultural							
Special Interests & Activities							
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	