

Generic CCU

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	Day _____ Date: _____	D	E	N	Problem/Needs	D	E	N	
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated discharge and participates in decision making				Ineffective Airway / Clearance Impaired Gas Exchange	No evidence of respiratory distress			
						Lungs clear			
Pain / Symptom Management	Pain free or verbalizes relief after intervention.				Discharge Plan	Transfer out of CCU			
	Relief of symptoms								
Potential Infection	Afebrile				Patient Safety	Remains injury free in a safe environment.			
	No evidence of infection								
Immobility	OOB				Skin Integrity	No evidence of skin breakdown.			
	Performs ADL's independently								
Hemodynamic Status Impaired	Vital signs stable				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
	No cardiac arrhythmia								
	Chest pain free								
Fluid / Electrolytes	Urine output > intake								
	Labs within therapeutic range								

INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
Discharge Plan				Nutrition	* Diet: _____		
					Enteral Feeds: _____		
				% of diet consumed:			
				Breakfast _____%			
				Lunch _____%			
				Dinner _____%			
				High risk nutritional assessment completed.			
				Daily Weight: _____			

* indicates medical orders needed

INTERVENTIONS

Patient Care Categories	Day _____	D	E	N	Patient Care Categories	D	E	N	
	Date: _____								
Assessment & Treatments	Cardiac monitor alarm parameters set				Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	Admission assessment reviewed / updated					Assess patient / family satisfaction			
	Assessment completed per unit standards					Learning needs / teaching plan: Discharge Instructions: Medications:			
	I & O measured per unit standard D/C foley if not done already					Food and Drug interaction:			
	* Respiratory care provided					MD follow-up			
	Patient extubated if applicable					Activity restrictions:			
	D/C O ₂ if applicable					Diet:			
	D/C IV's if applicable					Daily discussion with patient / family on current status / issues (document details in progress record)			
	Maintain 1 Heplock								
	Peripheral IV Therapy Management Protocol followed								
	* GI Prophylaxis				Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
	* DVT Prophylaxis					* Tests / Procedures			
	Hygiene / comfort management protocol followed					_____			
	Pain Management Protocol followed					_____			
	D/C invasive lines if applicable Palliative care rendered					_____			
						* Blood sugars q _____			
						* Cover per sliding scale as ordered			
					Safety & Activity	Falls protocol maintained			
						* Activity level:			
						Pressure ulcer prevention management protocol followed			
				Physical restraint management protocol followed					
				* Rehab Therapy PT _____ OT _____					
					Patient's environment is safe				