

Hospital

Daily Goals/Outcomes

Date Room Number Boarder Yes DRAFT - implemented 01/15/05-revised 03/22/05

	Needs to be addressed	Specific goals to be accomplished	Goal met 7AM-7PM	Variance
Cardiac/volume status	Yes / No	BP maintained at _____ MAP maintained at _____ Diurese until a negative balance has been achieved _____ yes _____ no	Yes / No	See nurses notes _____
Respiratory	Yes / No	Wean yes _____ no _____ decrease O2 to _____ % Extubate today _____ yes _____ no	Yes / No	See nurses notes _____
Sedation Maintain sedation level of 2	Yes / No	Pain scale at a level of 2 _____ yes _____ no Reason for sedation level > 2 _____	Yes / No	See nurses notes _____
Neuro	Yes / No	Cat scan MRI yes _____ no _____ Maintain ICP of _____ NSDO's yes _____ no _____	Yes / No	
Pain Management	Yes / No	Current pain scale _____ achieve pain scale of _____ Pain consult ordered yes _____ no _____	Yes / No	See nurses notes _____
Review labs/CXR	Yes / No	Repeat labs _____ yes _____ no _____ - specific test _____ Repeat CXR for assessment of _____	Yes / No	See nurses notes _____
D, Cultures	Yes / No	Specific culture to be obtained _____	Yes / No	See nurses notes _____
Drug Levels	Yes / No	Specific drug to be monitored _____ Drug levels to be maintained at _____	Yes / No	See nurses notes _____
Medication Changes	Yes / No	Renewal needed yes / no _____ IV to PO - medication _____ time _____	Yes / No	See nurses notes _____
GI prophylaxis	Yes / No	Discussed with primary MD. Yes _____ no _____ D/C -SCD's/Heparin/GI prophylaxis due to _____	Yes / No	See nurses notes _____
Nutrition	Yes / No	Tolerate diet _____ yes _____ no _____ NPO yes _____ no _____ Plan: _____	Yes / No	See nurses notes _____
Consultations/ test to be completed	Yes / No	Consultation requested yes _____ no _____ specialty _____ tests _____	Yes / No	See nurses notes _____
Family communication	Yes / No	Specific family issues to be addressed _____	Yes / No	See nurses notes _____
Can cath/tubes be removed? Procedures/test needed?	Yes / No	Specific tube(s) _____ Procedure/ Test _____	Yes / No	See nurses notes _____
What needs to be done for the patient to be transferred to the floor?	Yes / No	Physician notified _____ time _____ Other issues that need to be addressed _____	Yes / No	See nurses notes _____
patient's greatest safety risk reviewed?	Yes	Restraints yes / no _____ Swallowing yes / no _____ Self extubation yes / no _____ Suicide precautions yes / no _____ Other _____	Yes / No	