Memorial Hospital

DATE

IMPRINT WITH PATIENT CHARGE PLATE

MEDICAL SURGICAL 24 HOUR NURSING CHART

Dates: Begin End

*ALL CHANGES AND FOLLOW UP MUST BE DOCUMENTED IN COMMENTS

		0700 - 1900	1900 - 0700
I.	**Neurological** A) L.O.C.	☐ Alert ☐ Unresponsive ☐ Oriented ☐ Resp. to Pain	☐ Alert ☐ Unresponsive ☐ Oriented ☐ Resp. to Pain
	B) Orientation	☐ Person ☐ Place ☐ Time	☐ Person ☐ Place ☐ Time
	C) Affect	☐ Cooperative ☐ Combative ☐ Agitated ☐ Disruptive ☐ Confused ☐ Anxious	☐ Cooperative ☐ Combative ☐ Agitated ☐ Disruptive ☐ Confused ☐ Anxious
II.	**Cardiovascular** A) Pulse	☐ Apical ☐ Radial	☐ Apical ☐ Radial
	B) Color	☐ Pale ☐ Pink ☐ Cyanotic	☐ Pale ☐ Pink ☐ Cyanotic
	C) Rhythm	☐ Regular ☐ Irregular	☐ Regular ☐ Irregular
III.	**Respiratory** A) Rhythm	☐ Regular ☐ Irregular	☐ Regular ☐ Irregular
	B) Breath Sounds	**Right:** ☐ Clear ☐ Wheezing ☐ Diminished ☐ Rhonchi ☐ Rales **Left:** ☐ Clear ☐ Wheezing ☐ Diminished ☐ Rhonchi ☐ Rales	**Right:** ☐ Clear ☐ Wheezing ☐ Diminished ☐ Rhonchi ☐ Rales **Left:** ☐ Clear ☐ Wheezing ☐ Diminished ☐ Rhonchi ☐ Rales
IV.	**Gastrointestinal** A) Abdomen	☐ Non Distended ☐ Distended ☐ Soft ☐ Firm ☐ Nontender ☐ Tender	☐ Non Distended ☐ Distended ☐ Soft ☐ Firm ☐ Nontender ☐ Tender
	B) Bowel Sounds	☐ Present ☐ Hyper ☐ Absent ☐ Hypo	☐ Present ☐ Hyper ☐ Absent ☐ Hypo
	C) Last BM _____ ☐ Ostomy	☐ Continent ☐ Incontinent	☐ Continent ☐ Incontinent
V.	**Genitourinary** A) Voiding	☐ Catheter ☐ Texas ☐ Ostomy ☐ w/o Difficulty ☐ w/ Difficulty	☐ Catheter ☐ Texas ☐ Ostomy ☐ w/o Difficulty ☐ w/ Difficulty
	B) Urine	☐ Clear ☐ Cloudy	☐ Clear ☐ Cloudy
VI.	**Skin - Wound Location**		
	Wound Appearance		
	Skin Integrity / Edema Skin Assessment Sheet Q Wed & D/C		
VII.	**Pain Rating** If yes, see Pain Management Flow Sheet	☐ Yes ☐ No	☐ Yes ☐ No
VIII.	**Psychosocial / Support, i.e.** Illness Adjustment, Support System, Fears; Anxiety, Sleep Patterns		
IX.	**Isolation**	Type _____	Type _____
X.	**Diet**	☐ Self ☐ Assist ☐ Feed ☐ TF **Breakfast:** NPO 25 - 50 - 75 - 100% Supplement _____ 25 - 50 - 75 - 100% **Lunch:** NPO 25 - 50 - 75 - 100% Supplement - _____ 25 - 50 - 75 - 100%	☐ Self ☐ Assist ☐ Feed ☐ TF **Dinner:** NPO 25 - 50 - 75 - 100% Supplement - _____ 25 - 50 - 75 - 100% **Snack:** NPO 25 - 50 - 75 - 100% Supplement - _____ 25 - 50 - 75 - 100%
XI.	**Alarms**	All clinical alarms are activated, appropriately set and audible. ☐ Yes ☐ Not Applicable	All clinical alarms are activated, appropriately set and audible. ☐ Yes ☐ Not Applicable
	CODE: (*) - See Notes	SIGNATURE / TITLE	SIGNATURE / TITLE

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MARK WITH PATIENT CHARGE PLATE

MEDICAL SURGICAL 24 HOUR NURSING CHART

VITAL SIGNS

TIME	TEMP	PULSE	RESP	BP	TIME	TEMP	PULSE	RESP	BP	TIME	TEMP	PULSE	RESP	BP

ROUTINE CARE	Time / Initials	
	0700-1900	1900-0700
Hygiene		
Bathes Self / Shower / Tub		
Bath Partial / Complete		
Oral Hygiene		
Back Care		
Perineal Care		
Linen Change		
Speciality Bed		
Soft Care Mattress		
Accucair Mattress		
Activity		
Bed Rest		
BRP		
BSC		
Help with Toileting		
Activity with 1 Nurse Assist		
Activity with 2 Nurses Assist		
Up Ad Lib		
OOB Chair		
Review of Care Plan / Plan of Care		
Patient Education & Teaching Record		
Pain Management Flow Sheet		
Restraint / Seclusion Flow Sheet		

TREATMENTS	Initials											
	08	10	12	14	16	18	20	22	24	02	04	06
Foley Care Bid												
Turn / Position												
Security Safety Checks												
Fall Precautions												
Oxygen												
F.M. _____												
N.C. _____												
Trach Mask _____												
O2 Sat.												
Respiratory Tx. _____												
Incentive Spirometer												
Cough & Deep Breathe												
Suction												
Trach Care												
Compression Device / TEDS												
Diaper Check q 2 hrs												
Diaper Change												
Fingerstick Blood Glucose												
ROM												
Ostomy Care												
NGT Placement ✓												
Fall Risk QD *(See Back Sheet)*												
_____												

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NURSING NOTES

TIME	COMMENTS

FALL RISK ASSESSMENT

EACH OF THE FOLLOWING EQUALS 1 POINT	SCORE	EACH OF THE FOLLOWING EQUALS 3 POINTS	SCORE
Age 70 or greater		Chronic / episodic confusion	
Urinary / bowel - urgency / incontinence		Unsteady gait	
Chronic debilating disease		History of prior falls	
Use of drugs affecting blood pressure /			
Mental status, urination / defecation		**TOTAL POINTS**	
Sensory deficit		Low risk protocol (0-2 points)	
Postural hypotension		High risk fall prevention protocol	
Depression / hopelessness		Initiated (3 points or greater)	
Neurological dysfunction /		High risk protocol **NOT** initiated	
Mobility deficit		**Due to condition:**	

NURSE'S INITIALS

Init	Signature / Title	Time	Init	Signature / Title	Time	Init	Signature / Title	Time