# University Medical Center
## CVA Kardex

Primary MD ______________________

Age: ________ Admit Date: ______________________

Allergies: ______________________

Advance Directive: __________ Code Status: __________

Addressograph

Chief complaint on admission / Admitting Diagnosis: ______________________

ICU Diagnosis /Surgery & Date of Surgery: ______________________

Past Medical / Surgical Hx.: ______________________

______________________ Isolation: __________

Consults: __________ / __________ / __________ / __________ / __________

| | |
|---|---|
| Daily Plan Date: _______<br>☐ Patient on Disease Specific CareMap®<br>☐ CAT Scan within two (2) hours of admission. Results: __________<br>☐ Monitor Neurological Status<br>☐ Initiates Anti-Thrombotic Therapy. If contraindicated reason is documented<br>☐ PT / OT Screen<br>☐ PT Orders<br>☐ Nutrition Consult<br>☐ Speech / Dysphagia Consult<br>☐ Monitor PT / PTT / INR<br>☐ Consult CVA APN<br>☐ DP / SS Consult for Rehabilitation | LOS: __________<br>Current Problems:<br>☐ Aphasia ☐ Dysphasia ☐ Hemiparesis<br>☐ Hemiplegia ☐ + CAT Scan ☐ Embolic ☐ Hemorrhagic<br><br>Resolution:<br>☐ CAT Scan within two (2) hours of admission<br>☐ PT within 24 hours of admission<br>☐ Clinically improved: ☐ Resolving weakness / Aphasia<br>☐ Tolerating PO Anti-Thrombotic / Anticoagulant |
| **Flu Vaccine**<br>Was it given ☐ Yes ☐ No<br>**Pneumonia Vaccine**<br>Was it given ☐ Yes ☐ No | Notes: |
| **Discharge Plan**: | ☐ Home with VNS Team<br>☐ Transfer to facility: ______________________ |
| **Safety/Activity** | Falls Protocol Level: __________ Gait steady Y / N Cane / Walker<br>Activity:<br>☐ Bedrest ☐ Dangle ☐ OOB to Chair ☐ Ad Lib ☐ OOB with Assist<br>☐ Sitter ☐ Physical Restraints - Type: ______________<br>Speech consult date __________ Results ______________<br>Swallow eval. Date __________ Results ______________<br>PT consult date __________ Frequency ______________<br>Treatments ______________________ |
| **Teaching / Psychosocial** | Patient verbalizes understanding of:<br>☐ Risk Factor Reduction ☐ Calls MD with increased symptoms<br>☐ Medications ☐ Anti-Thrombotic/Anticoagulation Therapy<br>☐ Verbalizes understanding of complications with Anticoagulation Therapy<br>☐ Monitor INR Post Discharge ☐ Activity Level/Continued Therapy<br>☐ Smoking Cessation<br><br>Patient Received:<br>☐ "After A Brain Attack" ☐ "Preventing a Stroke"<br>☐ Tube Feedings |

| PATIENT | CARE | CATEGORIES |
|---|---|---|

## Shift Assessment

### Cardiac
- Vital Signs q ______ hr
- Telemetry # ____________
- Rhythm ______
- Temp ________
- Pacemaker/AICD _________

### Respiratory
- $O_2$ ________ Sat % ________
- Trach Collar ______________
- RESP TX _________________
- Lung Sounds ______________

### Neurological
- Orientation ______________
- EEG ____________________
- CVA ____________________

### GU/Renal
- Foley/Insertion Date __________
- 24° urine ________________
- I & O __________ / __________
- HD _____________________

### GI
- Last BM _________________
- NGT/KFT/Peg ____________
- Diet ____________________
- Nutritional Needs __________

______________________________

**Pain Management** ______________

**Wounds/Dsgs** ________________

______________________________

**Drains/Tubes** ________________

______________________________

**Blood Sugars** ________________

**Central Lines** / Shiley / HO Access

Type: ______________________

Location: ___________________

Insertion Date: ______________

Type: ______________________

Location: ___________________

Insertion Date: ______________

PIV: Date Inserted: __________

Location: _________________

___________________________

PIV: Date Inserted: __________

Location: _________________

___________________________

IVFS/gtts: __________________

______________________________

______________________________

______________________________

Date last type/screen __________

Blood transfusion/FFP __________

______________________________

Blood transfusion consent _______

### Tests and Labs

X-rays - date ___________

Results ___________________

U/A C&S - date ___________

Results ___________________

Sputum C&S - date ___________

Results ___________________

Blood Culture- date ___________

Results ___________________

Wound C&S - date ___________

Results ___________________

CT Scan - date ___________

Results ___________________

Dopplers - date ___________

Results ___________________

Cardiac Cath/Procedure - date ___

Results ___________________

Echo - date ___________

Results ___________________

Other tests: ________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

Abnormal Labs: ______________

______________________________

Daily Updates:

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

Day 8:

Day 9:

Day 10: