Title Signature Initial Signature Requiring Co-Signature | Date/Shift Initial/Title ADDRESSOGRAPH D = DAYS E = EVENINGS N = NIGHTS DESIRED OUTCOMES E Problem/ E Problem/ Day Needs Needs Date: Vital signs stable Patient/family verbalizes understanding of Hemodynamic anticipated plan of care and participates Knowledge Instability SpO₂ > 94% via pulse oximetry Deficit related in decision making Understands discharge instructions and to plan of care Rhythm returned to sinus rhythm or when to call MD ventricular rate controlled Able to perform all ADL's at pre-admit Activity Intolerance Pain free or verbalizes relief after intervention Respirations easy and unlabored Management Remains injury free in a safe Patient Safety environment No evidence of skin breakdown Skin Integrity Patient/family verbalizes satisfaction Patient/Family with hospital stay/care Satisfaction INTERVENTIONS (continued on back) E Patient Care E Patient Care Categories Categories * Diet: 2 gm Na or Patient discharged to: Discharge Nutrition Plan % of diet consumed: Breakfast _____ Lunch Dinner

Patient Care				THE OWNER OF TAXABLE	(continued)		7.5		
Categories	Day Date:	D	E	N	Patient Care	Stantings	D	E	N
Jategories	Assess respiratory / cardiac status	-		+	Categories	Encourage verbalization of fears /	+		
Assessment	q 8 hrs and PRN				Teaching	concerns			e digeneración
&	* Discharge on Anticoagulation Therapy	-	-	+-	reaching &		+-	-	
Treatments	If not, reason why:					Patient / family able to verbalize:		pri agrant	Line
rreaunents	in flot, reason why.				Psychosocial	- Action to take if signs / symptoms			
						of bleeding occur at home		in relation	
	* Discharge on Antiplotalet Thereny	-	-	-		- Activity guideline	lander of the same of the same of		
	* Discharge on Antiplatelet Therapy					- All medications and indication for			
	If not, reason why:				Trans.	taking them	el testes	SA 934	
						- Follow-up care			
						- Smoking cessation plan if applicable			
	* Discharged on Antiarrhythmic therapy					- Medication information sheets given:			
	If not, reason why:	60 (1460) N		1			ing because	e conse	
							-		
		-			they are the same of the same of the		_		
	Vital signs q 8 hrs and PRN						_		
				9 101		STATE OF THE PROPERTY OF STATE			
	No evidence of bleeding on anticoagulation		100,000			EAR THE BOOK TO COME TO SHE WAS A SH	0.63.6	61.51	
						THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE		k0 (0)	
						Prescription for follow up lab work	1		
						(PT / INR) given			
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	In the stops of the day of the start of								
	The state of the s		in ind	6					_
			s e i	in in		Lab / diagnostics results reviewed; MD			
					Specimens	notified if indicated			
					&	* Tests / Procedures			
					Diagnostics	PT / INR		- 1	
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	enviolational rapids to depend on the								
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	and impact ledge on their	Street	139	0.00			+	-	_
				300	Cafata	Falls protocol continued			
			1		Safety		\perp	\rightarrow	
					&	* Activity level:			
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	participate consumed								
	Hygiene & Comfort Protocol								
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol	-	-						
	The state of the s								
	* Respiratory Care provided	\dashv	\dashv	-					
	(See Respiratory Care Record)								
	(Coc Nespiratory Care Necord)								
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University Medical Center

* indicates medical orders needed