St. Joseph's Healthcare Hamilton

# ICU Daily Goals Checklist and Plan of Care

**PATIENT NAME**: _____ **BED**# _____ Today's DATE: _____ /_____/_____
**DD MM YYYY**

| Routine Practices | Pre-round (RN and team) RN initials: _____ | Round (MD and team) Resident/MD initials: _____ |
|---|---|---|
| **COMFORT, SEDATION, SAFETY & PROPHYLAXIS** | On continuous sedation? ☐Yes ☐No<br>Sedation interruption/reduction? ☐Yes ☐No<br>Are physical restraints required? ☐Yes ☐No<br>VTE Prophylaxis? ☐Yes ☐No<br>GI Prophylaxis? ☐Yes ☐No<br>Skin or wound issues? ☐Yes ☐No | ☐ Maintain same sedation<br>☐ Decrease Sedation by _____%<br>☐ Increase Sedation by _____%<br>☐ Maintain same analgesia<br>☐ Decrease Analgesia by _____%<br>☐ Increase Analgesia by _____%<br>Above changes to target:<br>☐ RASS 0 – 2 ☐ RASS _____<br>☐ Mobility plans reviewed? ☐Yes ☐No |
| **CENTRAL LINES, IV ACCESS, TUBES & DRAINS** | Central line present? ☐Yes ☐No<br>PICC? ☐Yes ☐No<br>CLA-BSI bundle in use? ☐Yes ☐No<br>Issues for catheters/tubes/drains? ☐Yes ☐No | Continue central line? ☐Yes ☐No<br>If no, ☐ new central line site<br>☐ peripheral catheter<br>☐ PICC |
| **FLUID STATUS** | Does patient void? ☐Yes ☐No<br>Adequate urine output? ☐Yes ☐No<br>Hemodialysis? ☐Yes ☐No<br>Continuous renal replacement? ☐Yes ☐No | ☐ Goal: Negative _____ L today<br>☐ Goal: Positive _____ L today<br>☐ Goal: Euvolemia ☐ CVP _____ ☐ TFI _____ ml/h<br>Change CRRT orders? ☐Yes ☐No |
| **INFECTION PREVENTION & CONTROL** | Any new culture results? ☐Yes ☐No<br>Culture results pending? ☐Yes ☐No<br>Re-assess need for isolation? ☐Yes ☐No | ☐ Cultures to be drawn today? ☐Yes ☐No<br>☐ Sputum ☐ Blood ☐ Urine ☐ Wound ☐ Other<br>☐ Antibiotics reviewed? |
| **VENTILATION & WEANING** | VAP bundle in use? ☐Yes ☐No<br>Oral care protocol q 6h? ☐Yes ☐No<br>Is HOB elevated > 30 ◦? ☐Yes ☐No<br>Any reasons not to do SBT? ☐Yes ☐No<br>Chest x-ray today to review? ☐Yes ☐No | ☐ No weaning<br>☐ PSV Wean as tolerated<br>☐ Spontaneous breathing trial today? ☐Yes ☐No<br>☐ Evening Rest: ☐ PSV ☐ PCV<br>☐ Target SpO2: _____ %<br>Extubate today? ☐Yes ☐No |
| **NUTRITION** | Enteral or oral nutrition? ☐Yes ☐No<br>Target feeds met? ☐Yes ☐No<br>☐ Volume-based enteral nutrition<br>☐ Trophic enteral nutrition<br>Feeds tolerated? ☐Yes ☐No<br>Bowel regimen? ☐Yes ☐No | ☐ NPO<br>☐ Enteral targets as per dietitian<br>☐ Target feeds at _____ ml/h<br>Continue motility agent? ☐Yes ☐No ☐NA<br>Continue Beneprotein? ☐Yes ☐No ☐NA<br>☐ TPN |
| **LABS, TESTS & PROCEDURES** | Lab results reviewed? ☐Yes ☐No<br>Other tests reviewed? ☐Yes ☐No<br>Blood consent on chart? ☐Yes ☐No | Morning blood work? ☐Yes ☐No<br>Chest x-Ray tomorrow? ☐Yes ☐No<br>Blood work for later today? ☐Yes ☐No<br>Other procedures or tests: _____ |
| **MEDICATIONS** | ☐ Allergies Reviewed<br>Medications to be reassessed? ☐Yes ☐No<br>Can meds be changed to PO? ☐Yes ☐No<br>Outdated medications for reorder? ☐Yes ☐No | ☐ Discontinue some medications<br>☐ Decrease some doses<br>☐ No changes<br>☐ Increase some medications<br>☐ Start new medications<br>☐ Restart some held medications<br>☐ Change medications from: ☐ IV to PO ☐ PO to IV |
| **PSYCHOSOCIAL CONCERNS** | Code status documented? ☐Yes ☐No<br>Status update: ☐ family called ☐ family present<br>Family meeting planned? ☐Yes ☐No<br>Spiritual care/Social work/Ethics ☐Yes ☐No | Code status readdressed? ☐Yes ☐No |
| **RESEARCH STUDIES** | ☐ No ☐ Yes, Studies: _____ | |
| **CONSULTATIONS** | Services to follow-up with today:<br>New physician consults? ☐No ☐Yes;<br>☐ Surgery ☐ Nephro ☐ Resp ☐ Thoracics ☐ I.D. ☐ Other _____<br>Allied health: ☐ Dietitian ☐ OT ☐ SLP ☐ APS ☐ Other _____ | |
| **OTHER GOALS** | ORDERS required? ☐Yes ☐No<br>TRANSFER out of ICU? ☐Yes ☐No<br>OTHER FOLLOW-UP, PLANS or GOALS | **READ-BACK of orders**? ☐Yes ☐No |