

Patient name: _____ Patient number: _____ Male / Female _____ Age _____ Ht. (cm) _____ Wt. (kg) _____ Date: _____ Time in: _____ Time out: _____

Problem List	↑ HR <input type="text"/> ↓	↑ BP <input type="text"/> ↓	↑ RR <input type="text"/> ↓	↑ SpO ₂ <input type="text"/> ↓	↑ Temp <input type="text"/> ↓	Pain (0-10) <input type="text"/>	UO (ml) <input type="text"/>									
	↑WBC↓	↑Hb↓	↑Pit↓	↑INR↓	↑Glu↓	↑Na↓	↑K↓	↑Ca↓	↑pH ↓	↑PO ₂ ↓	↑PCO ₂ ↓	↑HCO ₃ ↓	↑Lac↓	↑Billi↓	↑BUN ↓	↑Cr↓
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Findings	History	Code Status	Allergies	Home Medications	Current Medications	Interventions
	ECG:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Full code	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Beta blockers
US:	<input type="checkbox"/> Previously healthy	<input type="checkbox"/> DNI	<input type="checkbox"/> No allergies	<input type="checkbox"/> No medications	<input type="checkbox"/> Steroids	
CXR:	<input type="checkbox"/> CHF	<input type="checkbox"/> DNR	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Opioids	<input type="checkbox"/> Antibiotics	
CT:	<input type="checkbox"/> Chronic lung disease	<input type="checkbox"/> DNI & DNR	<input type="checkbox"/> Other:	<input type="checkbox"/> Sedatives	<input type="checkbox"/> Chemotherapy	
Other:	<input type="checkbox"/> Chronic liver failure	<input type="checkbox"/> Unknown		<input type="checkbox"/> Anticoagulants	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Chronic renal failure			<input type="checkbox"/> Antihypertensives		
	<input type="checkbox"/> Diabetes			<input type="checkbox"/> Insulin		

Rounding checklist: System based plan of care

	<input type="checkbox"/> Sedation break <input type="checkbox"/> Delirium <input type="checkbox"/> Pain treatment	<hr/> <hr/> <hr/>		<input type="checkbox"/> Antimicrobials reviewed	<hr/> <hr/> <hr/>
	<input type="checkbox"/> Cardiovascular medications	<hr/> <hr/> <hr/>		<input type="checkbox"/> Skin integrity <input type="checkbox"/> Wound care reviewed	<hr/> <hr/> <hr/>
	<input type="checkbox"/> Lung protective vent. <input type="checkbox"/> Spont. breathing trial <input type="checkbox"/> Head elevation	<hr/> <hr/> <hr/>		<input type="checkbox"/> Medications reviewed	<hr/> <hr/> <hr/>
	<input type="checkbox"/> Fluid balance reviewed <input type="checkbox"/> Electrolytes reviewed	<hr/> <hr/> <hr/>		<input type="checkbox"/> Devices reviewed Urinary catheter <input type="text"/> Central line <input type="text"/> Arterial line <input type="text"/> Other <input type="text"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
	<input type="checkbox"/> Glucose control <input type="checkbox"/> Ulcer prophylaxis <input type="checkbox"/> Nutrition	<hr/> <hr/> <hr/>		<input type="checkbox"/> Physical therapy	<hr/> <hr/> <hr/>
	<input type="checkbox"/> Venous thrombosis prophylaxis	<hr/> <hr/> <hr/>		<input type="checkbox"/> Family present <input type="checkbox"/> Goals of care/ Social	<hr/> <hr/> <hr/>
				<input type="checkbox"/> Safe for ICU discharge	<hr/> <hr/> <hr/>