


















Patient name:		Patient number:		Male / Female	Age	Ht. (cm)	Wt. (kg)	Date:	Time in:	Time out:										
Problem List		↑ HR		↓	↑ BP		↓	↑ RR		↓	↑ SpO ₂		↓	↑ Temp		↓	Pain (0-10)		UO (ml)	
		↑WBC↓	↑Hb↓	↑Plt↓	↑INR↓	↑Glu↓	↑Na↓	↑K↓	↑Ca↓	↑pH ↓	↑PO ₂ ↓	↑PCO ₂ ↓	↑HCO ₃ ↓	↑Lac↓	↑Billi↓	↑BUN ↓	↑Cr↓			
Findings		History		Code Status		Allergies		Home Medications				Current Medications		Interventions						
		<input type="checkbox"/> Unknown		<input type="checkbox"/> Cancer		<input type="checkbox"/> Full code		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Beta blockers								
		<input type="checkbox"/> Previously healthy		<input type="checkbox"/> Chemotherapy		<input type="checkbox"/> DNI		<input type="checkbox"/> No allergies		<input type="checkbox"/> No medications		<input type="checkbox"/> Steroids								
		<input type="checkbox"/> CHF		<input type="checkbox"/> AIDS		<input type="checkbox"/> DNR		<input type="checkbox"/> Penicillin		<input type="checkbox"/> Opioids		<input type="checkbox"/> Antibiotics								
		<input type="checkbox"/> Chronic lung disease		<input type="checkbox"/> Other:		<input type="checkbox"/> DNI & DNR		<input type="checkbox"/> Other:		<input type="checkbox"/> Sedatives		<input type="checkbox"/> Chemotherapy								
		<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														
ECG:																				
US:																				
CXR:																				
CT:																				
Other:																				

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