

See Critical Care Flow Chart for Water Type of Enteral Feeding and PPN

Abdomen: Soft Firm Flat Rounded
 Distended Guarding Rebound tenderness

Bowel Sounds: Absent Present
 Normal Increased Decreased

Dist: Intact GI RT Dist Diabetic Cardiac Sub ileus
 Special Consistency: _____ Other*

Feeding Tube: Type: _____ Info to: _____ (L/R nose, mouth, etc.)
 Gastro Duodenal Jejunal
Insertion site: Intact Other* Placement verified by _____
 Administering Feeds Clamped Aspirated qth Straight drainage
 Description of aspirate: _____
 *Other (description): _____

Stool: Last BM: ____/____/____ Prior to admission
 Stool colour: _____ Stool characteristics: _____

Output: Type: _____ Appearance of Urine: _____

Urinary/Drain: Type: _____ Location: _____

Drainage (description): _____

--- None
 X Drain
 (X) Feeding
 (X) Tube line
 (X) Foley

See Critical Care Flow Chart for Urine Output, Fluid Balance, & CRRT Monitoring

Catheter: Type: _____ Size: _____ Line (description): _____
 Urinary/Vaginal discharge: Discolor _____ Mucous

See Critical Care Flow Chart for Drugs, Infusions, Concentrations, & Rates

CVC:
 # Lumens: _____ Location: _____
 Lumen(s): Patent Heavily kinked Other*
Flush Bag: Normal saline
 Pressurized and adequate fluid
 Flushed and line transduced

Site: No redness/swelling Other*
Dressing: OAD "intact"

Other line:
 Location: _____
Site: No redness/swelling Other*
Dressing: OAD "intact"

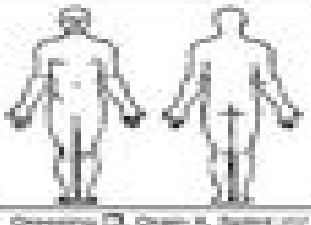
See Critical Care Flow Chart for Position, Appearance & Activity

Skin Condition (general):

Spine: intact <input type="checkbox"/>	Heels: intact <input type="checkbox"/>	Elbows: intact <input type="checkbox"/>
marked <input type="checkbox"/>	marked <input type="checkbox"/>	marked <input type="checkbox"/>
broken <input type="checkbox"/>	broken <input type="checkbox"/>	broken <input type="checkbox"/>

Patient to be positioned 30 - 45 degrees head up unless contraindicated

Gelf Compressor Device PEG



Dressing Gelf & Spine (X)

Date: ____/____/____ Time: _____ Name: _____ Signature: _____