

CLINICAL ORGANIZATION SHEET

Pt. _____ Code _____ Age _____ Student _____ Date _____

Diagnosis _____ Surgery Type/Date _____ Activity Order _____

NANDA AND Pt. Centered Goal & 3-4 Expected Outcomes for today (ON BACK OF SHEET)

0645	0700	0800	0900	1000	1100	1200
<input type="checkbox"/> Check Orders/progress Nts.for changes. <input type="checkbox"/> Check Mar for new times/meds Notes from report _____ _____ _____ _____ Lab tests _____ IV sol. _____ Rate _____	<input type="checkbox"/> All Meds Available <input type="checkbox"/> Sign/Check med sheet T _____ P _____ R _____ B/P _____ Pain _____ O ₂ Sat _____ <input type="checkbox"/> Rm Air <input type="checkbox"/> Nasal cannula Accucheck _____ <input type="checkbox"/> Meds to be given Treatments _____ <input type="checkbox"/> Assessment	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments Lab results _____ _____ _____ Diet ordered _____ % _____ cc _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments _____ _____ _____ _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments _____ _____ _____ _____ <input type="checkbox"/> Meds given Intake _____ Output _____ NG _____ Treatments _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments 1130 T _____ P _____ R _____ B/P _____ Pain _____ O ₂ Sat _____ Accucheck _____ <input type="checkbox"/> Meds given Intake _____ Output _____ NG _____ Treatments _____	<input type="checkbox"/> Meds <input type="checkbox"/> Treatments <input type="checkbox"/> Report off <input type="checkbox"/> Charting <input type="checkbox"/> Sign all meds

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