

Date _____ Pt Name _____
 Bed # _____ age _____ allergies _____
 Dx: _____

Hx: _____

Admit date _____ DNR/DNI isolation: _____
 Prima MD _____ MD _____ MD _____
 MD _____ MD _____ MD _____

Critical Care Report Page

Respiratory:
 Nebx q _____ Albuterol/Atrovent/Xopenex IS q _____
 Trach size _____ ETT # _____ @ _____ cm
 Mode _____
 Rate _____ last CT: _____
 Vt _____ last MRE: _____
 FiO2 _____ last echo: _____ EF% _____
 Peep _____ last CNR: _____
 PS _____ other: _____

Foley fs _____
 SCDs Plexi TED _____
 CT: R/L cm _____ H2Oseal/sxn _____
 NPO NGT R/L nare OGT PEG sxn _____ clamped
 Diet _____ TF _____ rate _____ goal _____



- IVF's
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
- TPR _____
- CVP Altra Pulse
 EVB CV/SD
 Introsheet PCC
- 07 _____
 - 08 _____
 - 09 _____
 - 10 _____
 - 11 _____
 - 12 _____
 - 01 _____
 - 02 _____
 - 03 _____
 - 04 _____
 - 05 _____
 - 06 _____
 - 07 _____

TO DO:

Additional:

Drug Δ's:

Date _____ Pt Name _____
 Bed # _____ age _____ allergies _____
 Dx: _____

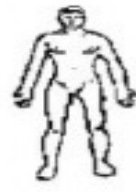
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