Clinical Simulation Center of Las Vegas

Standard Operating Procedures

Clinical Education Assistant

Version 1

I.	Introduction	. 3
II.	Purpose	. 3
III	Responsibilities	. 3
IV	Simulation Laboratory	. 4
	A. Schedules.	. 4
	B. Sim Control.	. 4
	C. Turning on Manikin.	. 4
	D. Staging Scenarios.	. 4
	E. Break down of Staged Scenario.	. 4
	F. Room Orientation	. 5
	G. Setting up a Simulation Scenario.	. 5
	H. Taking down a Simulation Scenario.	. 5
	I. Manikin Maintenance.	. 5
	J. Accessing Videos	. 6
	K. Creating Users	. 6
II.	Clinical Skills Laboratory.	. 6
	A. Request for Syllabi	. 6
	B. Equipment Request Forms	. 6
	C. Pre-semester functions.	. 6
	D. UNLV Student Folders	. 7
III	Standardized Patient Laboratory	. 7
	A. Request for Syllabi	. 7

B. Equipment Request Forms.	
C. SP Hall Maintenance/Restock	
D. Proctoring	
Appendix	
SimMan 3G Setup	
SimMan 3G Shut down Steps	
SimMan Laptop Steps	
Gaumard Setup	
Recording Session in B-Line	
Debrief Room Setup:	
Shutting Down A/V Systems:	
Checklist for Room Introduction	
Break down of Staged Scenario	
SimBridge – Creating Users	
Accessing Videos via Remote Access:	
Student Folder Documents	

- I. Introduction: The position of the *Clinical Education Assistant* is to provide technical and non-technical support for the Clinical Simulation Center of Las Vegas (CSCLV) staff and faculty members. The primary responsibilities are to work with the Simulation Technician(s), Skills Laboratory Coordinator, and the Standardized Patient Coordinator to help ensure the laboratories, equipments, and supplies are appropriately stocked and setup according to requests provided by each school which includes the University of Nevada Las Vegas (UNLV) School of Nursing, University of Nevada School of Medicine (UNSOM), and Nevada State College (NSC).
- II. Purpose: The purpose of this document is to provide a detailed standardized operating protocol to ensure all duties of the Clinical Education Assistant are successfully performed.
- III. Responsibilities: Managing time to work alongside the Simulation Technician(s), Skills Laboratory Coordinator, and the Standardized Patient Coordinator is crucial. To ensure all duties are completed, it is important to attain all schedules and syllabi's prior to each semester from the Technician(s) and Coordinators from each area. Additionally, this will also give a general idea of how time needs to be managed for setups, breakdowns, or providing support in each area of the facility.

- IV. Simulation Laboratory: This area encompasses rooms in the simulation hall: LDR, Sim 1, Sim 2, Peds, and ED. All requests for setups for the simulation area are provided to the Simulation Technician(s).
 - A. Schedules: All verified simulation schedules are posted on the bulletin board located in the Simulation Hall in addition to the Google calendar. Discuss scheduled dates with the Simulation Technician(s) where help will be needed. Multiple simulations may take place simultaneously. On such days, check schedules of the Skills and SP Hall and arrange with each Coordinator of tasks needed for completion for scheduled lab(s). Providing assistance in simulation is given priority on days where multiple simulations are schedule simultaneously.
 - B. **Sim Control**: The control center for running simulations. This area is also the hub of where all supplies and simulation scenarios are stored. This area needs to be maintained throughout the semester. i.e.: Getting rid of unnecessary paper work left by instructors or setting aside documents for them to pick at a later time.
 - C. **Turning on Manikin**: Depending on the manikin being used, refer to the Appendix for the methodology to turn on a specific manikin model.
 - D. Staging Scenarios: Plastic boxes stored in Sim Control contain documents to stage a scenario. Refer to Appendix: Staging the Scenario.
 - E. Break down of Staged Scenario: All items used in the scenario will be placed back in the plastic box. All other items, such as equipment or moulage will be stored in its appropriate location(s).

- F. Room Orientation: A proper room orientation provides student and faculty members with the essential functionalities of the manikin and supplies contained in the room. A brief checklist is located by each station in Sim Control; refer to Appendix: Checklist for Room Introduction.
- G. **Setting up a Simulation Scenario**: The following is a guideline of the steps to be taken when setting up a scenario on any given simulation day. Refer to the appropriate Appendix for a detailed step-by-step guide.
 - 1. On a simulation day, turn on the appropriate manikin
 - 2. Turn on the manikin laptop
 - Setup B-line for a recording session (Appendix: Recording Session in B-Line)
 - 4. Setup debrief room (Appendix: Debrief Room Setup)
- H. **Taking down a Simulation Scenario**: The following is a guideline of the steps to be taken once the simulation has ended.
 - 1. Turn off the manikin. Refer to the Appendix for guidelines on shutting down the appropriate manikin.
 - 2. Shut down A/V systems (Appendix: Shutting Down A/V Systems)
 - Break down the staged scenario and put away all supplies in its appropriate boxes and locations. Refer to Appendix: Break down of Staged Scenario.
- I. **Manikin Maintenance**: Manikins need to be maintained throughout the semester and after each simulation session. Use Sani-Cloths to wipe down the manikins and Goo Gone to take out any sticky residue.

- J. Accessing Videos: Faculty may inquire about viewing simulation videos via remote access. Refer to Appendix: Accessing Videos via Remote Access.
- K. Creating Users: Occasionally, the need to create new users for faculty may be assigned if the IT Technician or Simulation Technician(s) is not available.
 Refer to Appendix: Sim Bridge Creating Users.
- L. **Restocking Sim Labs**: At the end of each simulation session rooms will need to be restocked for all supplies used.
- II. Clinical Skills Laboratory: This area encompasses rooms 114, 119, and 120.
 All requests for setups for the skill area are provided to the Clinical Skills
 Coordinator. To ensure all laboratories are appropriately setup, it is vital to
 collaborate with the Clinical Skills Coordinator throughout the semester.
 - A. **Request for Syllabi**: E-mail the Clinical Skills Coordinator to attain the course schedules from each school.
 - B. Equipment Request Forms: E-mail the Clinical Skills Coordinator to attain the equipments requests from each school. A digital or hard copy may be provided. The request forms serve as a guideline of how each laboratory needs to be setup per request of the instructor. The amount of supplies and equipment will be provided in this form.
 - C. Pre-semester functions: These duties must be completed to the start of each semester. This includes manikin maintenance, equipment maintenance, and restocking of labs. Note: Semester start dates vary for each school, thus, all duties must be completed for the earlier start date.

D. UNLV Student Folders: At the start of every new semester (Fall, Spring, Summer), student folders for the skills lab needs to be created for the UNLV Level 1 entering students. A finalized roster of all entering students needs to be obtained from the BSN Level Coordinator. They will direct you to the Administrative Assistant, and a list of students will be e-mailed. The folder will contain the student's name, essential documents for taking vitals and sample references of charts that they will need to get familiarized before entering clinicals. The student folders will be located in Room 120 in the anter room in the black filing drawer labeled "Student Folders". Refer to

Appendix: Student Folder Documents.

- E. Semester Functions: Skills labs need to be maintained throughout the semester. Wipe down of counters, maintenance of manikins, trainers, and equipment as needed throughout the semester. Stock labs appropriately as needed.
- III. Standardized Patient Laboratory: This area encompasses the Standardized Patient (SP) Hall (room 126). All requests for setups for the SP area are provided to the Clinical Skills Coordinator and the Standardized Patient Coordinator.
 - A. **Request for Syllabi**: E-mail the Clinical Skills Coordinator to attain the course schedules from each school.

- B. Equipment Request Forms: E-mail the Clinical Skills Coordinator to attain the equipments requests from each school. A digital or hard copy may be provided. The request forms serve as a guideline of how each laboratory needs to be setup per request of the instructor. The amount of supplies and equipment will be provided in this form.
- C. **SP Hall Maintenance/Restock**: The maintenance of stocking the hall will be done on a weekly basis. All supplies should be restocked to their maximum capacities. Ensure all rooms have the following setup:
 - 1. Fresh exam paper cover for each exam table
 - 2. Head of the exam table should be lowered
 - 3. One stool belongs under the sink
 - 4. One stool belongs under the desk
 - 5. A burgundy patient chair/stool belongs in the corner
 - Stock gloves, drapes, disposable gowns, reusable gowns, pillow, disposable pillow cases, and slipper socks in each cabinet of the exam rooms.
- D. Proctoring: The need to proctor an exam will be given per the request of the Standardized Patient Coordinator. A detailed guideline of duties will be provided. Additionally, attendance of technical rehearsal(s) may be mandatory leading up to an exam date event.

8

- IV. Weekly Meeting: Informal meetings take place weekly. Weekly duties, tasks, or events that will be taking place for the week or weeks to come are usually discussed by each individual. This gives a general idea of how time needs to be managed for setups, breakdowns, or providing support.
- V. Usage Reports: End of semester usage reports for all hours used by classrooms 1-4 is calculated using Excel. A breakdown of classroom usage by each school needs to be entered into the Excel file. Additionally, total hours by each school are also calculated.
- VI. Miscellaneous Duties: Management of Volunteers or Student Workers may be requested. Work with the Volunteers/Student Workers of tasks they may assist you with. i.e.: Making blood bags, setting up lab, etc. Occasionally, product research may be requested by Director.

Appendix

The items contained in the appendix are guidelines to setup of equipment(s), creating of users, and laboratory setups throughout the semester. Directions to laboratory setups contained in this appendix are not absolute and only serve as a starting point. Laboratory setups should be verified per the equipment request forms and collaborating with the Technician(s) and Coordinators.

SimMan 3G Setup

- 1. Close condensation valve on the right leg by turning the lever upwards
- 2. Turn on the manikin by locating the power button on the right side by the waist
- 3. Turn on the 3G monitor in the room and wait for Wi-Fi connection
- 4. Turn on the laptop in Sim Control
- ***Note: Each 3G Manikin has its own designated Wi-Fi connection that is linked to the 3G laptops. If the laptops crosslink or vice versa with the Wi-Fi connection, the SimMan software will not work properly.

i.e. Wi-Fi connection for "SimMan 11" needs to link to the "SimMan 11" laptop. The Wi-Fi connection for "SimMan 11" should not connect to the "SimMan 22" laptop.

SimMan 3G Shut down Steps

- 1. Turn off the manikin by locating the power button on the right side by the waist
- 2. Open condensation valve on the right leg by turning the lever downward
- 3. Close the "Patient Monitor" application displayed on the 3G monitor by clicking "Main" then choose "Shut down -> Really Shut down". Once the application is closed, completely turn off the monitor by pressing "Start" -> "Shut Down"
- 4. Turn off the laptop in Sim Control

SimMan Laptop Steps

- 1. Click SimMan once laptop loads
- 2. Select "Instructor Application" icon on the desktop
- 3. Select the appropriate manikin number (i.e.: "SimMan11").
- 4. ***Note: Do not run the "Virtual Manikin"
- 5. Select "Healthy Patient" or specific scenario if programmed

If not programmed, set vitals and other components necessary for scenario (i.e.: sinus rhythm, crackles, etc.)

Gaumard Setup

- 1. Turn on room monitor
- 2. Turn on laptop in Sim Control
- 3. Wait for manikin to "wake" once laptop responds to software
- 4. Monitor Settings
 - a. On taskbar, click "nview" icon
 - b. Ensure "clone" is selected. This allows B-Line to capture the monitor feed.

Recording Session in B-Line

- 1. Turn on workstation computer (Dell) located in Sim Control
- 2. Open Mozilla Firefox from Desktop
- 3. Log in (Appendix: Creating Users)
- 4. Click "Start/Join Session"
- 5. Click SimCapture (see label on top of Dell monitor work station being used)
- 6. Click "Choose a Scenario None Enter Name Below"
- Type in a unique name for your week, i.e. "UNLV 415 Piya Jordan (18)" where "(18)" refers to the Evolve case number, when applicable
- 8. Click Start Session
- 9. Go the debrief room that faculty and class have been assigned
 - a. Press "ON" on the touchpanel
 - b. Turn on Dell Desktop in rack labeled "2" (No password needed, press enter)
 - c. On the Windows XP desktop, open Internet Explorer
 - d. Log in with your username and password
 - e. Click "Start/Join Session"
 - f. Click SimCapture to join (Note: This is the same label on top of Dell monitor work station in Sim Control)
- 10. Go back to Sim Control. Press "Start Recording" when facilitator is ready
- 11. Once finished, click "Stop Session"

Debrief Room Setup:

- 1. Go to Debrief Room that faculty and class have been assigned
- 2. Click "Debrief Session"
- 3. Find debrief video in the list.

***Note: Correct video is most likely at the top of the list

Shutting Down A/V Systems:

- 1. Once the session has completed, shut down the projector by pressing "OFF" on the touchpanel in the debrief room(s) faculty and class have been assigned.
- Shut down Dell computer and SimMan laptop in Sim Control by pressing "Start" -> "Shut Down"

Checklist for Room Introduction

- 1. Ensure that GLOVES are to be worn when touching or handling the Manikin. Remind students NOT to use Betadine or INK as it will stain the Manikin.
- 2. Bed Mechanics
 - a. Side Rails
 - b. Head of the bed (Low Fowlers, Fowlers, High Fowlers)
 - c. Foot pump (Raising/Lowering)
- 3. SimMan
 - a. Pulses (Carotid, Radial, Brachial, Femoral, Popliteal, Pedal)
 - b. Auscultation (Heart, Lung, Bowel)
 - c. BP
 - 1. Manual
 - 2. Place stethoscope in the center of the antecubital
 - 3. Automatic (Touch Screen)
 - d. Pupils react to light
 - e. IV Fluids can be given
 - f. IV Fluids exit via blue tube FRAGILE!
- 4. Touch Screen for BP, all over vital signs are current
- 5. Other
 - a. SubQ or IM shots on injection pad
 - b. Bed side table supplies (Emesis basin, Basin, Fracture Pan, Bed Pan)
 - c. Room supplies all labeled
 - d. Phone Call <u>OPERATOR</u> if need anything (i.e. pharmacy, doctor, etc.)

- e. Crash cart available (To access supplies break plastic lock)
- f. Medication box
- g. Laptop
- 6. <u>ACT as if everything is real</u>

Break down of Staged Scenario

- 1. Gather all paper work used for the scenario, this includes the Technician and faculty references.
- 2. Remove ID bands, IV bags, dressings, and all other items used to stage the scenario.
- 3. Put all medications back in the plastic box and re-stock supplies if necessary.
- Re-stock necessary supplies for room if applicable. i.e.: Syringes, crash cart, needles, gloves, etc.
- 5. Empty the drainage bag for the Manikin located under the bed or gurney.
- 6. Store the plastic box in Sim Control in its appropriate place.

SimBridge – Creating Users

- Go to SimBridge on one of the workstation computers (Dell) in Sim Control. SimBridge is the homepage on Mozilla Firefox
- 2. Log in
- 3. Click "Administration"
- 4. Click "Users"
- 5. Click "New User"
- 6. Fill out form for desired user. The naming convention for new faculty users is user: "FirstNameLastName" (All together with capital letters for first and last name) password: "LastName9" (Add number 9 to last name with first letter capitalized)
- Select Role as "Content Admin." This is the default group with proper security permissions set.
- 8. Ensure organization matches the user's school
- 9. Click "Save" and close the web browser

Accessing Videos via Remote Access:

To access simulation videos from anywhere with Internet access, simply go to: http://simbridge.csclv.unlv.edu/

Login:

user: "FirstNameLastName" (All together with capital letters for first and last name) password: "LastName9" (Add number 9 to last name with first letter capitalized) Then, click on "Debrief Session" to find desired video to stream. Keep in mind that depending on connection speed, the video may be slightly choppy.

Student Folder Documents

The following documents contain items that need to be in the UNLV Level 1 Student Folders. A sample labeled "student file folder" can be used as a reference. Student folders will be located in Room 120 in the ante room in the black filing drawer labeled "Student Folders". The folder will contain the student's name, essential documents for taking vitals and sample references of charts that they will need to get familiarized before entering clinicals.

OATE	T,	-			1		2	L	ÿ-			-			-		Г	-	-	1	C)-	_			-	-	_	-	-		
TEM		0000		1		8	-	8		ļ	1	1	90	-	-		8	8		1		-			and a	8	8		ş	ŝ		
		-		Ħ		Ħ	Ŧ		Ŧ	Ħ	1	E	Ħ	Ŧ	E		E		-	Ħ	+	È		F	Ē	H	1	E	E		-	
. 10	日	-			F	H			+	Ħ	Ŧ	F	Ħ	Ŧ	Ħ	7	E		-	Ħ				ŧ	H		-			-	-	
10		-			F				-	H	Ŧ	E	Ħ		H	7			-	Ħ	-	E	-	ŧ	E		1	ŧ		-	-	
	Ħ	+		F				1	-	Ħ	Ŧ		H		H	Ŧ	E			Ħ	Ŧ		-	E	Ħ		1	-	Ħ	1	-	
101	Ħ				Ħ			1	Ŧ	Ħ	Ŧ	-	Ħ			+	E			Ħ	+	E		ŧ	H			ŧ				E
	Ħ				H	1	Ħ	Ŧ	Ŧ	Ħ	Ŧ	E	Ħ		H	Ŧ	E		-				+	ŧ	H		-	Ŧ		-	-	Ħ
100	Ħ		-		H	-	Ħ	Ŧ	Ŧ	Ħ	F		Ħ	H		Ŧ	H			Ħ	-	H	-	F	E		1	E		-	-	
90	F					-		Ŧ	Ŧ	Ħ	Ŧ		Ħ	Ħ		Ŧ	Ħ		-		F			E	E			E			+	÷
NORMAL	Ħ		-			-	Ħ	Ŧ	-	Ħ	F		Ŧ	Ħ			H		Ŧ	Ħ	F	Ħ		ł	E		ŧ	Ŧ			-	
96	Ħ		-				H	Ŧ	F	F		-	-	Η	Ħ	Ŧ	Ħ					H	-		Ē			E			-	
	H						Π	ł	F	Ħ	Ŧ	-	=	Π		Ŧ	Ħ			H		H	-		F				-		-	
PULSE	0800	15	9 98	- 30	-	2400	040	•	-	1300	1	80	2009	24	•				1000	100	1	-	2400	•		8	1	-	10	7	2000	3400
REBP.	Ľ	1.		-			+	t		-	+	1		\vdash	╉	-		+		+-	╀	-		t	-	-	÷		7	+		-
BLOOD PRESSURE L - LYING		Γ.				5		Γ			Γ		•		T						1			F			T	1		1	1	a de la composición de la comp
8 - SITTING	L 8	L	BL	8 L			L.	1			IL.	ę	L 8	L			1			1	1		L . I	i L	-	Ł	8		Ŀ	8		1.
	DIAN			00	D	-		₿	ITANC NET		-	-	PED	-		Υ	810			1		80		-	-	STA Del	HDI T	4			820	-
DIETARY	DREA	NPANT.	-		_		-7	ŀ	READ	PÁST		-				- *			-				-		- 1	2	AND	ANT				
INTAKE	DHAN	н ж						1.								- *					_				1	100		-		_		
	SNAC		-			- 10						1		_			an		-			_				-	CH				-	
INTAKE	0600	- 1000	180	0-080	•	то	TAL	ŀ	-908	1800	18	- 00	0800	1	IOT/	ML.	.00	- 00	1808	180	0-04	60	T	NTO	1	0		1800	,1	<u>00</u> -	0000	T
TUBE FDG.	-		-	15	+		-	╀	-		-	-	_	-		-	-	_	_	-		-		-	-	-	-				_	1.
LV.	-			-	t			t	-			-						_		-			_	-					t			
I.V. MEDS	-		+		+	-		┡						_	_							_		_				_			_	
TPN	-		+		+	• •		╟			-	-		\vdash					_	-	-	-	-		-		-		-		_	-
R TOTAL		_						t				_							_		_	_		-			_	_	t	-	-	
OUTPUT	0800	1800	180	. 0800		TO	TAL.	١.	. eo	1800	1.00				1917					100	0.0	-					-				_	
EMESIS					+		-	ľ			F	-		-	-	-	F					~	_		-	F	-	1800	٣	- 00	0800	1 1
			-		T			F	_			_		_				_	_						_				t	_		
					t			╟	-		-			-			\vdash			-		-		-	-		-	-	⊢			-
URINE					T					_	_	-		_						_									t	_		
FOLEY	-		-	-	+	-				_	-			-	-		\vdash	-		-		-				-	-		┝			-
IRRIG.		_			T	_					-											-	-		-	-	-	_	t			
URINE		_	_	-		_	_										_	and and a second se		-									t	-		1
TOTAL		_	-		-	and the second			1.57				_		1		_			-		_					_					
T. IDENTIFIC	ATION	I						1			RO	ŐN	NU	MB	ER		Ī	ŝ	JN	RIS	ËF		SPI Veç	TA	L :	ana	d N Va	AEI da i) (C	A	C	ENT
																			ORI	lnt GIN	ak AL	e/C	Dut	pu	t \ 4	/ita Da	l S y	Sigr	าธ	Re	CO	12 HK

	\bigcirc	\bigcirc
Date Time		
	•	
	•	
the second se		

Name_

			Intal	(e					Output		
Time	PO	IV #1	IV #2	IV Blood	Piggy Back	Piggy Back	Urine	NG	Emesis	BM	other
07-08											
08-09											
09-10											
10-11											
11-12											
12-13											
13-14											
14-15											
8 Hr											
Total											

W	6	1 2 2	R	100 0	S	100 5	ive ete	Ne are	NE S		ORAL	hu		UUIPUI		
I F	B	03	Acti	30	臣) is	19,5	Fole	18 Å	07					1	T
-	-	15.86	-	Ø			-3	- 4	la O	08	58.C.4 8555					
07	-	100		-		1		_	-	09		Control of		1000	1.12	
08		-		-		-	-	-	-	10				0.800		
09		-	-	1						11						39
10	L									12				1.0		
11										13					3.	
12		-								14					1.0	3
13										15					1000	
14										16				1	1.2.3	
15	-		_							17			200		10.23	
16			_							18	100000 (11752)			1 Sec.		-
17				-						SHIFT	1965			1 Date	Const I	
18						S		1.0		19	1.1		615		- P	1
19				1		Sayı		See.		20	"The state		Her.	. 50.54	1	-
20		0.50				0.11 S				21	1000		dir.		1.37	
21		14.00		139		0.04		100		22			1	108	5.232	
22		13.1		199		61.11		Entri		23	19.51		aid.r	212410	1000	
23		20		2323				101		24	1.100			100	1	2
24							-			01	CHA			1563	Careford State	-
01				1522				20.1		02	Debug			and a first state of the	100000	<u> </u>
02						1997				03	Carto		-		1.000	-
03	ľ			200		10293				04	1.25.20			1.5	1.1	-
)4				100		100				05	N. G. S.			1000 000 KG		-
)5		5.1		1.22		100		1.542	- I	06	States,				1.	-
)6		Self.		18.05		2200	1			SHET	Caller.	1				+
1000	1250	1.	C	ODE	KEY					SAFET	Y CHECKS	0730 1	930	SAFETY CHECKS	0730	1930
ATH:	B-B	D I	P-PART	TAL T=	TUB	S_SH	OWER			D. BAN	DS			ALLERGY BAND	Y N	YN
	AST	ASSIST	1	3-	SELF		- men			SIDE R/	NMENT	-		AT RISK TO FALL	YN	YN
CTIVI	Y:	A-AME	AL CAR	E N-	NASAL	CARE	C-CH/	NR		TUBES	LABELED			BED POSITION LOW	YN	Y N
		D-DAN	GLE	BR	P-BAT	HROOM	PRIVIL	EDGE	s C	CALL LIG	HT IN REACH					
		W= WA	LKER	8 80	-BEDS	IDE CO	MMOD	5		IN	TIALS			SIGNATURES	5129	Sec.
EDS:	INDIC	ATE TIN	E OFF	/INITIA												
CENT	WE SP	ROMET	TEA:		PATIEN	TUSED	DEVIC	E					1			
OLEYA	PERIC	ARE: F	FOLE	Y CARE		P=PE	RICAR	E	-				-			
ESTRA	INTS (IF ANY)	TYP	PLETEL	, 			INITIA		-						
EVER	Y 2 HO	URS NE	EEDS A	SSESS	ED: NU	TRITIO	N. SKIN	CARE	1 H							
mile		I, ELMI	ANU	N, HANK	SE OF	MOTION				2002	1014	11.11.12	2006		at the	
				i i	ROOM			ATE								
							-1'	AIC	·			-			,	- 1
										100				1053		- 1
							1		C		-		ď.	n n cyc		- 1
-										ШI	l'ISC			Inrise		
									-	HORMITAL I	MINCAL CENTER		-	CHILDREN'S HOSPITAL		
	P	ATENTI	DENTIE	CATION	6		121		1000	P	ATIENT	CARE	RE	CORD	STRANG-	122
										00210	1 (296)				PA	GE 1



PAGE 5



			7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	Т
lath								-			1	-		1.0	<u> </u>					+=	<u> </u>	1-	1-	1-	ť	-
)ral Cr	are		62	Series .	4.56	all in	a.c.	inks:	- 43	244	24	444	彩石	編	54	Side	463	120	6852	alias	1253	1.00	136	ekc	(A)A	14
kin C	are		-	1			-	-						1.40	1	1111	1		1.100	-	1975-9	100	1000	0.927	240	-
oley (Care		32	1127	643	12	1	0.0	1.3	225	6.3.	24.	6246	1436	148	20.5	6.85	3685	3.32	182	1.2	366	1.0	1.23	22	3
OM. /	P.T.		1					-		-			-				-	2019	1000	1		-	100	-	100	-
um ar	nd Po	sition	150	157	20	1999	100	20	17	175	130	853	1370	20	757	1955	58	195	138	1327	2013	246	1982	1953	150	
ough	Dee	p Breathe	-	1		-		-	1. 31	-	10.000	-		and the second	KO COS	-	1000	A REAL PROPERTY AND		10000	and a	1000	1.000	and a	1200	-
uction	1		-2000	1.19	wig!	in	-466	is (we	100	4696	100%	bisky	10.9	10.9	100	Meter	100	10.0	22/22	1210	2.0	199.0	1000	1945	17.2	h
centiv	ve Sp	irometry	1					-			-		-		-	-	-	-	- Corport		-	100940	SHEAD		1.000	9
.G. R	esidu	al	1.202	市省	23	31	12	200	111	5.12	522	1312	10	12	22	hda	1.50	215	22,95	1322	100	132.7	082	1973	165	3
veciality M	divess/S	led-Type:				-	-				-	-						-			-	10000	100	1	1	
eizure F	recau	tions / Bed Entrapment	1	100	363	494	2.1	125	100	164	100	land.	64.	5.6	1.14	1.12		1483	1535	5493	656	140	1990	1335	24	1
Isola	ation	(type)	-				1000	10004 (201	C MON	-	CONCEPT	-	1.1	and the second		10.000	100000	autor.	porper	10000	and a	a mager	1000	1.453	1000	-
REAT	MEN	TS:	1358	14.00	123	1993	Are:	363	1649	1	1914S	1990	Ann	(alth	Side.	田町	150	1225	0.555	2013	100	10.000	1963	199.9	12.0	5
Trac	h Ca	rə	-	-	1000		-	-	10.00	-	10000	10.00	100 P		10.75	and the		1	271022	and the	2:00	1000-	2900	2227	8.5	51
ETT	Rota	tion/retaped	1303	対談	建設	120	100	223	100	252	SEA7	なた	(Said	1592	830/	1923	100	190	14/20	No.	223	1956	122	10.0	33.	2
Wou	nd C	are	100		1	-	a gu	1000	-	-	1	acatric .	-	Statistics.	COT FOR	C. Parto	Control of	54.5L W		1000	10.000	and the second	1000	and a	106	1
TED	Hos	e on/off		1878	2.57	通貨	1	the second	(SEU)	1816	1983	1944	13/3	1510	19.LQ	10.112	362	Same.	265	1946	应用	(Here	1846	1552	1605	H
Side	Rail	Up			-	-			1	1		1		and a little	1		-	most right		-	Constant of the local division of the local	24022	1000	and the	CALCULAR OF	e.
Press	sure L	ines Leveled/Zeroed	1993	130	168	1000	199	10.00	253		100		济烈的	建設	194	193	100	133	And and		成計	101	100	8353	55	R
			-		-					1000		-				1	10000	Tront P	1.00	Construction of the local division of the lo	STATE.	100-000	1.000	and the second	2176	14
			122	18.4	1	儲	13	100	100		100		1933		252	115	123	100	100	333	1218	350	128	164	4.63	ĉ
		5.7 -																			-		100	a sea	thep	
	pn Ph	me Scott 4	17	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	
C	2	To Voice 3	128	- WHO	(inter	pour?	(45)2	10.00	1000	90/02	200	100	1993	inter,	12003	No.	080	100	UNIT	CORT	19920	10.5	in the	121.12	500	
c	"	To Pain 2	Contraction of the local division of the loc	Share	200			-	in the second	-	1000		-		_	_				_		-				
N	1.3	5 Oriented 5	- Constant	-	-		CORE-J	-	Service .	-		20585	ALC: NO	engeg	101.002	C. STORE	PRINCIPAL OF COLUMN	1000	10000		10.000	-114719	and the	205/0	2010	1
A	al HE	Confused 4	2/2		2948		32	之语	114	10.00	物的	90) 190	1.2		的政策	統計	新学会	364	85		896	20.8	SIRC	12.8	818	ŝ
- 3	ξį μ	g Incomp Words 2	OPEN	LARD-	12/25	NER	1923	20500	100	12.15	4.5367	1946	100	NOTE:	10.053	-	Si an	NOR O	and.	Card In	Deally.	1100	N=N	11.17	10.00	3
e Ì		None 1				_	-		-		_		-	-					and of				ALC: NO	1000	-	1
5 6	2	8 Localizes Pain 5	1200	1812	359	122.00	1955	1993	10.0	100						10.0	100	101	438		200	1996		033	660	3
í 1	i a	Withdraws Pain 4	5896	(0.6)	2007	100	NRA!	100	(CAR)		3097	121	5012	調整	197	1936	0,807		1216	201	1780	107	22402	132	2452	2
	12,	Flexion 3	100510	1000	5181.25		10.0.0	01010	Paneta A	and and on	den la constante		-	ion.									_			
-		None 1	100.000	-		2002	10000	1000	1000	10972	12239	P. State	19205	19973	1000	- Dev	LIPSK!	1020	1050	112405	1913	20902	022	22.54	202	2
-	C	oma Score	5			1		16							in the				113	1	-100	196	10		20	ġ
	К	CP/CPP		-		The second	-	Contract of			dend.	100	10.00	10000	09201	arrent of	(allow)	20062	1000	200710		00000	12010		10.01	1
• 1		Size	-	-	-		-		-	-	-	-	_		-	-	-				-	-	-	-	-	+
2	Right	Reaction	in star	100		調	截弦	233	185	26	201	論会	(ine	258	359	两部	1919	0350	ente.	cūt.	166	100	305	279	160	
	Let	Size												-									-		-	
.		Reaction	洲的	使男		1997	분값	23	33	23			G S		10.5				9 2	1			Gui.	0.32	9.1	i.
		Normal Power	1000				_]
6	60	Mild Weakness	597	1946	10	記念	100	0.5%	9K		南州	- And	100	80	192		2.6	225		2.67		dia	££	223	12.5	1
	E	Flexion	14-478	angles.	(down)	10556	SCreek.	-bitts	-	125.20	Stars.	3880	and the second	Bills-P	100.0	-	Acida.	these	inerest 7-1	Contract of	10000	Street.	10.000	1000	CINT	
•	희 ~	Extension	10160	10.00	1000	1500	1997	267.9	2432	12-12-22-22	et produce de la companya de la comp	01210	2220	26000	(ASS)	1997	10910	LOTE -	895)	1011	110	-YEPEL	新生活	1955	1997	1
. . i	9	No Response	126	16.24	1907	1	100	2.612	Meters	्रिके	200-4	195	101.7	1	1210	200	19:41	125	240	and at	0025	331-77	1960	1000	820.1	0
"	3	Normal Power				-			1.00	- 40		-	-			100		141210		100	1007	Concel.		1222	100	1
	9	Mild Weakness	行前	統進	湘西	()))	他的	建設	R 9/	位出	100	30		139	之代	30	1992 1992		196		10.	23	SET 2	135	854	l
	_							-	-	-		-	-	-	-	-	-			-	-	-	-	-	-	٦
	1 8	Severe Weakness					_							_	_	_										J
PIL		Severe Weakness Reflex Only	5-92	物物		1946 1946	884	治法		104	100	180	<u> </u>	總許	100	物	172	100	120	198			205	26	ender Pri s	đ



SMS #10-13090 (R 7/03) 3 OF 8

Date & Time	IV Solution	Flow Rate	N Site Number	Site Check	Dressing	Pump / Dial Flow	Pump	Primary Tubing	Blood Tubing	Extension / NPB	Mini Infuser	Initial
	1.77											
					_				2.11.21	-11		
2 					-		-					
						_						
	_											
					_							
				_				_				
							-					
				5	8 3							-
_		_										-
	2 7 810 a a											
9												

VASCULAR CHECKS

		P	ULS	EK	EY	3	1	۱+۱	NEA	МK			2+	AVI	ERA	GE		3-	+ 51	RO	NG		0) =	DO	PPL	ER		0 =	AB	SE	T				
TIMES	Τ					Γ					Γ						Γ							Γ	Γ						Γ	Γ		Γ	Γ	Τ
RUE BRACHIAL								Г			Г	Г	1				\square															\square	T		t	T
RADIAL	譿	B	酈	122	茂	离	2	副	폟	3	1	1	1	肅		治	10	徽	樹	蒿	野	鯯	踏		12	德	歌	蔚	1	18	節	弦	m	壞	to:	掖
LUE BRACHIAL															1.1															-			1	Г	Г	Т
RADIAL	盗		3	富	山		雪	12	物	썦	퉳	12	截	魏	12	讘	民	間		報	63			淵	訪	素	法	讀	꺯	13	憲	湖	13	No.	F	T
RLE FEMORAL		Γ	1				1																		-										Г	T
DP	論	品	窗	125	95.) 1		1	蘷	麗	100	3		巖	1	last	5	1	談	部	龗	1	题		影	影	il.	調	픮	新聞	-A	16	推	3e	夏	括	18
PT																										1				_				1	Г	Т
LLE FEMORAL	派	影	先	5	Q	93.	鹧	影	涨	流	12	部	1	施	呀		25	6	臣	爱	10	齳	5	版	춯	許	鑁	~	1	2.0	-	12	丽	臣	T	T
DP																												-						1	Г	T
PT	768	8	鹗	쏊	8	法	影	햜	18		藍	闡	B	ß	应	2	14	羅	曜	S.	14	鑨	2	4	勘	20	꽱	QŔ.	驟	嚠	滥	J.	磁	極	12	肅
OF 6	-	and the local division of the local division							-							-			period.					and the	-	and a		IT NO.	En L	and the	1000	100	10.00	All	-	1000

DAT	ABASE 7 AM - 7 PM SignatureteTime
L	NEUROSENSORY Hearing Aide Oriented / Disoriented: Time Piace Parson Self Aiet Cooperative Combative Confused Unvesponsive Explain Abnormale:
L. Constant of the second	CIRCULATION / TISSUE PERFUSION - EX3 Alarm Audicle EX3 Alarm Audicle High
10.	RESPIRATORY / AIRWAY CLEARANCE Ventilator: Assist / Not Assist ETT Nesst/Oral Cheet Expansion: Symmetrical / Asymmetrical Alarm Audible Size om Respirations: Labored / Unisbored / SOB / Accessory Muscles / Nasal Faring / Clubbing of Fingars Date Inserted Size om BREATH SOUNDS Image: Cough: Absent / Non-Productive / Productive / Suction Sputum characteristic Traches: Midline / Deviated (R) (L) BREATH SOUNDS Image: Cough: Respiration in the sectoristic Image: Cough: Size:
N.	FLUID / NUTRITION / ELIMINATION Approximate Most Dry Gristen Approximate Most Dry Gristen Approximate Most Dry Gristen Automage Timber Soft Fire Distantion Autility Pripate Mass StanDartit: PR-Tuber Georgectinier. Support/Cort. Suction Bounder: 5-30/min. Abrent <5/td> Tube Foresting: Tube Foresting: Describe: Baseding: Describe: Descr
V.	PSYCHO-SOCIAL Glasses Contacts Hearing Alds Psychological Status/Affect: Calm Ansious Angry Withdrawn Fearful Initiable Agitated Euphoric Subjective Data / Patient / Family / Sig Other:
	Unusual Speech Pettern/Impeirment/Language: Comm. Ads:
VI.	PAIN "Do you have pain now? ETHO IT YES" and "" (ADMESSION ONE?) (ASIX ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY) Reve you had pain in the recent part? ID NO 20 YES" * Boo PAIN ADMESSION ONLY ADMESSION PAIN ASSESSION PAIN ASSE
VII.	FUNCTIONAL ACTIVITY / SKIN INTEGRITY Muscle Mass Tone: Non-Atrophied Atrophied Contracted Rashes Eachymosis Bistors Lecenstions Episiotomy Incisions Comments:
	BRADEN SCALE Mostly: 1. Completely inmobile 2. Very limited 3. Slightly limited 4. No limitations Mostly: 1. Completely indexed 2. Very limited 3. Slightly limited 4. No limitations Sensory: 1. Completely indexed 2. Very limited 3. Slightly limited 4. No limitations Priction A Breat: 1. Problem 2. Potential problem 3. No approved problem Number: 1. Very poor 2. Probably indexpands. 8. Activity: 1. Bedrep 2. Chaines 3. Walks obstationally 4. Walks trequently A tobil score of 16 or limits indicates a risk for developing Skin Breakdowti Activity: 1. Bedrep 2. Chainest 3. Walks obstationally 4. Walks trequently Boort 15/16. Low Risk: Score 12-14: Moderate Risk: Boort 11 or Leve High Ris Box Wound Oce Form D Destring D
/111.	SAFETY SCREEN: If any of the following are applicable, your patient is at is Patient Exhibiting Behavior that may result in harm to self: If any of the following are applicable, your patient is at risk for fails or bed entrapement: RESTRAINTS IN USE No Yes (Specify) Specially mathrees Hypotensive/dizzy/lethargic Soft wrist R I I Is Patient Exhibiting Behavior that may result in harm to others: Contused/demented Weak Soft anide R I I No Yes (Specify) Incontinent/foley Using assistive devices Vest I Mittens I *Consider least restrictive interventions and document these. 70 years old or greater Suttained a fail Other (Specify) Three Speciality

INTERVE	INTION		_		IME		R	EAS	ON	(Be	havi	lor)				PT	RE	SPO	DNS	E			INI	'IAL	.s
valuated and correcte	d physiological	caus	e(s)							2.5					-										
sk family/significant of	her to sit with p	ation	4						-							1.25								_	
ssisted with eliminatio	n at least every	2 hou	urs			-		_	-				_	-								-	-		
requent checks	October and the	_	-			\rightarrow								-								-			-
Diversional activity (1V,	BOOKB, etc.)		\rightarrow		_	-+			-				-	-+-	-		-	-	_	_		-		_	_
RESTRAINTS	ngs	7		6	110	1.11	12	19	14	15	10	17	10	10	00	01	00	20	04	1.4			1.4		
Personal Care needs	102	ť	-	+÷-	1.0	+ '''	116	113	1.4	13	10	11	10	19	20	21	22	23	29	+-	<u>۲</u>	1.3	1*		ť
Visual v q 1*			-		†	1	<u> </u>	-	<u> </u>						<u> </u>			1	1.5	1.7					┢
	o the state of the	Page 1	CARGO I	1190	(WARD)	NO.TR	01107	COMP.	0.0140	1000	- Section	10000	1000	100710	Create	(Action)	state	(COMP)	1903.3	CANES.	1000	10.000	SIMI	Strid	100
CONTRACTOR OF CRASH		10.2	BYEN.	E.I.C)DIII	IED.	1.4	шĘ.,	1 8	ED.	110	N 9	CAL	E R	E E	1516	243	STERN.	980	in case	Margaret .	1955	1000	1955	10
2 = Cooperativ	a oriented or re-	tran	a or b ouil	oth,		-	_		Dee	ab b	4-	Bri	ak re	h res	00 90	a ligi	I gle	<u>it alah</u>	r lep allor	or lo ten o	us lou e	ditor	müle v	ulus.	-
3 = Responde	to commands o	niv.	quii.			1					6-	No	1000	CISS	to a	light	alab	ellar t	ap or	loud	audit	tory s	timul	18.	in the second se
dia secondaria dagi	A SHORE AND A		1000	1000	0704	100	140.0	100.20		-		-	Linkson	-	100.00		-	-	-	-	75.00	7822	OSE PE	GE C	100
	No. of Concession, Name	1000	12310	1255	100	CEP 1	2012	31E #	AIN	ASS	SES	SILLE	111	AAI	<u>.</u>	ANA	GE		135	2	10.00	100	新华	刻岸	31
S = Sharp	INTENSITY	1	8	9	10	րո	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	۲
f = Throb	10	-		-	-	<u> </u>	-											-	-	-		-	-		⊢
D = Dull	9		- 11	1	111	L									_			_							L
B = Burning	8																						2		
R = Crushing	7										122						12:2				23	10.2	11.1		Γ
C = Constant	6			1	-				53	-	-	230	10	1100	200	1	-						1.2.1		Г
= Other	5				1						-						11	-		-	-	-		-	t
U = Unable to	4					-		1		10.00			14.10	1.17	-	17	211		-			-			H
Communicate	9			-		-		-		1.1.1		100	-		-	40.0		-	-		-	100	-	-	⊢
R = Radiating	3	-	-	-	-			-		-	-	100	<u>.</u>	2	-	-	<u>.</u>	<u> </u>	-	-	-	1	1	_	⊢
AL LOR	2				_	_	1		_	_		11	24			<u>6</u>	81			1			here	_	L
RR	1			-	-	1.5		-	122	10		No.		1.2	-	100	214	21	25		2	-	1960		L
1 514	0			0		18	27.2	54	8.0	2.5	See.			1.1	100	12	623	267		2.1	4		i.e	114	
AL MACAN	Location #					1	1.00		100			240		5.2	31	2.1	11		1	200	1		-24-5	1	Γ
(,)\\$#(++)`₿	Quality	-						<u> </u>	-																F
M = M	Radiation**(*)	and the	1,19		1				150	de l				1.1							-		1		t
111. 40	Madicated*(~)				+	-						-	-	-	-	-		-	-	-	-				⊢
LIK AK	Comfort				+											-		-	-	-		-	<u> </u>		⊢
# Location Sites	Maasanys**(~)	_						-	_						-	100		-	_	200	-	-	<u> </u>		⊢
Example 1, 2, 3)	Ramsay Scale		L							8.1			-		_				1			1	100		L
		1	KEY:	*5	See	MAP	**	See	Nur	rsing	No	les	202		1.12	50	10.0	122	14.15	20					
	8																	12							
							PR	OG	RES	SSN	ют	ES													
															12			_		_					_
				-	-	-					-	_	-	102.1	-					-		-	_		_
		_	_			_	-		+			-				_		_	_	-	_				_
									-															_	_
									- 1																
S RC 11	1000000000000	-		_	-				-		1 . J.						_								_
				_					-				-	_			_		_	_					
									Τ																
									\rightarrow													-			
			_																		_				_
									+								-			-					_

)

10.51

I.	NEUROSENSORY Oriented / Disorfented: Time Place Person Set/ Al- Explain Abnormels: Facial Droop: Absent Right Left Sensation: Present Comeal Reflex Gag Reflex	Hearing Alde ert Cooperative Combetive Co Abs Paresthesia: P = Present A = Ab	onfused Unresponsive	
	CIRCULATION / TISSUE PERFUSION Heart Scando:	Pattor	ENB Alarm Audible	EK28 Alarm Limits: LowHigh cm ²⁴ Marting: StarON/OFF ta Aga Whaps conds
H.	RESPIRATORY / AIRWAY CLEARANCE Chest Expension: Symmetrical / Asymmetrical Respirations: Labored / Unlabored / SOB / Accessory Muscles Cough: Absent / Non-Productive / Productive / Suction Spur BREATH SOUNDS	VentBator: Assist / Not Assist Alarm Audible a / Nasal Flaring / Clubbing of Fingers fum characteristic	Traches: Midline / Deviate Trach: Site:	T Nasal/Oral Size om Date inserted xd (R) (L) Drainego:
	Cheet Drainage System Waterseal / Waterseal To		Date inserted: Crepitus: Mediastinal/Pieural Tic	Size: Character Drainage: daling/Airleak
No. AND STREET NO.	Appendixes of Tangase Pick Moist Dry Costed Anderson Tender Soli Firs Distanting Another Banal Tuter Competition/Cost Suction Color/On Banal Sounds: 5-Roman Aband (Synth, >Solitein Tube Feeting: Type/Concentration Bit: Describe Student: Not-distantiat: Distantiat: Valling: Coldiners Bits: Commendate Distantiat: Valling: Coldiners Bits: Commendates / Color PSYCHO-SOCIAL Glasses Contacts Ha Psychological Status/Affect: Caim Anxious Angry	Creatived Destaurais Upper LD Petpetble Masse StasTCirth: matcher Ominuege: MS Placement Vestilies Solar.Not Totel Castomy Dre k/ Incost 7 totey / Castweer insuritor i Da Distysite: Henso 7 Paris sering Aldo Withdrawn Fearful Initiable Ag	wer Pactal Note Poor	Deriation Y N
	Subjective Data / Patient / Family / Sig Other:		Comm. Alde:	
1.	PAIN Do you have gain now? EL NO. D.YES (ASK ADMOSSION ONLY) Have you had an " See PAIN ADDRESSMENT AND MANAGEMENT Sectorion Baster: Light 1 2 3 Deep: 4 5 5 Cell Light Within Reach: Compress	and ** (ADMISSION CALT) an in the recent pair? (CDNO 1 If grat **See ADMISSION PANK	C YES# ASSERIATENT form	
I.	FUNCTIONAL ACTIVITY / SKIN INTEGRITY Muscle Mass Tone: Non-Atrophied Atrophied Contracts Comments:	d Rashes Ecchymosis Blister Describe:	na Lacenations Episioton	ny Incisiona
	BRADEN SCALE Mobility: 1. Completely immobile 2. Very Imiliad 3. Sightly In Seniory: 1. Completely Imiliad 2. Very Imiliad 3. Signay, Imili	Monture 1 Minister 4 No Installions Friction & Sh od 4 No Installions Tatal Boore Excellent A total score	Constantly molet 2. Moles 3. Mail: 1. Problem -2. Potential p of 16 or loss indicates a risk 8 Low Risk - Score 13-14 Min	Occasionally motet 4. Renally motet wohen 3. No apparent problem of developing Stdn Breekdown developing Stdn Breekdown
	Activity: 1. Bedrest, 2. Chained S. Walks occessionally 4. Wat	Re trequently Score 15-16. See Wound Dec Form (1	State of the State	

ł

		0
·	PROG	RESS NOTES
		and the second
		-
		Contraction of the second s
		and the second
di di di di di di	and the second second	
		and a state of the second s
70F8		

DOCUMENTATION

This format may provide you with a beginning basis for your documentation. It is NOT all inclusive, but is meant to be a "guide".

NEURO:

LOC: aware of day/date/time/reason for admission/season/president, etc. Episodes of confusion? Extremities: ability to move them, grips equal? flex and extend extremities? Ambulation: independent, with walker, assist? how many, how far/ what is gait?

CHEST:

Heart rate/strength/rhythm? Peripheral pulses: present? equal? IF abnormal, and not within normal range for this patient, should be noted, as well as temp if febrile. Lung Sounds: anterior/posterior/lateral fields? Respiratory rate and effort, depth, rhythm? Color of m.m./lips/nail beds, cap. refill. If cough present, is it frequent, occasional, productive/nonproductive? If productive- color, odor, amount? Any SOB with activity? Oxygen ordered: route, liters/minute, using Incentive Spirometer/Tri-flow? Using it appropriately, and how often? Understanding of use?

ABDOMEN:

Firm, soft, or distended? Bowel sounds present? Hyper or hypoactive? Appetite, NPO? How much is the patient taking in? Bowel movements: color, amount, consistency, odor, difficulty? Daily weight required? Is patient on strict I & O?

ELIMINATION:

Color, amount, odor, sediment of urine? Foley draining? Same-color, amount, odor, sediment? Any difficulty? Burning?

REASON FOR ADMISSION:

Major complaint? Any pain? What did you do about the pain? What does site look like if had surgery? Any dressing? What is on it? Any tubes: what are they draining? Amount? Color? Odor? Are the tubes maintained free to flow? Are they hooked up to appropriate area/machine? How has admission affected the ADLs of the patient? Does patient have an IV? Is the proper solution infusing? At the correct rate? What does the site look like? Always check and compare pulses distal to any surgical site, also CSMs. Describe what you did to check CSMs.

Examples of Nurses Notes

Patient alert, oriented and aware of surroundings. Able to verbalize reason for admission. Moves upper and R lower extremity with out any difficulty. Grips equal and strong. Ambulated 15 ' with 1 assist, gait slow and steady. Heart rate strong and even. Peripheral pulses present and equal to all extremities. Skin W & D to touch. Afebrile. No opened areas noted. Lung sounds clear throughout all fields A/P/L. Respirations easy, no SOB observed with activities/ambulation. M.M. moist and pink, cap refil to upper extremities < 2 seconds. Nail beds pink. Using Tri-flow every hour without difficulty, able to raise 3 balls. Able to verbalize rational for use of Tri-flow. Appetite good, ate 100% of breakfast, taking p.o. fluids without difficulty. Hep. Lock intact in R forearm, site without redness or edema. B.S. present in all 4 quads, abd. soft and non distended. OOB to BR, large, brown formed BM without difficulty. Voiding large amounts of clear yellow urine, denies any difficulty or burning. Dressing to L knee changed for small amount of bloody drainage. L knee incision with clips intact, no redness, drainage or edema noted. Toes warm to touch, able to wiggle toes without difficulty and responds to tactile stimuli bilaterally. Denies any c/o pain or discomfort. Resting in bed with call bell in reach, watching TV.-----D. Warner, RN

Patient awake, appears to be confused and unaware of surroundings, states that he is "at the farm, and needs to get the cows milked". Pt. keeps asking for his "tractor keys". Grips strong and equal, able to move all extremities with out difficulty. Attempting to get out of chair frequently. Heart rate strong with a regular irregular rhythm. Peripheral pulses present and strong bilaterally. T. 102.8, Tylenol 2 tabs given p.o. for 1T. Skin warm and clammy to touch, 5 cm red area noted on inner aspect of left forearm. Area warm to touch, denies pain upon palpation. No other opened/reddened areas noted. Lung sounds diminished bilaterally posterior. Occasional, moist, non productive cough noted. Oxygen maintained at 2 l/m via N.C. as per MD order. Patient continues to remove O2, reapplied and explained reason for the need to keep oxygen on. Oxygen saturation 89%, physician notified as per ordered. Increased SOB with any exertion. M.M. dry and slightly dusky. Nail beds dusky, cap. refill sluggish in all extremities. Appetite fair, ate 50 % of breakfast. Refuses p.o. fluids when offered. B.S. positive in all 4 quads. Abd. slightly distend and semi-firm. Incontinent of large amount of dark yellow concentrated urine. Remains up in GeriChair, call bell within reach.------D. Warner, RN

38

Mrs. Smith

Mrs. Smith, a 72-year-old Caucasian female, has been admitted to Soler Heart Hospital with a diagnosis of fever of unknown origin (FUO) and left sided weakness. She has a slight build at 5'2" weighing only 105 pounds. During change of shift report, the night nurse reports Ms. Smith is not eating as much as she was upon admission. On early morning patient rounds you notice Mrs. Smith has a flat affect. When you said good morning to her, her barely audible reply was little more than a "grunt of acknowledgement." She did not make any effort to make eye contact or even look your way. The head of the bed is up 30', two side rails are up, and you notice that Ms. Smith is leaning to the left.

Mrs. Smiths admitting order includes:

- Reverse Isolation due to her FUO
- VS every 4 hours
- Out of bed (OOB) to chair three (3) times/day
- Ambulate w/walker 2 times/day
- ROM to left side every shift

Mrs. Smith

Mrs. Smith, a 72-year-old Caucasian female, has been admitted to Soler Heart Hospital with a diagnosis of fever of unknown origin (FUO) and left sided weakness. She has a slight build at 5'2" weighing only 105 pounds. During change of shift report, the night nurse reports Ms. Smith is not eating as much as she was upon admission. On early morning patient rounds you notice Mrs. Smith has a flat affect. When you said good morning to her, her barely audible reply was little more than a "grunt of acknowledgement." She did not make any effort to make eye contact or even look your way. The head of the bed is up 30', two side rails are up, and you notice that Ms. Smith is leaning to the left.

Mrs. Smiths admitting order includes: May 16, 2005

- Reverse Isolation due to her FUO
- VS every 4 hours
- Out of bed (OOB) to chair three (3) times/day
- Ambulate w/walker 2 times/day
- ROM to left side every shift

Physicians' Progress Notes & New Orders: May 23, 2005

Mrs. Smith's appetite continues to decrease, current weight 103 lbs. Refuses to get OOB and ambulate as ordered. L sided weakness increasing. N N states that patient still avoids eye contact, any lengthy communication/conversation, and red area noted on coccyx and heals bilaterally. Mrs. Smith denies any "concerns or problems." History of hypertension.

- Continue previous meds
- Continue previous orders
- Encourage to get OOB
- Strict I & O
- Weight every a.m.

Mrs. Smith

Mrs. Smith, a 72-year-old Caucasian female, has been admitted to Soler Heart Hospital with a diagnosis of fever of unknown origin (FUO) and left sided weakness. She has a slight build at 5'2" weighing only 105 pounds. During change of shift report, the night nurse reports Ms. Smith is not eating as much as she was upon admission. On early morning patient rounds you notice Mrs. Smith has a flat affect. When you said good morning to her, her barely audible reply was little more than a "grunt of acknowledgement." She did not make any effort to make eye contact or even look your way. The head of the bed is up 30', two side rails are up, and you notice that Ms. Smith is leaning to the left.

Mrs. Smiths admitting order includes: May 16, 2005

- Reverse Isolation due to her FUO
- VS every 4 hours
- Out of bed (OOB) to chair three (3) times/day
- Ambulate w/walker 2 times/day
- ROM to left side every shift

Physicians' Progress Notes & New Orders: May 23, 2005

Mrs. Smith's appetite continues to decrease, current weight 103 lbs. Refuses to get OOB and ambulate as ordered. L sided weakness increasing. N N states that patient still avoids eye contact, any lengthy communication/conversation, and red area noted on coccyx and heals bilaterally. Mrs. Smith denies any "concerns or problems." History of hypertension.

- Continue previous meds
- Continue previous orders
- Encourage to get OOB
- Strict I & O
- Weight every a.m.

instructor reference

METRIC:

Volume:	l liter (L) 1 milliliter (ml)	=	1000 milliliters (ml) 1 cubic centimeter (cc)
Weight:	l gram (Gm) 1 milligram (mg)	=	1000 milligrams (mg) 1000 micrograms (mcg)

APOTHECARY:

Volume:	1 fluid ounce (fl oz)	$\sim =$	8 drams (dr)
	1 fluid dram (fl dr)	=	60 minims (min)
	16 fluid ounces (fl oz)	-	l pint (pt)
	2 pints (pt)	=	1 quart (qt)
HOUSEHOLD:			

60 drops (gtts)	=	l teaspoon (tsp)
3 teaspoons (tsp)	=	1 tablespoon (tbs)
2 tablespoons (tbs)	=	1 ounce (oz)
6 ounces (oz)	-	1 teacup
8 ounces (oz)	= 7	1 glass or measuring cup
16 ounces (oz)	=	1 pint (pt)

CONVERSIONS AMONG SYSTEMS

METRIC	APOTHECARY	HOUSEHOLD
DRY:		
60 mg	l gr	
1 Gm	15 gr	
15 Gm	4 dr	1 tbs (3 tsp)
30 Gm	1 oz (8 dr)	1 oz ((2 tbs)
	16 oz	1 lb
l kg		2.2 lb
LIQUID:		
1 m]	15 min	15 gtt
4 ml	1 dr	
5 ml		1 tsp
15 ml	4 dr	1 tbs (3 tsp)
30 ml	1 oz (8 dr)	1 oz (2 tbs)
500 ml	16 oz (1 pt)	16 oz (1 pt or 2 cups)
1000 ml	32 oz (1 qt)	32 oz (1 qt)
LENGTH:		
2.5 cm		1 in
l m		39.4 in

Summer 99:dw

instructor reference

	0	' O)'	
- ASSESSMENT	• 0700 - 1900	- REASSESSMEN	T • 1900 - 0700
	Constant of Constant States	O No change from previous	assessment except as noted
NEURO	LOGICAL	NEUROL	OGICAL
NORMAL O Awake, silert, oriented x 3. Behavior appropriate for age. Speech clear. Remote/ Recent memory intect. Pupile equal and reactive to light. Note size O Puposoful, unrestricted movements of all automities.	SIGNIFICANT Drowsy or confused; responsive to light stimutation Very drowsy or confused; responsive to strong stimulation Unconscious; localizes but does not ward off pain Unconscious; withdrawing involvements on pain stimulation Unconscious; stemotype feation movements on pain stimulation Unconscious; stemotype extension movements on pain stimulation Unconscious; stemotype extension movements on pain stimulation Unconscious; stemotype extension movements on pain stimulation	NORMAL Awake, alort, oriented x 3. Behavior appropriate for age. Speech clear. Perrote/ Rocent memory intact. Papils equal and reactive to light. Note size	SIGNIFICANT Drowsy or confused; responsive to light stimulation Very drowsy or confused, responsive to strong stimulation Unconscisue; localizes but does not ward off pain Unconscisue; withdrawing movements on pain stimulation Unconscisue; stereotype incion movements on pain stimulation Unconscisue; stereotype extension novements on pain stimulation
PSYCHO	LOGICAL	PSYCHO	LOGICAL
O Calm, relaxed, cooperative	SIGNIFICANT O Non-communicative O Anxious O Initable O Withdrawn O Apatholic O Angy O Verbalizes concerns regarding:	NORMAL O Galm, relaxed, cooperative	SIGNIFICANT O Hor-commenicative O Anxieve O Initable O Withdrawn O Apathelic O Angry O Verbilizes concorns regarding
1 S 1	<u> </u>		
NORMAL O Bisteral breath sounds clear through all lang fields. Respirators unlabored, symmetrical and regular. Rate normal for age.	ATORY BREATH SOUNDS Cough Crackles/Rules Diminished Orthonchi Stidor OWhoecing O	RESPIR O Blateral breath sounds clear through all lung fields. Respirations unlabored, symmetrical and regular. Rate normal for age.	ATORY BREATH SOUNDS © Cough © Crackles/Fales © Diminished © Ribonchi © Stridor © Wheezing ©
	O Sputum		O Sputum
NORMAL • Apical beart rate regular. Periphenal publics pelpable, strong and equal. Capillary mEll < 2 seconds. JVD absent. Homan's sign negative.	ASCULAR PULSES O Bounding O Weak O Absent AP RHYTHM O Imogular EXTREMITY TEMPERATURE O Hot O Warn O Cool O Cold	CARDIOV NORMAL O Apical heart rate regular. Peripheral publes palpable, strong and equal. Capillary refit < 2 seconds. JVD absent. Homan's sign negative.	ASCULAR PULSES © Bounding O Wesk O Absort AP RHYTHM O Imgular EXTREMITY TEMPERATURE O Hot O Warm O Gool O Cold
· · · · · · · · · · · · · · · · · · ·	O Vascular access device:	C.5%. 557	O Vascular access device:
GASTROI NORMAL O Otal cavity molet/pink. O Abdomen solt O Bowel sounds present O Last bowel movement	NTESTINAL ABDOMEN O Firm O Distended O Narsee/Verning O Ostorny O Perrose O T-tube BOWEL SOUNDS O Hyperactive O Hypoective O Absent TUBES O NG O JT O GT O Clamped O Suction O Gravity	GASTROII NORMAL O Chal cavity moist/pink O Abdomen sol O Bowel sounds present O Last bowel movement	AllESTINAL ABDOMEN O Fim O Distancied O Nausea/ Vomiting O Ostomy O Pennosa O T-tabe BOWEL SOUNDS O Hyperactive O Hypoactive O Absent TUBES O NG O JT O GT O Ctamped O Suction O Greenby
GENITO	URINARY	GENITO	URINARY
NORMAL O Continent O Color	SIGNIFICANT O Dyseria O Bladder deleeded hoortinent O Frequency DEVICES_EXTERNAL O Foley O Suprapuble Nephrodeny DEVICES_INTERNAL O Baccorduit O Koth pouch	NORMAL O Continent O Color	SIGNIFICANT O Dysuris O Bladdor distanded Incontinent O Frequency DEVICES—EXTERNAL O Folay O Suprapuble O Hephrostorny DEVICES—INTERNAL O Isocondult O Isocondult O Kech peech
			8

0

7 7	0				Ó))	
- ASSESSMEN	T • 0700 - 190	00 — N			REASS	SSMENT	• 1900 KELETAL	- 0700 /SKIN	
VORMAL) Sian warm, dry, intact) Full range of motion) Gait and ambulation appropriate for age) Tolerates activity within normal limits	SKIN COLOR O Pator O Dusty O Cyanetic O Jaund O Gait O Limited ROM	O Mottle iced	d	_	NORMAL Stin warn, dry, intect Full range of motion Gait and ambulation appropria Tolerates activity within norma	de for age L'limite	O Pallor C O Cyanolic C O Galt O Limited RO	Diusky C Diusky C Diaundiced	> Mottle
REPRO VORMAL > Basest soft > Fundus tim > Pecia/tusticles within normal limits > Not perincent to diagnosis	O Episiperineum O Penis O Testicular O Testicular	O Inpla	ri Dev		NORMAL O Breest soft O Fundus firm O Penis/lesisides within normal I O Not pertinent to diagnosis	REPROL	SIGNIFIC O Breest O Fundus O Lochia O Episforme O Paris O Testicular	ANT) impla
PLAN Plan of care reviewed/updated O YES O	OF CARE d with patient/family NO INIT	/SO? TALS			Plan of care reviewe	PLAN C d/updated v YES O N	OF CARE with patient/	INITIALS	2 3
CASE MANAGEMENT Review/Referral? O YES O	I/DISCHARGE	PLANI	NIN		Review/Referral? O	YES ON	SIGNA	INITIALS	3
	SIGNATUR								
SKIN RISK I DIRECTIONS Choose the number for each parameter which	IDENTIFICATIO apples to the patient's status	N Total the serve	en num	bers in	WOUND CAR	TREAT	MENTS/N		AN
3-18 "Critical Care Rictation Unit" 19-25 Low Air Loss Bod 26-31 Air Fluidized Bod	Retation galy, if correlese a pulmonary would benefit. Rotation <u>contraindicated</u> if moves extremition, or gross Air Fluidcoud Bed may net? respiratory compromised p	nd organ fund patient has con dy obere (ove te appropriate atient	tion (m ntractu 250 f for	inali IR, Da.).	ORTHOPEDIC O CPN DEWCE O TRACTION O FLEXICARE O OTHER O OVISEN LITE	EXTE PARE O POA O EPID O INFUS LOA RS O FEED	RNAL N NTERAL O UMP O IRAL SION PUMP O SSETTE O ONO PUMP O	HYPERHY TED SEQU COMPRESS K-PAD ISOLATION	
CLINICAL CONDITION PAR GENERAL PHYSICAL CONDITION	RAMETER		100	1900	WOUND/DRAINS	SITE	DESCRIPT.	TIME	IN
INTERNAL INT	21 INAFU, 37444)	2 2 3 3 4 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5							
HONE OCCUSIONAL (1935 THAN 21YON XHIRUFIS) USUALIY OTRAVER THAN 21YON XHIRUFIS, NO CONTINU, BAACKIN AND XXMB, NUTHENDON (POOR AND XMMB, SZZZ) ADDOD FATS NEODARDAY TAX, OF MEAL CONTEXT OF THAN THAN THAN THE MEAD OF THAN			_		TREATMENTS	OUTCO	ME/RESULT	S TIME	+
YOOHONIS EPSEUDISTO CALORINE LESS IN SKINYTISSUE STATUS GOOLONGLINUNGSKORUNINACTI FASI POLIQUELING DISUNINACTI	WA 57%)							+	+

22	(Set)			(部) ・			1	0	· @224			
	\square					No. of the local division of the local divis	a la la	DATE	-≺ r	Π;	×	
		が得た	New Y		140			TIME	STAGE STAGE STAGE STAGE	PRESS	DRAIN	Record
								LOCAT	~~=-	URE REL	GE	size in ce
P						A STATE OF		NON	ilister, pa ull thickn ull thickn ull thickn	Socher is		ntimetera
-								TAGEL II. III.W	ed erythe rial thick ess skin i ess with c sess 2° c	DEVICE:	= seros	(am's)
Ř							Contraction of the local distance of the loc	SIZE (cm	ma of inta wess skin oss involv damage to schar	eccurate RR	anguineos	
SSL								.8	loss ing subc	= Foem C = Replace steging is		
<u>ک</u>							and a second	ORUHAIN	bone or s	Wertay ement Ma	purulent mild	
F	\vdash						State of the state	MGE ODO	upporting	thess ble until d	bilow a cloci	1
Ц Ц								RINFLAN	MEAS Lengt Width	C=C C=C	e = ee 1 = fou 1 = fou	
Ĩ							Carlor M	WATION	Hip →	ow Airlos Initron emoved	chanblad ne 1 1	
No.					ALL ST		1000	DEVICE	북글입		ad = 12:0	
E								<u>"67</u>	L.		0	
H									14.			SNI
						Carlor and		TREA	Tue		ITERIA.	TRUCTI
						H-Con	Contraction of the local division of the loc	TMENT	ging a rument asday a		PRESS	ONS: R
							Store H		and as	1	D TYPE	ECORD
							時に見		admis chang		DER AC	PRESS
						(10 - 10)	1000	s	sion a ges oc		REQUEN	URE UL
						Jan 19	ALC: NO	IGNATU	nd we	٠	IG TO L	CER(S)
						1-	Suma L	JRE	ekly or		CARE.	DAILY.
			Sec. St.	10.00		C SERVIC	132		<u> </u>		1011815	

SR-992 (1/00)

CONSENT TO OPERATION, ADMINISTRATION OF ALESTHETICS, AND THE RENDERING OF OTHER MEDICAL SERVICES

PATIENT NAME: ____

("the Patient") MEDICAL RECORD #: _____

1. I authorize and direct Dr.

my surgeon and/or associates or assistants of his/her choice, to perform the following operation upon me:

and such additional operations or procedures as are considered therapeutically necessary on the basis of findings during the course of a operation. The nature of the operation has been explained to me and no warranty or guarantee has been made as to the result or cure.

2. I hereby authorize and direct the above named surgeon and/or his/her associates or assistants (which may include manufacturer med device representatives, if appropriate) to provide such additional services for me as he/she or they may deem reasonable and necessa including, but not limited to, the administration and maintenance of the anesthesia, and the performance of services involving pathology a diagnostic imaging, and I hereby consent thereto.

3. I understand that the above named surgeon and his/her associates or assistants will be occupied solely with performing such operati and the person or persons performing services involving pathology and radiology, are not the agents, servants or employees of Sun Hospital and Medical Center & Sunrise Children's Hospital, nor of any surgeon, but are independent contractors and as such are the agent servants or employees of myself.

4. I hereby consent to allow Sunrise Hospital and Medical Center & Sunrise Children's Hospital and my surgeon (and/or associates assistants of his/her choice) to photograph and/or video tape the foregoing operation(s)/procedure(s). I hereby permit the photograph and/or video tape(s) to be used for purposes including, but not limited to, dissemination to hospital staff, physicians, health professionals, a members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination to hospital staff, physicians, health professionals, a members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination to hospital staff.

5. I hereby authorize Sunrise Hospital and Medical Center & Sunrise Children's Höspital or Department of Pathology to use discretion in removal and disposal of tissue, severed member(s), a product of conception (if applicable), except:

ROOM #

DATE: ______ TIME: _____

PATIENT SIGNATURE

WITNESS SIGNATURE / TITLE

IF PATIENT IS A MINOR OR UNABLE TO SIGN, PLEASE COMPLETE THE FOLLOWING:

Patient is a minor of ______years of age or is unable to sign because ____

DATE: ______ TIME: _____

PARENT SIGNATURE

LEGAL GUARDIAN SIGNATURE

OTHER PERSON SIGNATURE / RELATIONSHIP

PATIENT IDENTIFICATION

WITNESS SIGNATURE / TITLE



CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS, A THE RENDERING OF OTHER MEDICAL SERVICES Hospital

BARNESSEWISH

SURGICAL/PROCEDURE CHECKLIST

Complete this side for inpatients & outpatients having any invasive procedure

Please check (w) the appropriate box () and fill in the blank(s) as needed.

ITEM	Yes/Initials	NA	COMMENT	Date
Face sheet in chart	942	離議	a (0)	
Consent to Surgery or Other Procedure signed	1. N N N	12	To be signed in treatment area.	1. YORK
SPECIALTY Consent signed	j i s		To be signed in treatment area. (Specify)	
Transfusion consent signed	T 16	- 16-		
ID Band on		温明		
Allergies Noted: Armband Front of Chart				80 - V.
Height & Weight documented		讔		
Dentures, eyeglasses, contact lenses, nail polish, hairpins, prosthesis, jeweiry removed			÷	1973
Surgicat/Procedural skin prep done			84 - 195 - 1 ⁶	
Patient in hospital gown/pajamas		新建		
Patient has been NPO since:	2			
Voided or catheterized				
Vital Signs taken and documented				
Patient is on Isolation			(Specify)	
History & physical in chart		<u>169</u>	31	
Lab work in chart (Printed Off Floor reports)			14.00	10
Urinalysis in chart	202		1.45	
EKG in chart				
Chest X-ray (done if ordered)				
Change in condition/VS reported to:				1
Valuables/Inventory checklist done	0.8			
Pre-Operative meds given:				3 1991
Addressograph plate in chart			<u> </u>	
Patient transferred to Surgical/Procedure area in HIS		-	1946 B	deukou di U
Mode of travel: Amb W/C Stretcher Bed		12		- 14
Operative Site Marked		-	Site to be marked in holding area	
Case Cancelled				
Family contact during surgery: Name:	Loc	ation:	Phone:	
INITIALS SIGNATURES			NITIALS SIGNATUR	ES

ADDRESSCGRAPH

FIGURE 49-5 Preoperative checklist. (Courtesy Barnes Jewish Hospital, St. Louis.)

Ħ
atie
еP
itiv
E C
ę
Post
the]
.=
50
Bţ
:등
Ī
ũ.
5
Ę.
len.
Į.
÷.
en
SSIE
336
×.
_

Sur		0		<u>(</u>)	el of
	Positioning, turning, coughing & deep breathing (T, C, & DB) q 2-4 hot Maintain Oxygen as ordered Suction prn and provide good oral care Early ambulation Maintain maximum level of comfort	Monitor VS & surgical site/dressing for increased drainage TED Stockings Leg exercises Positioning & early ambulation Anticoagulants Monitor I & O and lab values (CBC, WBC, Hct, & Hgb) Maintain IV as ordered	Bowel sounds q 4 h & pm Gradual progression of diet as tolerated & ordered Ambulation & exercise Adequate fluids & food intake (N/G, p.o. &/or IV) Elimination aids: fiber, medications Control N/V Assessment of bladder distention Normal sitting position for elimination 1 & O and monitor electrolytes	Assess wound for S & S of infection q 4 h & pm Protect surgical site Prevent strain on wound Observe healing process Provide wound care as ordered Warmed blankets Monitor for hypothermia & hyperthermia	Orient to environment Implement safety precautions Assist with ambulation PRN pain medications as often as needed to maintain optimum leve comfort! Allow pt. to make decision as much as they are able to-i.e, bathing Support pt in "grieving" process prn Provide PRIVACY1111 Maintain pleasant environment
L ORBINAL COMPANYOU	Atelectasis (collapsed lung) Pneumonia Hypoxemia (decreased oxygen in the blood) Pulmonary Embolism (an obstruction of the pulmonary artery or one of its branches)	Hemorrhage Hypovolemic shock (loss of fluid vol.) Thrombophlebitis (Inflammation of vein in conjunction with a formation of a thrombus) Thrombus formation (Blood clot that obstructs a vessel or cavity of the heart) Embolus (Obstruction of vessel by foreign object or clot)	Abdominal distention Paralytic ileus (Lack of peristalsis ia GI tract d/t anesthesia) Nausea & Vomiting Urinary retention (Lack of ability to urinate d/t anesthesia) Urinary tact infection Electrolyte Imbalances (especially potassium & sodium)	Wound Infection Dehiscence (opening of wound, geterally abd.) Evisceration (spilling out of abdominal contents onto abd. d/t dehiscence) Skin breakdown Hypothermia &/or Hyperthermia	Confusion/disoriented Uncontrolled discomfort (which decreases ability to ambulate, T, C, & DB, and leads to several other complications listed above.) Loss of control to hospital routine, to disease process, etc. Loss of body part or function Loss of privacy
System	Respiratory	Circulatory	Gastrointestinal, Genitourinary And Fluid & Electrolyte	Integumentary & Body Temperature	Neurological & Rest & Comfort Self-Concept