(Patient Sticker Here)

Stormont-Vail HealthCare CCD Daily Quality Checklist

Date: ____/____/____

	DAILY GOALS	5AM	5PM
PATIENT CARE	Date of Intubation:____/____/____		
	Vent Settings:		
	*HOB		
	*Vent bundle orders in place?	❑Yes ❑ No	❑Yes ❑ No
	*Sedation Interruption note?	❑Yes ❑ No	❑Yes ❑ No
	Evaluated for spontaneous breathing trial?	❑Yes ❑ No	❑Yes ❑ No
	CAM Assessment	❑Positive ❑Negative	❑Positive ❑Negative
	Sepsis screening done?	❑Yes ❑ No	❑Yes ❑ No
	Is patient on pressors?	❑Yes ❑ No	❑Yes ❑ No
	AM Cortisol check appropriate?	❑Yes ❑ No ❑N/A	❑Yes ❑ No ❑N/A
	Tsh check appropriate?	❑Yes ❑ No ❑N/A	❑Yes ❑ No ❑N/A
	Central Line? Date of Insertion: ____/____/____	❑Yes ❑ No	❑Yes ❑ No
	Arterial Line? Date of Insertion: ____/____/____	❑Yes ❑ No	❑Yes ❑ No
	Foley Catheter? Date of Insertion: ____/____/____	❑Yes ❑ No	❑Yes ❑ No
	Can catheters/tubes be removed?	❑Yes ❑ No	❑Yes ❑ No
	Nutrition Source:	❑NGT ❑OGT ❑Oral ❑Dobhoff	❑NGT ❑OGT ❑Oral ❑Dobhoff
	At Goal?	❑Yes ❑ No	❑Yes ❑ No
	Last BM Date: ____/____/____ Current bowel regimen:		
	Glucose range last 12 hours	❑<150 ❑>200 ❑150-200 ❑Variable	❑<150 ❑>200 ❑150-200 ❑Variable
	Treatment Insulin	❑Q4H ❑Q6H ❑ACHS ❑Drip	❑Q4H ❑Q6H ❑ACHS ❑Drip
	Urine Output	__________ML/HR	__________ML/HR
	*DVT Prophylaxis:		
	*GI Prophylaxis:		
	If contraindication please list:		
	Dermatological concerns:		
	Medication reconciliation tool reviewed by rounding physician?	❑Yes ❑ No	❑Yes ❑ No
	PT/OT ordered?	❑Yes ❑ No	❑Yes ❑ No
	Activity Orders:		
	Immunizations up to date?	❑Yes ❑ No	❑Yes ❑ No
TO DO	Labs needed:		
	CXR or other imaging needed?	❑Yes ❑ No	❑Yes ❑ No
	Code Status	❑DNR ❑DNI ❑Full Code	❑DNR ❑DNI ❑Full Code
	Palliative care consulted?	❑Yes ❑ No	❑Yes ❑ No
SAFETY	Is the patient ready to be transferred from the ICU?	❑Yes ❑ No	❑Yes ❑ No
	• What is patient's greatest safety risk? • How can we decrease risk?		
	Any unplanned tube/lines removed?	❑Yes ❑ No	❑Yes ❑ No
KEY	* = Vent Bundle		

NOT A PERMANENT PART OF PATIENT RECORD

Stormont-Vail HealthCare

CAM – CRITICAL CARE DEPARTMENT WORKSHEET

Feature 1: Acute Onset or Fluctuating Course	**Score**	**Check here if present**
Is the patient different than his/her baseline mental status? **OR** Has the patient had any fluctuation in mental status in the past 24 hours as evidenced by fluctuation on a sedation scale (Ramsey), GCS, or previous delirium assessment?	Either question Yes	☐
Feature 2: Inattention		
Letters Attention Test (See training manual for alternate **Pictures)** Directions: Say to the patient, "I am going to read you a series of 10 letters. Whenever you hear the letter "A", indicate by squeezing my hand". Read letters from the following letter list in a normal tone three seconds apart. S A V E A H A A R T **Errors are counted when patient fails to squeeze on the letter "A" and when the patient squeezes on any letter other than "A".**	Number of Errors > 2	☐
Feature 3: Altered Level of Consciousness		
Present if the Actual Ramsey score is anything other than alert and calm (two)	Ramsey anything other than 2	☐
Feature 4: Disorganized Thinking		
Yes / No Questions (see training manual for alternate set of questions) 1. Will a stone float on water? 2. Are there fish in the sea? 3. Does one pound weigh more than two pounds? 4. Can you use a hammer to pound a nail? **Errors are counted when the patient incorrectly answers a question.** Command Say to patient: "Hold up this many fingers" (Hold two fingers in front of patient). "Now do the same thing with the other hand" (Do not repeat number of fingers). * If patient is unable to move both arms, for second part of command ask patient to "Add one more finger". **An error is counted if patient is unable to complete the entire command.**	Combined number of errors > 1	☐

Overall CAM – Critical Care **Feature 1 plus 2 and either 3 or 4 present = CAM – Critical Care positive**		
	Criteria Met →	☐ CAM-Critical Care Positive (Delirium Present)
	Criteria Not Met →	☐ CAM-Critical Care Negative (No Delirium)

Daily Line Report

Month________________

	Urinary Catheter	PICC/Central Line	Accessed Port	Feeding Tube
1				
2				
3				
4				
5				
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Please collect information at the same time every day.