



Daily Goals

Room Number _____

Date ____/____/____

	AM shift (7am)	PM shift (7pm) **Note Changes from AM**
Safety	What needs to be done for patient to be discharged from the ICU?	
	<ul style="list-style-type: none"> ▪ Patient's greatest safety risk? ▪ How can we decrease risk? 	
	What events or deviations need to be reported? ICUSRS issues?	
Patient Care	Pain Mgt / Sedation (held to follow commands?)	Pain goal ____/ 10 w/
	Cardiac Review EKGs	HR Goal _____ <input type="checkbox"/> at goal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Block _____
	Volume status Net goal for midnight	<input type="checkbox"/> Net even <input type="checkbox"/> Net positive <input type="checkbox"/> Net neg: ____ w/ _____ <input type="checkbox"/> Pt determined
	<ul style="list-style-type: none"> ▪ Pulmonary: ▪ Ventilator: (vent bundle: HOB elevated), Weaning) 	<input type="checkbox"/> OOB <input type="checkbox"/> Pulm toilet <input type="checkbox"/> Ambulation <input type="checkbox"/> Maintain current support <input type="checkbox"/> Wean as tol <input type="checkbox"/> Mechanics q am FIO2 < _____ PEEP _____ <input type="checkbox"/> PS / Trach trial ____ h
	SIRS/Infection/Sepsis Evaluation SIRS Criteria <input type="checkbox"/> Temp > 38° C or <input type="checkbox"/> < 36° C <input type="checkbox"/> HR > 90 BPM <input type="checkbox"/> RR > 20 b/min or <input type="checkbox"/> PaCO2 < 32 torr <input type="checkbox"/> WBC > 12K <input type="checkbox"/> < 4K or <input type="checkbox"/> > 10% bands	<input type="checkbox"/> no current SIRS / Sepsis issues <input type="checkbox"/> Known infection: <input type="checkbox"/> PAN Cx <input type="checkbox"/> Bld x2 <input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Other <input type="checkbox"/> ABx changes; D/C <input type="checkbox"/> AG Levels: <input type="checkbox"/> Sepsis Bundle
	Can catheters/tubes be removed?	<input type="checkbox"/> Y <input type="checkbox"/> N
	GI / Nutrition / Bowel regimen (TPN line, NDT, PEG needed?)	<input type="checkbox"/> TPN <input type="checkbox"/> TF <input type="checkbox"/> NPO
	Is this patient receiving DVT/PUD prophylaxis?	DVT: <input type="checkbox"/> Hep q8 / q12 / gtt <input type="checkbox"/> TEDS/SCDs <input type="checkbox"/> LMWH PUD: <input type="checkbox"/> PPI <input type="checkbox"/> H ₂ B
	Anticipated LOS > 2 days: KCI Sliding Scale	<input type="checkbox"/> KCI
	Can any meds be discontinued, converted to PO, adjusted?	<input type="checkbox"/> N/A <input type="checkbox"/> D/C: <input type="checkbox"/> PO: <input type="checkbox"/> Renal: <input type="checkbox"/> Liver:
To Do:	Tests / Procedures today	<input type="checkbox"/> N/A
	Scheduled labs	<input type="checkbox"/> N/A
	AM lab needed CXR?	<input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> H8 <input type="checkbox"/> Coags <input type="checkbox"/> ABG <input type="checkbox"/> Lactate <input type="checkbox"/> Core 4 <input type="checkbox"/> CXR Wed: <input type="checkbox"/> Transferrin <input type="checkbox"/> Iron <input type="checkbox"/> Prealb <input type="checkbox"/> 24h urine
	Consultations	<input type="checkbox"/> Y <input type="checkbox"/> N
Disposition	Is the primary service up-to-date?	<input type="checkbox"/> Y <input type="checkbox"/> N
	<ul style="list-style-type: none"> ▪ Has the family been updated? ▪ Social issues addressed (LT care, palliative care) 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Protocols available if bolded

For WICU only: ICU status IMC status: vitals q____ Fellow/Attg Initials: _____