

CSM PATIENT CARE WORKSHEET

Student: _____ Date: _____

Patient's Initials: _____ RM#: _____ Age: _____ Sex: _____ Religion: _____

Code Status: _____ HIPAA: _____

Admission Date: _____ Family Role: _____ Occupation: _____

Primary Medical Diagnoses/Surgical Procedures: _____

Secondary Medical Diagnoses: _____ Dev. Stage/Task: _____

Identified Teaching Needs: _____ Is this patient at appropriate developmental level for age?

Patient Teaching Goal: _____ Ethnic/Cultural Implications: _____

Discharge Goal: _____ Safety Issues: _____

BATH	ACTIVITY	DIET	FLUIDS	CHECK	EQUIPMENT BEING USED
Bed	Bed	Reg	Limit	Blood Sugar	
Self	BRP	Soft	Sips	Wt: _____	
Shwr	BRP c Asst	Cl Liq	Ice Chips	Foley	
Tub	Chair	Full Liq	Push	Specimen: _____	
Sitz	Amb c Asst	NPO	Intake =		
Partial	Amb Ad Lib	Special Diet: _____	Output =		

IV Fluids: Type: _____ IV Balance: _____ Rate of Flow: _____
 (Beginning) (Ending) (cc/hr) (gtts/min)

IV Site Assessment: _____ Tubing Change (date to be done): _____

Allergies:

Treatments/Therapy Time						
Order Date	Medications Time					Stop Date

Significant Diagnostic Data
 (lab, radiology, special procedures, etc.)

<u>Date</u>	<u>Test</u>	<u>Results</u>	<u>Significance</u>

Diagnostic Tests Scheduled For Today:

Priority System	ASSESSMENT CRITERIA	ASSESSMENTS/OBSERVATIONS	
		Day 1	Day 2
	<u>INTEG:</u>		
	<u>NEURO:</u>	T=	T=
	* <u>RESP</u>	R=	R=
	* <u>CV:</u>	B/P = Apical P= Radial P=	B/P = Apical P= Radial P=
	* <u>GU:</u>		
	<u>GI:</u>		
	* <u>MS:</u>		
	<u>EENT:</u>		
	<u>EMOT/PSYCH</u>		
	<u>PAIN:</u>		

*Include any accessory equipment used on patient (monitor, O₂, foley)

TIME MANAGEMENT PLAN		
Primary Patient Goal:		
TIME	PLAN	ANALYSIS OF DAY

