

# CURRENT Patient Care Report (DATAS)

## Christiana Care Health Service – Patient Care Report

**Patient Name:** Test, Patient  
**Confidential:** No  
**Room:** 3D00  
**Patient Status:** Active  
**FIN:** 0123456789  
**MRN:** 0123456789  
**DOB:** 11/05/1928 84Y  
**Sex:** Male  
**Admit Date:** 5/20/2013 - Inpatient  
**LOS:** 25  
 12

**Admitting:** MD Pilot, Test  
**Attending Physician:** Test, MD  
**Responsible:** \_\_\_\_\_  
**PCP:** \_\_\_\_\_  
**Isolation:** Not recorded for this patient  
**DNR Status:** DNR#1: Provide all other therapy  
**Special Notes:** Blood restrictions, Fall in Hospital 5/23/2013 10:54

**Tasks for Patient**  
**Allergies Review:** Reviewed  
**ARP:** Complete  
**Height and Weight:** Complete  
**Home Meds:** Initiated  
**Learning Needs:** Complete  
**Nursing Profile >24:** 5/23/2013 02:00  
**Pneumovax Assessment:** Complete  
**Influenza Assessment:** November 2012  
**Orders for Renewal:**

# D

### Demographics

**Reason for Visit:** SHORTNESS OF BREATH  
**Medical History:** COPD, Heart Attack, Chronic Renal Failure, Anemia, Anxiety Disorder  
**Surgeries and Procedures:** 5/20/13 Total Knee Replacement, 2/23/08 Appendectomy, 2/04/07 Bronchoscopy  
**Diet:** Diet:: Regular, 5/24/2013 10:59  
**Drug Allergies:** Iopressor, oxytocin, penicillin, sulfa drugs  
**Food Allergies:** peanuts  
**Environmental Allergies:** dust  
**Living Arrangements:** \_\_\_\_\_

# A

### Assessment

**Vital Signs:** BP: 122/68 Pulse: 76 RR: 20  
 Temperature: 36.8 Pulse Ox: \_\_\_\_\_ Frequency: \_\_\_\_\_  
**Pain Score:** 7 **Pain Controlled:** Yes No **Time Last Medicated:** \_\_\_\_\_  
**Neuro:** ☐ Alert ☐ Lethargic ☐ Unconscious Oriented: ☐ Person ☐ Place ☐ Time  
**Neuro Checks**  
**CIWA Score:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Respiratory:** Oxygen (Oxygen via Nasal Cannula) @ 2Liters, Routine, 5/23/2013 10:24  
**Lung Sounds:** RUL: \_\_\_\_\_ RLL: \_\_\_\_\_ LUL: \_\_\_\_\_ LLL: \_\_\_\_\_

**Cardiac:** Heart \_\_\_\_\_ **Apical Pulse Rate:** \_\_\_\_\_  
**Tele:** \_\_\_\_\_  
**Current Rhythm:** \_\_\_\_\_ **PAC#** \_\_\_\_\_  
**Edema:** Yes No **Location:** \_\_\_\_\_ **Weight:** 69.8 **Height:** 172 **Frequency:** \_\_\_\_\_  
**VTE Prophylaxis Ordered:** Pneumatic Compression Boots: 5/23/2013 10:15

**GI:** Bowel Sounds: Positive Negative Last BM: 5/24/2013 10:23  
**Constipation Protocol:** Yes No **Date Initiated:** \_\_\_\_\_  
**NGT:** NG Tube – Small Bore:: for Feeding, 5/23/2013 11:08 **Drainage Description:** \_\_\_\_\_  
**Colostomy/Ileostomy:** \_\_\_\_\_  
**Heme Check/Guaic:** Occult Blood Stool Point of Care: If +, Contact Dr. CPOE, 5/23/2013 11:27

**GU:** Continent: Yes No **Time Last Voided:** \_\_\_\_\_  
**Foley:** Yes **Insertion Date:** 5/23/2013 11:42 **Still Needed?:** \_\_\_\_\_

Intake	Output
<i>oldest to newest</i> 05/23/13 05/23/13 05/23/13 1500-2259 2300-0659 0700-1459 TOTAL	05/23/13 05/23/13 05/23/13 1500-2259 2300-0659 0700-1459 TOTAL

**Skin:** Intact: Yes No **Braden Score:** Include 19 5/24/2013 10:24  
**Pressure Ulcer/Wounds:** Yes No **Location/Stage:** \_\_\_\_\_  
**Wounds:** \_\_\_\_\_  
**Surgical Incision:** Yes No **Location:** \_\_\_\_\_  
**Drainage Devices:** Yes No **Location:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**Ordered Inpatient Medications:**  
 FUROsemide (FUROsemide (Lasix) Inj) 80 mg = 8 ML IV Daily  
 Allopurinol (Allopurinol (Zyloprim)) 100 MG – 1 TAB PO Daily  
 Metolazone (Metolazone (Zaroxolyn)) 5 MG – 1 TAB PO Daily  
**Ordered PRN Medications:**  
 Acetaminophen – OXYCODONE (acetaminophen – OXYCODONE (Percocet) 325/5) 1 TAB PO  
 Albuterol – ipratropium (Albuterol – Ipratropium (DuoNeb) Neb Soln) 3ML NEB  
**Ordered Continuous Infusions:**  
 Sodium Chloride 0.9% 125 ML + diltiazem 125 MG 125 ML IV Titrate

<div>T</div> <div>Tests</div>	<p>Tests Performed:</p> <p>Labs Performed:</p> <p>Accuchecks: Blood Glucose – Point of Care:: AC&amp;HS, 5/23/2013 11:50</p> <p>Results: See Powerchart</p>																																													
<div>A</div> <div>Alerts</div>	<p>Alerts: Hard of Hearing, Pacemaker</p> <p>Precautions: Choking, Fall</p> <p>Activity: Ambulate: Ambulate, w Assistance 5/23/2013 09:14</p> <p>Vaccines:</p> <p>Pneumococcal: Incomplete</p> <p>Visitor: No restrictions</p>																																													
<div>S</div> <div>Status</div>	<p><b>Consults:</b> Consult Physician: Consult To: Dr. Jones, Pulmonary, Reason, SOB, 5/23/2013 15:23</p> <p>Social Work Referral: Once, 5/23/2013 12:23</p> <p>Status of Discharge Plan:</p> <p>Home/HCC: _____ DME: _____</p> <p>SNF/ECF Long Term Resident: _____ Acute Rehab: _____</p> <p>Psych: _____ Other: _____</p> <p>Barriers to Discharge: _____</p> <p>Teaching Needs:</p> <p>Diabetic: Booklet      Meter      Nutrition      Videos</p> <p>Lovenox: Kit      Self Injection Demonstration      Videos      Pharmacy      Nutrition</p> <p>Core Measures: CHF Binder      Stroke Binder</p> <p>Folders: CIWA      Diabetes      COPD      Pneumonia      Delirium      Other: _____</p> <p>Get Well Network: Medications      Educational Videos</p> <p>Isolation: Patient Teaching      Family Teaching</p> <p>Status of Patient Care Plan: _____</p>																																													
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