

Once A shift	Every 4 hours	Every 2 Hours	Every Hour	PRN
<p><i>Documented on any patient you have for >4 hours</i></p> <ul style="list-style-type: none"> Multi-System Assessment Weight Q7AM Skin Assessment Broset Score/JHFRAT Line/Drains/Airway Address: Peri-care, Dressing Changes, CHG Bath , Wound Vac, OGT, DHT Patient Education Admission Required Documentation Nursing Care Plan (2-3 priority problems and goals with interventions) <p><u>Patient Handover</u></p> <ul style="list-style-type: none"> Bedside Report includes: Medication Handoff (concentration, doses, compatibility) Sign off high risk medications Safety Components: Suction set up x2, alarm parameters on, ambu bag in room 	<ul style="list-style-type: none"> Whole Body Re-assessment (charting changes) <p><u>Interventions:</u></p> <ul style="list-style-type: none"> Oral Care Cardia Index/ SVo2 Temperature (non-device) Zero transducers E-CDR (Infused, Demands, Volumes) Drain output (per order) 	<ul style="list-style-type: none"> Focused Re-assessment on Heart, Respiratory, Vascular Pulses Re-confirm dosages, volumes to be infused, concentrations and rates of medications GCS/RASS score Pain <p><u>Interventions:</u></p> <ul style="list-style-type: none"> Turn/Mobility Restraint Documentation Check pt IV Site if you are infusing medications through it 	<ul style="list-style-type: none"> Intake/Output on every patient Drip rates and volumes infused Vital Signs TOF (if patient is on paralytic) <p><u>Interventions:</u></p> <ul style="list-style-type: none"> Flush Transducers 	<ul style="list-style-type: none"> Response to pain medication is documented per the type and listed in your MAR Blood Documentation Learning assessment <p><u>Interventions:</u></p> <ul style="list-style-type: none"> Dressing Changes Lines are changed every 4 days, address if on your shift. Interventions Regarding Quality Metrics (Foley Care) Trach care/Inner Cannula change Bath
Device Requirements	Device Requirements	Device Requirements	Device Requirements	Device Requirements
<ul style="list-style-type: none"> ECMO Safety Checklist IABP Safety Checklist Impella Handoff CRRT Handoff Pacemaker Thresholds 		<ul style="list-style-type: none"> Peripheral Pulses palpate/ auscultate Timing IABP Assessment 	<ul style="list-style-type: none"> All device numbers Device Safety Checks NIRS #'s charted on peripheral extremities 	<ul style="list-style-type: none"> Safety Checklist after any road trip Dual verification if changes are made to CRRT prescription or circuit change