

RICHARD FEHR  
RUH Patient Records  
JANUARY 2021  
PART II of II

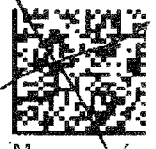


SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

SK UNKNOWN  
MRN: RUH 1315031

Admit Date: DEC-2-2021  
FEHR, RICHARD NEIL  
FEB-23-1981 40y IP V#10521726 M  
ATN: GILL, DILIP  
FAM: FRASER, JILLIAN



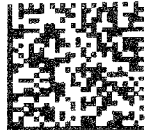
**NURSING  
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Jan 28/22 0330	Pt requesting pain meds for abdo
	pain. 0.5mg IV Dilaudid PRN
	given for J same. — after
0540	MO complete - see fluid balance
	drawn from @PICC per policy/protocol
	orders — after
0620	INZ hemolyzed - phlebotomy to
	try & draw same. — after
0718	Residents rounding & aware that
	blw has hemolyzed & that phlebotomy
	is coming to redraw same. Message
	left c/ phlebotomy. — after



07



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT

Date: Jan. 28/2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PYSCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 3  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location \_\_\_\_\_

Muscle Strength:  N/A (Normal/Weak/Absent) RUE N LUE N RLE N LLE N

Pain: Score (e.g. 0-10) 5/10  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) \_\_\_\_\_

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other \_\_\_\_\_

Comments: see MAR for pain management plan

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) \_\_\_\_\_

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal S1 S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # \_\_\_\_\_  Cardiac Monitoring

Access type:	<u>PICC</u>			
Site/Condition:	<u>DxI</u>			
Dressing:	<u>opsite</u>			
Infusion(s): (solution/rate)	<u>RL @ 100 SL</u>			

Comments: denies chest pain @ this time

**RESPIRATORY**


Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles


Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED  
wh WHEEZE: INSPIRED/EXPIRED  
↓ DECREASED AIR ENTRY  
■ ABSENT AIR ENTRY  
= EQUAL AIR ENTRY

Draw symbols on the lung diagram to indicate assessment.

ANTERIOR:  R L L R

POSTERIOR:  R L L R

Oxygen Therapy:  Room air  O<sub>2</sub> nasal prongs \_\_\_\_\_ L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BiPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH<sub>2</sub>O  Bubbling  Tiding

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: denies SOB @ this time

**NURSING RECORD**

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SK UNKNOWN

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Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

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**DAY SHIFT**

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>NPO</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>X4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RLQ</u> Colour <u>pink/moist</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>Vital peptide</u> Rate <u>50</u> mL/hr Tube Site Appearance: _____ Comments: <u>Nocturnal feeds 1900-0700</u>																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td>midline</td> <td>VAC 75mmHg</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ abd drain</td> <td>mepilex</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>RLQ</td> <td>OTA</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>R+ flank</td> <td>mepilex</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>coccyx</td> <td>mepilex</td> <td>Ø</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		midline	VAC 75mmHg	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ abd drain	mepilex	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	RLQ	OTA	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	R+ flank	mepilex	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	coccyx	mepilex	Ø	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes, wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																									
Comments: <u>perc drain / stat back. / creamy brown</u>																									

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature]

Assessment time: 0840 Time charted: 0930





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

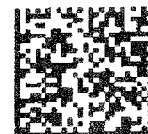
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NIGHT SHIFT Date: Jan 28-29/2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <u>clear conscious &amp; not oriented on assessment Antioct</u>  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____  <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic</p> <p>Affect: <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Restless <u>or</u> <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbsness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p>Pain: Score (e.g. 0-10) <u>4/10</u> <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>abd, head &amp; limbs. pt</u></p> <p>Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to <u>given range SR &amp; L</u></p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>bladed up to 100% overacting IV not used</u></p> <p>Comments: <u>request for analgesic for pain - some given with number pain. Analgesic not effective to date and kept behind back also. Pt moving all limbs. All legs</u>  <u>at joint bed + 100% of bed. H/O of stroke - the feed</u></p>																
	<p>Capillary Refill: <input type="checkbox"/> N/A <input type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <u>T&amp;P</u></p> <p>Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>Apical HR regular 100bpm @ 4</u> <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality <u>central chest</u></p> <p><input checked="" type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p>																
	<table border="1"> <tr> <td>Access type:</td> <td><u>Central PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Left</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u> Tegidri</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1) PCC 400</u> <u>2) N/A</u></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>BP 107/73, denies chest pain, tachycardia, heart palpitations, PICC site</u>  <u>aspirated?</u></p>	Access type:	<u>Central PICC</u>			Site/Condition:	<u>Left</u>			Dressing:	<u> Tegidri</u>			Infusion(s): (solution/rate)	<u>1) PCC 400</u> <u>2) N/A</u>		
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<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="width: 60%;"> <p><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input checked="" type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 20%; text-align: center;"> <p>ANTERIOR</p> <p>R L</p> </div> <div style="width: 20%; text-align: center;"> <p>POSTERIOR</p> <p>R L</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p>Chest Tube: Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p>Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>apical heart, denies cough/STB/warmth/lead symptoms</u></p>																	





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

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**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

**SENSORY PERCEPTION:** Ability to respond meaningfully to pressure-related discomfort.

1. Completely Limited	2. Very Limited	3. Slightly Limited	4. No Impairment	Score
Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	

**MOISTURE:** Degree to which skin is exposed to moisture.

1. Constantly Moist	2. Very Moist	3. Occasionally Moist	4. Rarely Moist	Score
Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linen must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	

**ACTIVITY:** Degree of physical activity.

1. Bedfast	2. Chair fast	3. Walks Occasionally	4. Walks Frequently	Score
Confined to bed.	Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	

**MOBILITY:** Ability to change and control body position.

1. Completely Immobile	2. Very Limited	3. Slightly Limited	4. No Limitations	Score
Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	Makes frequent though slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	

**NUTRITION:** Usual food intake pattern.

1. Very Poor	2. Probably Inadequate	3. Adequate	4. Excellent	Score
Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	

**FRICION AND SHEAR**

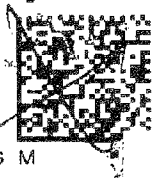
1. Problem	2. Potential Problem	3. No Apparent Problem	Total Score Indicators:
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk
			<b>TOTAL SCORE =</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	





07



**NURSING  
PROGRESS RECORD**  
Page 1 of 2

DATE/TIME	REMARKS
Jan 28 / 2022 2020 @ 2001	Report received from day staff — SNBella write @ desk check on pt, pt's room in 202. Requesting new axes bowl as previous to hang + metal. Also would like a new chair in room tomorrow. — SNBella
@ 2010 @ 2045	pt's room left. Pt resting in bed. Checked pt — SNBella write into desk on rd. Resting, eye work on, & wound needs. Pt appropriate. — SNBella
@ 2120	write head vac allowing in to see pt new and initial attachment started. VAC leak noted on machine — corrected after vac drapes placed in a few places over vac drg. appears to be worse @ upper end of wic / adjacent to top. Sealed again achieved — will monitor. See progress record for assessment. Pt oriented and appropriate. Will monitor — SNBella.
@ 2200	At write went to ent room pulled pt sitting perc bag and spoke about candy, told pt & candy in bed with him. Said "I'm brown" water told pt had used his perc drain. Encpt to try treat. — SNBella.
@ 2245 @ 2320	Monitoring pt closely, occ. movement in bed. SNBella write noticed pt moving in bed @ during asked pt what was wrong, pumbled said didn't want to say, looking toward window and sitting up in bed eye pt to rest. Asked for Dilaudid for chd pain, 0.5mg IV given SNBella.
@ 2350	pt restless in bed, write checked, said her wife was in and picked to check der told pt he was seeing things that were and card front write. Pt said she would call later & tell work.



SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

SK UNKNOWN

MRN: RUH 1315031

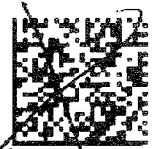
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: GILL, DILIP

FAM: FRASER, JILLIAN



**NURSING  
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Jan. 28/22 @0930	Pt sitting @ side of bed @ onset of shift. Pt getting ready for a smoke. Reminded pt he does not smoke & hasn't been. Wife came in & reminded pt also. Pt A+O x3, but seems anxious & <del>is</del> <sup>appears</sup> having some delirium. Pt peeking @ doors. Reminded pt not to do same. Wife @ bedside. <span style="float: right;">Hlanland RN</span>
@1021	Wife came to hall crying. States "pt very off & not acting self. Dr in to see pt now." <span style="float: right;">Hlanland RN</span>
@1037	Pt vomited 100cc of orangey Genesis. 8mg IV Zofran given for same. <span style="float: right;">Hlanland RN</span>
@1122	SW in to speak E family. <span style="float: right;">Hlanland RN</span>
@1156	Removed Vac for MRCP. Stable drug & acti vac applied over debt by W/C for test. <span style="float: right;">Hlanland RN</span>
@1424	Back from MRCP. 0.5mg IV <del>id</del> <sup>id</sup> <del>id</del> <sup>id</sup> given for pain. Wound care in to Δ vac now. <span style="float: right;">Hlanland RN</span>
@1613	Vac & up appl s'd. Wife left. Pt on phone. Call bell in reach. <span style="float: right;">Hlanland RN</span>
@1705	Mom @ bedside. Call bell in reach. <span style="float: right;">Hlanland RN</span>
@1911	TF hung, 4mg IV zofran given before. Emptied Pete for 50ml. Mom @ bedside. <span style="float: right;">Hlanland RN</span>









RUH  SCH  SPH  Other \_\_\_\_\_

07

**NURSING  
PROGRESS RECORD**

Page 1 of 2

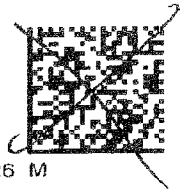
DATE/TIME	REMARKS
Jan 28/2022 @ 2300h Jan 29/2022 @ 0020	Again over pt by first. Pt rethlast again in bed, asked pt what he needs and said his blanket - save. greets pt.
@ 0030	Went into to get, rethlast again, bringing blanket on new sand too warm. asked out in bed, told just got @ 2300h. V checked - T 36.5 HR 107 RR 22 BP 118/69 SUE 94% O2SA. Observed for 20 mins lipid thickened thickened colored stool. brown. Pt was lying vac up - said had come unplugged - except to the touch machine. His room is 130 degrees. Urinal emptied and pt settled again.
@ 0115	Pt sat up suddenly @ edge of bed, while @ doorway. Pt wanted to get up, then said thought might be uncomfortable under brought pt lying in bed and laid back in bed. His 130°. LCO expired for 120 mins like food took lipid stool. Given new blanket + ice pts as requested. Pt had piece of blanket on face - said to longer wanted - placed in laundry bag with. Pt asked about ultraviolet for wall left 20 mins in fire first.
@ 0139	Pt again up edge of bed while @ doorway asked pt what he needed, said was taking pt things, his earphones, saw on one bed table. Pt went settle in bed + get rest. and try not to sit up and disturb his vac. drsg. Pt laid self back down - will monitor.
@ 0145	Pt @ foot of bed, trying to open closet, with quickly put on PPE and in with pt. Pt said he was wanting to leave. except to take hoodie off and rest in bed. Pt aware in hospital - said "university" when asked.



07

NURSING  
PROGRESS RECORD

DATE/TIME	REMARKS
Jan 29/2022 @ 0145 hrs	Wnter reminded in hospital to recover and pt said but "it is my life", wnter agreed enc pt to lay down as needs to recover still. Pt agreed to, wnter talk to take off hoodie, noted the feed disconnected @ port attachment to line - flush & cleanse & reconnected. Temp 30 degrees. noted pt had disconnect w line - wnter enc pt not to do this as will result in infection. wnter cleaned both ports and flush them. IV RUC TRCO restarted. Assisted pt to drink on hand the food on team. VAC bag intact, DEO appl. intact. Med drug intact. Pt pain 1/2, re-pain, re-pain w/meds, closed pain and re-pain blanket. Covered pt's own blanket, enc to use call bell if needs any thing or wnter's about any thing. <i>SK/LLN</i>
@ 0100	Pt called, wnter assesses analgesia. Alex RN interview pt and give O. say IV still intact. Helped pt find his phone and called wife, told he wnter and the kids, said "wondering what I should do now", wife enc pt to rest. Pt. said would text her later. <i>SK/LLN</i>
@ 0200	Pt called out, wnter check door shut, told call if need to wake up pt. <i>SK/LLN</i>
@ 0200	Pt called, re-pain wnter blanket, re-pain. <i>SK/LLN</i>
@ 0235	Pt restless, again asking to have door closed dit light in hallway - suggested pt use eye mask and said "oh right, forget". Pt put work on open & locked. <i>SK/LLN</i>
@ 0250	Pt re-reminded, clean needs. <i>SK/LLN</i>
@ 0320	Pt in bed, settled, eye work on. <i>SK/LLN</i>
@ 0440	Pt restless, sat up then laid back down. Said needed food. Unilateral, knocked around hair on floor.

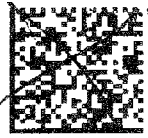


CP

NURSING  
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jun 29/2022 @ 0840hr	Wrote in room pt. Empired unrel. VS checked T36.7
@ 0912	HR 111 RR 20 BP 102/64 5mm. 98% O2A. Pt asked about Pt's cardiac hx due get. Also asked about and and class all die. except to try next. <del>W/ll</del>
@ 0940	Pt talking to self in bed, center sitting in chair outside pt's room, asked pt who he was talking to, & answer, asked if talking to him self and said "yes". Has cell phone flush toilet on in bed & him - <del>W/ll</del>
@ 0945 - 0955	wrote @ chair outside room, pt called out "get team out of my room", wrote in rpt. turned lights on could see <del>W/ll</del> present. Asked he knows biggest were there, wrote asked pt what center sitting outside room and <del>W/ll</del> entered. Pt also said he doesn't like what his wife has been saying - but didn't elaborate. Wrote pulled down blanket turned lights back on, given long <del>W/ll</del> @ pt's request, asked for some good but had already had them. Pt called out "thanks Arj" when Alexan gave med with room told pt that was the other were. <del>W/ll</del>
@ 0940	wrote page dr. Russell on-cell made case that pt hasn't stop all with hallucinations, had disconnected lines, tried to leave, seeing problem now. dr Russell stated pt has been agitated and will monitor <del>W/ll</del>
@ 0955	thanked, a little more relaxed, occ heard talking to self <del>W/ll</del>
@ 0930	Pt moving in bed, heard mumbling to self <del>W/ll</del>
@ 0956	Pt called to light, said he wanted to go outside his wife to watch the sunset, wrote told pt his wife isn't here, pt moved to chair from back @ write



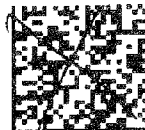
07

NURSING  
PROGRESS RECORD

DATE/TIME	REMARKS
Jan 29/2022 05:45h cont'd	and said "okay, I don't want to say stay here", w/nter advised pt his wife will be in today but to get back in hospital. Pt said he brought a new plane and wants to leave to see w/nter. W/nter explained to pt he is too ill to leave, pt feared "I can sign papers to leave" w/nter told pt will be in hospital also for nurse Kelly to do morning care and can call wife then to speak to her. Pt agreed. W/nter remains outside pt room. Cankor mumbling to self, able to walk at least pt saying _____
@ 06:00 - 06:30	w/nter into see pt. Pt said he needs to leave to see the farm in leader. Did w/nter be was going home. Growing in agitation. w/nter except to see his wife. Pt said his family was in but when w/nter died on lights pt realized they were present, said they had gone already to leader. Pt agreed to let w/nter do it to and draw an strick line. Pt called wife while w/nter present, told wife ready to leave, spoke to wife for a few minutes then wife called w/nter back + w/nter Cankor Alexen spoke to wife + give update. Pt's wife said she would be in to see him @ 09:00. He checked T 36.8 HR 116 RR 24 BP 134/76. W/nter 97. In RA. Percepted for sounds cloudy sunny and song. Also active for talk through the feed colored thick liquid stool 9h. On draw strick line as ordered. Pt told w/nter he was going to leave, repeatedly, said he could sign stuff at. Alexen, w/nter & Russell and Russell said would be in ~ w/nter to see pt. Pt says pain, w/nter says "I feel great". Noted while w/nter drew but that pt had eyes closed, reacting to things and



07

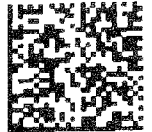


NURSING  
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 29 / 2022 @ 0600-0630 could...	having conversations at loud with people, then answering himself. <i>SMiller</i>
@ 0635	dr. Russell up to see pt. Pt sitting @ edge of bed. Pt denies pain / nausea / hallucinations. States needs to leave to get to Leader to be funny with family. Dr. Russell does to convince pt to stay with his wife comes see him @ 0640. <i>SMiller</i>
@ 0640	under spoke to dr. Russell. @ asks yet for any sedation. Stated that would review pt this morning with team. @ new rx ordered. @ plans for psych consult yet. @ plan CT lead. <i>SMiller</i>
@ 0700	Pt sitting up @ edge of bed, eyes closed, bending over and reaching for items @ here. Opened eyes and yelled out to nurse he's ready to go back to Saskatoon. Under reminded pt he's in Saskatoon still and reoriented. <i>SMiller</i>
@ 0715	Resistant into sleep. <i>SMiller</i>
@ 0725	Pt sat up @ edge of bed. told nurse when he does his eyes his in Leader @ least when he opens them he knows he's in Saskatoon, said he doesn't want to close eyes that because of his. nurse told pt could keep asking staff and we would always reoriented and help pt. know he truth. Pt laid self back in bed + closed eyes. <i>SMiller</i>
@ 0730	Nora CCA sitting outside room watching pt. <i>SMiller</i>
@ 0740	during report, nurse told Brian @ report and needed to ↑ IV rate ball to nurse for as the bed was stopped. <i>SMiller</i>





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: January 29 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p><b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p><b>Affect:</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p><b>PERLA:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p><b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p><b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p><b>Pain: Score (e.g. 0-10)</b> <u>0/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>R</u></p> <p><b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p><b>Pain Management Interventions:</b> <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> <u>Slow release dilaud given per MAR. pt. denies further need for analgesic</u></p>																
<b>CVS</b>	<p><b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p><b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p><b>Radial Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Sounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><b>Pedal Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p><b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p><b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # <u>4</u> <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R arm.</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D+I</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>ORL @ 100 ml/hr @ SL + flushed.</u></td> <td></td> <td></td> </tr> </table> <p><b>Comments:</b> <u>36.8°C, 22R, 93% RA, 120 bpm, 111/75 pt. denies chest pain on assessment</u></p>	Access type:	<u>PICC</u>			Site/Condition:	<u>R arm.</u>			Dressing:	<u>D+I</u>			Infusion(s): (solution/rate)	<u>ORL @ 100 ml/hr @ SL + flushed.</u>		
Access type:	<u>PICC</u>																
Site/Condition:	<u>R arm.</u>																
Dressing:	<u>D+I</u>																
Infusion(s): (solution/rate)	<u>ORL @ 100 ml/hr @ SL + flushed.</u>																
<b>RESPIRATORY</b>	<p><b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p><b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p><b>Breath Sounds:</b></p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="margin-right: 10px;"> <p><input type="checkbox"/> cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ■ ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="flex-grow: 1;"> <p style="text-align: center;"><b>ANTERIOR</b> <span style="margin-left: 100px;"><b>POSTERIOR</b></span></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>R</p> </div> <div style="text-align: center;"> <p>L L</p> </div> </div> </div> </div> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> <b>Chest Tube:</b> Type <u>0</u> Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> <b>Trach:</b> Type <u>0</u> Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> <u>pt denies SOB on assessment</u></p>																

**NURSING RECORD**

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SK UNKNOWN  
**MRN: RUH 1315031**

Admit Date: DEC-2-2021  
 FEHR, RICHARD NEIL  
 FEB-23-1981 40y IP V#10521726 M  
 ATN: LUO, YIGANG  
 FAM: FRASER, JILLIAN



**DAY SHIFT**

**GU**  
 Voiding:  Continent  Incontinent  Anuric  Catheter  Ileal conduit  Nephrostomy  Other \_\_\_\_\_  
 Urine:  N/A Colour Not seen  Clear  Cloudy  Odour \_\_\_\_\_  
 Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_  
 Comments: \_\_\_\_\_

**GI**  
 Nothing by mouth  Diet 1900-0700 DAT + tube  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_  
 Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_  
 Bowel Sounds:  Normal  Hypoactive  Hyperactive  Absent \_\_\_\_\_ Flatus:  Yes  No  
 Last bowel movement: per ill Colour yellow Consistency/Size loose  Continent  Incontinent  
 Stoma: Type loop Site @ ABD Colour pink/red  Bridge \_\_\_\_\_  
 Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_  
 Tube depth:  Secured at/External length \_\_\_\_\_ cm  
 Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_  
 Tube Feed: Formula peptide Rate 50 mL/hr Tube Site Appearance: healthy  
 Comments: pt denied N/V at assessment. TF from 1400-0700, 100ml SW flush Q4 during feeds.

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_  
 Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry  
 Pressure Injury:  No pressure injuries noted  At risk (Refer to Pressure Injury Assessment below)  
 NPWT at 75 mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

INTEGUMENTARY	Wound/Incision/Drain Location	Dressing Type	Drainage	Intact/Changed*
1	midline VAC		purple-scent	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
2	LLQ mesh		red mesh shadow	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
3	LLQ	mesh	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
4	ILQ	appliance	all to 1	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
5	@ LQ	mesh	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265 TRIAL  
 Comments: 6 CACCIX - mesh - PET  
7 PERC @ ABD stat lock + topolium - purulent  
Ø flush @ 20ml NS per shift

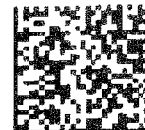
**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area  
**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis  
**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible  
**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage  
**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.  
**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1: <u>CACCIX</u>	Location #2: _____	Location #3: _____	Location #4: _____
<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)
<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1
Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:
<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____
Site assessed: <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No
Dressing dry/intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*
*See Wound Care Record	*See Wound Care Record	*See Wound Care Record	*See Wound Care Record

RN/LPN signature: Hopland NS ufs Assessment time: 1040 Time charted: 1132





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

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NIGHT SHIFT Date: JAN 29 / 22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<b>Level of Consciousness:</b> <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x _____ <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																					
	<b>Affect:</b> <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																					
	<b>PERLA:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																					
	<b>Numbering/Tingling:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes <b>Location</b> _____ <b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> <b>Pain: Score (e.g. 0-10)</b> _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ <b>Location(s)</b> <u>abdomen</u> <b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ <b>Pain Management Interventions:</b> <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____ <b>Comments:</b> <u>confused @ times, thinks not @ home when resting.</u>																					
<b>CVS</b>	<b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <b>Type/location(s)</b> _____ <b>Radial Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Pedal Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings <b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2 <b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ <b>Location</b> _____ <b>Quality</b> _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Access type:</td> <td colspan="3"><u>central-line</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="3"><u>LT OCEP</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="3"><u>DI</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="3"><u>1 RL @ 25</u> <u>2 FL @ 100</u></td> </tr> </table>			Access type:	<u>central-line</u>			Site/Condition:	<u>LT OCEP</u>			Dressing:	<u>DI</u>			Infusion(s): (solution/rate)	<u>1 RL @ 25</u> <u>2 FL @ 100</u>					
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<b>Comments:</b> <u>BP 110/70 HR temp 36.4</u>																						
<b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles <b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____ <b>Breath Sounds:</b> <table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20%; text-align: center;"><b>ANTERIOR</b></td> <td style="width: 20%; text-align: center;"><b>POSTERIOR</b></td> </tr> <tr> <td></td> <td><input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L R</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ↓ DECREASED AIR ENTRY</td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td></td> <td><input type="checkbox"/> ■ ABSENT AIR ENTRY</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>= EQUAL AIR ENTRY</td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>		<input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED	R	L L R		<input type="checkbox"/> ↓ DECREASED AIR ENTRY				<input type="checkbox"/> ■ ABSENT AIR ENTRY				= EQUAL AIR ENTRY		
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	= EQUAL AIR ENTRY																					
<b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ <b>Comments:</b> <u>Sats 96% on RA</u>																						
<b>RESPIRATORY</b>	<b>Draw symbols on the lung diagram to indicate assessment.</b>																					
	<b>Comments:</b> <u>Sats 96% on RA</u>																					

**NURSING RECORD**

Page 4 of 6

SK UNKNOWN

MRN: RUH 1315031

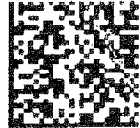
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



**NIGHT SHIFT**

<b>GU</b>	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>using urinal</u>																				
<b>GI</b>	<input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet _____ <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per ileo</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RUQ</u> Colour _____ <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>Denies NW-</u>																				
<b>INTEGUMENTARY</b>	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																				
<b>INTEGUMENTARY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>medial incision</u></td> <td><u>vac</u></td> <td><u>pink</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ileo RUQ</u></td> <td><u>appliance</u></td> <td><u>soft brown stool</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>perc LUQ</u></td> <td><u>stet lock i tegaderm</u></td> <td><u>creamy pink</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LUQ abdominal</u></td> <td><u>mediplex</u></td> <td><u>⊙</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> Comments: _____	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>medial incision</u>	<u>vac</u>	<u>pink</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ileo RUQ</u>	<u>appliance</u>	<u>soft brown stool</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>perc LUQ</u>	<u>stet lock i tegaderm</u>	<u>creamy pink</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>LUQ abdominal</u>	<u>mediplex</u>	<u>⊙</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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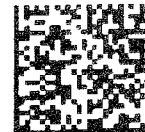
PRESSURE INJURY ASSESSMENT (see staging below):			
Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial-thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: \_\_\_\_\_

*[Handwritten Signature]*

Assessment time: 2010

Time charted: 2205



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
	Date Reassessed: _____ Time Reassessed: _____ Initials: _____ Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	<b>TOTAL SCORE =</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	

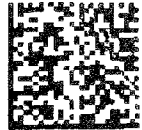
**NURSING RECORD**



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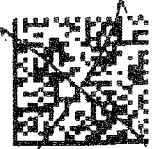
SK UNKNOWN  
MRN: RUH 1315031

Admit Date: DEC-2-2021  
FEHR, RICHARD NEIL  
FEB-23-1981 40y IP V#10521726 M  
ATN: LUO, YIGANG  
FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 29 11:02 @ 1530	Pt received into care @ shift B. Pt presented awake in bed, with fellow CCA Nicole as sister until wife arrives as pt ++ getting out of bed, confused, slowly going to pain. Pt 9 to 100ml/hr per orders, pt reorientated to place, person + time, pt then stated "I know I'm in the hospital." Pt requested for mother to come back with medications @ a later time. Pt call bell in reach, CCA outside room. <i>Blair Nelson</i>
@ 1238	pt assessment completed p. 1+2 nursing record. pt c/o nausea from given at 1220 PRN currently in c pt providing analgesic dilaudid 0.5mg IV. pt denied further needs — <i>Jo Copland NS vefs</i>
@ 1336	Pt resting in bed, wife at bedside. pt denies needs & concerns — <i>Jo Copland NS vefs</i>
@ 1556	PERC drsg d/d, site cleaned per policy, new 12-4fr stat lock placed, covered c tegaderm. mepilex x 2 removed from @ ABD. each cleansed c NS adaptic + mepilex applied to lateral ABD and mepilex applied to medial ABD, mepilex removed from @ ABD, cleansed c NS. New mepilex applied. old coccyx mepilex removed stage 1, site cleansed c NS, new coccyx mepilex applied. pt tolerated dressing changes well. fellow CCA gave basin bath. Pt awake in bed talking c self, — <i>Jo Copland NS vefs</i>
@ 1644	Pt resting in bed, Mother @ bedside. appears to be conversating well c same. — <i>Jo Copland NS vefs</i>

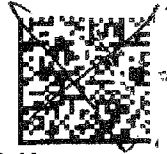
Continued on Progress Record – Nursing (form #101434)



**NURSING  
PROGRESS RECORD**

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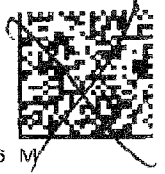
DATE/TIME	REMARKS
January 29/2022 @ 1746	pt awake in bed visiting with mother but denied needs & voiced concerns. pt call bell in reach. <span style="float: right;">SK UNKNOWN</span>
January 29/2022 @ 1900	IV abx given per MAR. tube feed started at 50 ml/hr per orders. Pt. presently resting in bed, visiting w/ mother. denied needs & voiced concerns. call bell in reach. <span style="float: right;">Alpland NS wfs</span>
1905	mother agrees with challenge of fellow nursing student. <span style="float: right;">SK UNKNOWN</span>
2010	Received in bed, awake. mother just left for the night, reported pt starting to get confused. Pt responding to assessment questions appropriately but talking to himself when resting. Serogel 5mg PO given. <span style="float: right;">Suan</span>
2015	Pt talking to himself and calling out occasionally, thinking he's @ home. Easy to reorientate.
2130	Pt up out of bed, looking for hisson. Pt re-oriented easily and settled back in bed - Pt aware he's hallucinating. <span style="float: right;">Suan</span>
2205	Dilaudid 0.5mg IV given for pain. <span style="float: right;">Suan</span>
2300	Pt up out of bed, trying to leave. Seeing
2315	someone trying to kill him and that his wife wants to kill him. Attempted to re-orientate pt but remains insistent that he's not safe and wife wants to kill him. Asking if staff has guns to keep him safe. Starting to say he sees the closet opening and someone's in there trying to get him. Slumping around in bed & scared



**NURSING  
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
— cont'd —	someone's in the closet. <del>Attempt</del> <sup>error pt</sup> Attempts to re-orientate pt unsuccessful. Lights turned on and door left open. Pt threatening to call 911. charge RN outside door attempting to settle pt. — su fw
2335	pt talking quietly on phone to someone, not telling staff who he's talking to. Afterward pt said he told the cops he <del>called</del> <sup>error</sup> he heard gun shots. staff unsure if pt actually called the police. — su fw
2340	Security showed up, having received a call from the police. Took pt into RN condo sitting outside pt room. — su fw
SM 30122 @ 0010	pt up, looking in closet. still thinking someone is in his closet. knocking on walls and floor. talked pt into getting back in bed. — su fw
0030	sitting up @ EOB, asking about the pizza on the stove. — su fw
0050	TF topped up. pt whispering to himself. lilo emptied. — su fw
0110	pt <del>trying</del> <sup>error</sup> calling out, trying to get up. Thinks he's at work. unable to orientate pt. not believing he's in hospital. calling staff (ias).
015	laying back in bed, talking to himself. — su fw
0150	in bed, talking to himself. Hearing a conversation c no one. — su fw
0220	pt asking for wine to void, su saw pt urine unint was @ bedside right beside pt. instead of reaching for su pt urinated in bed and all over the floor. su calling @ staff. Linens changed. pt in bed following. — su fw

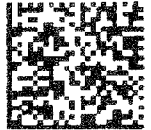


**NURSING  
PROGRESS RECORD**

DATE/TIME	REMARKS
Jan 30/22 0345	Pt. awake, charge RN isn to help pt empty colostomy bag + change sheets. Pt becoming increasingly agitated, threatening to "pull my NG tube" and threatened to punch something swearing. Ntr went in to help change pt bedding, ntr + charge RN tried to calm pt down + got pt back to bed. Will continue to monitor. Pt continuously talking about wanting to "go outside in the sun". Will continue to monitor. <span style="float: right;">Ntr Mynner</span>
Jan 30/22 0320	0.5mg of Dilaudid given pr pt request. <span style="float: right;">Ntr Mynner</span>
late entry 0415	Pt removed NG tube from nose. Under <span style="float: right;">Ntr Mynner</span> bunch pt holding some in hand. Pt holding cell phone in hand, talking to it. <span style="float: right;">SFW</span>
0416	Dr Jette aware pt removed NG tube. <span style="float: right;">SFW</span>
0455	halodol 2mg IV given i some effect. Pt up agitated but still talking to himself on and off. Ntr able to draw BW off. Acc lab. <span style="float: right;">SFW</span> Squid sent to lab. <span style="float: right;">SFW</span>
0515	Sitting up @ EOB, eyes closed. <span style="float: right;">SFW</span>
0620	Pt getting more agitated again, hallucinating and talking to himself. Looking on the floor, reacting to something that's not there. <span style="float: right;">SFW</span>
0700	Remains sitting @ EOB. talking to himself. <span style="float: right;">SFW</span>
0715	Pt got himself on to floor and is now laying in the fetal position on floor. Refusing to get into bed. Drs going in to. <span style="float: right;">SFW</span>







RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Jan 30/2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>1</u> <input checked="" type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																	
	Affect: <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input checked="" type="checkbox"/> Irritable <input checked="" type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																	
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																		
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																		
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																		
Pain: Score (e.g. 0-10) _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																		
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																		
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____																		
Comments: <u>pt reports "I'm not talking to you about my pain!"</u>																		
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																	
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																	
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																	
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																	
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																	
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>S1 S2</u>																	
Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																		
<input type="checkbox"/> Telemetry: # <u>0</u> <input type="checkbox"/> Cardiac Monitoring																		
Access type: <u>PICC</u>																		
Site/Condition: <u>Right</u>																		
Dressing: <u>ATI</u>																		
Infusion(s): <u>0.9% 100ml/hr</u> (solution/rate) <u>DSH - heparin</u>																		
Comments: <u>in labors per PARS record</u>																		
<b>RESPIRATORY</b>	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input checked="" type="checkbox"/> Use of accessory muscles																	
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																	
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">           cr            CRACKLES: FINE/COARSE INSPIRED/EXPIRED         </td> <td style="text-align: center;">ANTERIOR</td> <td style="text-align: center;">POSTERIOR</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">           wh            WHEEZE: INSPIRED/EXPIRED         </td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L R</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">           ↓            DECREASED AIR ENTRY         </td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> ABSENT AIR ENTRY         </td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="text-align: center;">           = EQUAL AIR ENTRY         </td> </tr> </table>			cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR	wh WHEEZE: INSPIRED/EXPIRED	R	L L R	↓ DECREASED AIR ENTRY			<input checked="" type="checkbox"/> ABSENT AIR ENTRY			= EQUAL AIR ENTRY		
	cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR															
	wh WHEEZE: INSPIRED/EXPIRED	R	L L R															
	↓ DECREASED AIR ENTRY																	
<input checked="" type="checkbox"/> ABSENT AIR ENTRY																		
= EQUAL AIR ENTRY																		
Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																		
<input type="checkbox"/> Chest Tube: Type <u>0</u> Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding																		
<input type="checkbox"/> Trach: Type <u>0</u> Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																		
Comments: <u>TUB as pt is agitated</u>																		

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

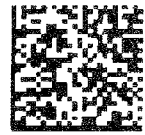
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



**DAY SHIFT**

**U** Voiding:  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_  
 Urine:  N/A Colour clear  Clear  Cloudy  Odour \_\_\_\_\_  
 Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_  
 Comments: \_\_\_\_\_

**G**  Nothing by mouth  Diet \_\_\_\_\_  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_  
 Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_  
 Bowel Sounds:  Normal  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No  
 Last bowel movement: stool Colour brown Consistency/Size large  Continent  Incontinent  
 Stoma: Type col Site abd Colour pink  Bridge \_\_\_\_\_  
 Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_  
 Tube depth:  Secured at/External length \_\_\_\_\_ cm  
 Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_  
 Tube Feed: Formula \_\_\_\_\_ Rate \_\_\_\_\_ mL/hr Tube Site Appearance: \_\_\_\_\_  
 Comments: st self removed no dressing HS.

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_  
 Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry  
 Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)  
 NPWT at 75 mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

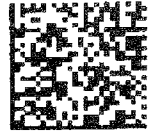
Wound/Incision/Drain Location	Dressing Type	Drainage	
① Meshline VAC	2x mmHg		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
② JTW	appliance	all on	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
③ @ ABD meshline			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
④ @ ABD meshline x2			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
⑤ @ PERC drain	drainage + hardware	drainage	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL  
 Comments: @ coccax - meshline - DTI.

**PRESSURE INJURY ASSESSMENT (see staging below):**

<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>		
<p>Location #1: <u>coccax</u></p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>

RN/LPN signature: [Signature] Assessment time: 0930 Time charted: 1104









RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Jan 30/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input type="checkbox"/> Alert <input type="checkbox"/> Orientated x _____ <input checked="" type="checkbox"/> Confused <input checked="" type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other <u>mumbling @ times</u>													
	Affect: <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____													
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____													
	Numbness/Tingling: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____ Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>appears comfortable - pain to wrists + waist</u>													
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input checked="" type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input checked="" type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>tachy @ times</u> <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring													
	Access type:	<u>DICC</u>												
	Site/Condition:	<u>OBICAP</u>												
	Dressing:	<u>DBI</u>												
Infusion(s): (solution/rate)	<u>R10100</u>													
Comments: <u>VSS</u>														
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____ Breath Sounds: <input type="checkbox"/> cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> ↓ DECREASED AIR ENTRY <input checked="" type="checkbox"/> ■ ABSENT AIR ENTRY = EQUAL AIR ENTRY													
	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">ANTERIOR</td> <td></td> <td style="text-align: center;">POSTERIOR</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;"></td> <td style="text-align: center;">L L</td> <td style="text-align: center;"></td> </tr> <tr> <td></td> <td style="text-align: center;">R</td> <td></td> <td style="text-align: center;">R</td> </tr> </table>			ANTERIOR		POSTERIOR	R		L L			R		R
		ANTERIOR		POSTERIOR										
	R		L L											
	R		R											
Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>O<sub>2</sub> adequate c RA</u>														

**NURSING RECORD**

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN

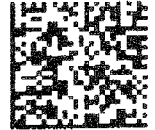


**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark amber</u> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments: <u>total draining adequate</u>		
	<input checked="" type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet _____ <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>+</u> Colour _____ Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>LUO</u> Site <u>RLQ</u> Colour <u>brown</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>1 meals given as pt too drowsy</u>		
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
	Wound/Incision/Drain Location	Dressing Type	Drainage
	<u>VAC to mid abd - DBI</u>		
	<u>Mepilex to RLQ + LLQ - DBI</u>		
	<u>perc drain to @ flank draining mod creamy brown</u>		
<u>Mepilex to coccyx - DBI</u>			
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u>LUO to RLQ - DBI</u> <u>jaundiced skin sclera.</u>			

PRESSURE INJURY ASSESSMENT (see staging below):			
Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial-thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: NRanderson Assessment time: 1950 Time charted: 2012



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____	
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest	
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints – Type _____ (see Restraint Record)	
	Date Reassessed: _____ Time Reassessed: _____ Initials: _____ Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints – Type _____ (see Restraint Record)	

**BRADEN SCALE – PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

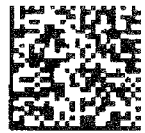
<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not mean, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
<b>TOTAL SCORE =</b>				

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels <input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	Time: _____
		Initials: _____

**NURSING RECORD**

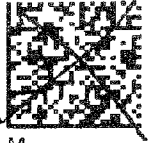
SK UNKNOWN  
**MRN: RUH 1315031**

Admit Date: DEC-2-2021  
 FEHR, RICHARD NEIL  
 FEB-23-1981 40y IP V#10521726 M  
 ATN: LUO, YIGANG  
 FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 30 1700 @ 0825	<p>pt received into care @ shift 1. pt uncooperatively presented at ER. Follow up from 1:1 with pt as night nurse reported pt confused + out of bed frequently - pt then began becoming agitated, and got out of bed, walked down hall, pt in chair. pt persistent saw not elsewhere, down hall, began using hands + feet to hit + pick nursing staff. Urgent IV midazolam IV @ OTSS per MTR, change RN, <del>and</del> made aware, and security pages. pt ++ trying to pull on PICC, PERC, astomy and VAC. Wnter attempted to reorientate pt, pt then stated "you all are stupid and raise an issue what you're doing." <del>pt</del> pt then laid down in hallway per self, and security awoken. Security then assisted wnter and 2 fellow knts to get pt into bed, waist pannel + 4 point restraints applied. pt PICC, PERC, VAC and astomy appliances remain in situ. Wnter been explained pannels are for safety, pt then <del>exior</del> reported "I dont fucking care" pannel key accessible to staff as above. HOB hung. VS taken @ 0811, pt tachy @ 128 bpm, all other VS WNL per PASS record. pt only oriented to person. pt presently has agitated to assist, as reports "dont fucking touch me". pt now in bed, pannels on, talking with self. Wnter presently sitting outside room, observing pt.</p>

Continued on Progress Record - Nursing (form #101434)



**NURSING  
PROGRESS RECORD**  
Page 1 of 2

DATE/TIME	REMARKS
Jun 30 2022 @ 0920	<p>pt spouse arrived, were lued to all the pt @ approx 0830. Dr Russell up to floor, provided order for given 1mg IV 030 MIN x 2 PRN for agitation. First 1mg given @ 0845 as pt arguing with spouse, and spouse yelling @ pt to "stop it Richard". This is unsafe! Writer then intervened, explaining yelling does not seem to be working, and if spouse needs to take a break, writer will be watching pt from doorway, spouse then left, status will return later. pt then began ++ shaking in bed, and dose Ativan given per MAR @ 0915. pt then began unable to move restraints, as must go fishing, writer then again attempted to reorientate pt, pt then stated "restraints", "you're saying to me!" Writer then encouraged for pt to take a mob. pt presently in bed with pernal restraints on, wriggling in bed, talking with self.</p>
0920	<p>pt remains talked with self, wriggling in bed. pt remains too agitated to take oral PM med, Dr Russell needs advise of scene.</p>
1045	<p>Dr Russell up to floor, and Dr Lee. received order for discontinue bloodclot + VBG drawn off PICC &amp; sent to lab. pt snuggled for while, awaiting results. Dr Russell (ONT)</p>



NURSING  
PROGRESS RECORD

21-4

DATE/TIME	REMARKS
Jan 30 12:00 @ 1045	CONT'D ordered obs bed, change RN made aware of same. In Russell spoke with ID, and precautions dic'd. <del>admission</del> started @ 11:35 per RN. Pt vs taken per PMS record. Pt presently resting in bed, resp 7 @ 26. Pt spouse @ bedside.
1125 <del>10:20</del>	pt remains resting in bed, RR 24, SpO2 94% RA, HR 108. pt spouse remains @ bedside. <del>RN 1045</del>
1145	pt remains on floor, awaiting pt obs bed to be available. pt remains resting in bed. <del>RN 1045</del>
1210	pt transferred to 5021-4. <del>RN 1045</del>
1224	report given to fellow RN change. <del>RN 1045</del>
1235	Pt received to 5021-4. vss. tachypnic, shallow resp. Wife @ bedside. Pt sleeping. Restraints on. <del>Chum</del> to draw 2nd set Blood cultures
1352	GIM in to talk to pt's wife. Pt sleeping, RR 26-28. <del>Chum</del>
1442	Pt <del>appe</del> eyes closed, resp remain 26, regular wife @ bedside. Arrangements being made for transport for ERCP tomorrow & for FEP. <del>Chum</del>
1530	#16F Tiemas catheter inserted. Pt tol well did not wake, just wiggled slightly. <del>Chum</del>
1640	Eyes closed, resp reg + <del>sp</del> RR 30 <del>Chum</del>
1739	Eyes closed, RR 28, reg + easy, wife @ bedside. <del>Chum</del>
2030	mom remains @ bedside pt chawed & chattering





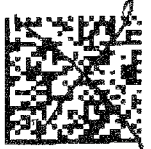
SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

244

SK UNKNOWN  
MRN: RUH 1315031

Admit Date: DEC-2-2021  
FEHR, RICHARD NEIL  
FEB-23-1981 40y IP V#10521726 M  
ATN: LUO, YIGANG  
FAM: FRASER, JILLIAN

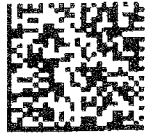


**NURSING  
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
	Questions of opening eyes to speech. IS mumbling to himself occasionally.
Jan 30/22 @ 2150	Dr. Russell on ward briefly. Pt pulling off SpO2 pulse oximeter will reapply. Mumbly in sleep.
2305	Pt a bit more awake @ this time, answering questions and following some commands. IV circuit checked for comfort. Will continue to monitor - I/O good.
2340	O2 dipping @ times. 3000 @ 2L NP applied.
0000	SpO2 98% on 2L NP. Pt sleepy.
0100	Pt eyes closed, resp easy.
0200	Pt remains asleep, resp easy. Foley emptied. Ur tea color urine, see clinical data amount.
0220	Pt repositioned in bed. Pillow below neck removed. Remains asleep, resp easy.
0330	Pt USS. Tolerating pinels. Drawleg.
0420	Pt eyes closed, resp easy + reg.
0530	In + outs complete. IIR removed, phlebotomy in to draw INR + lytes. Wrist pinel removed. Bilateral wrist + legs remained restraint.
0615	FFP units held per BIA, GF. Transfusion per + Surg. 2ng vitK IV given for INR 1:6 prior to ERCP. Pt remains asleep, resp easy. Family given update. EMS confirmed pickup for 0730 to SCH.





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Jan 31/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																						
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																						
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																							
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																							
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUC <u>N</u> RLE <u>N</u> LLE <u>N</u>																							
Pain: Score (e.g. 0-10) <u>0</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																							
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																							
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____																							
Comments: <u>pt stable not hallucinating anymore, feels normal again. find on food</u>																							
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																						
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																						
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																						
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																						
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																						
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2																						
	Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																						
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																						
	Access type: <u>Central</u>																						
	Site/Condition: <u>(L) PICC</u>																						
Dressing: <u>legadw</u>																							
Infusion(s) (solution/rate): <u>RLE100</u>																							
Comments: <u>Finish</u>																							
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																						
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																						
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20%; text-align: center;"><b>ANTERIOR</b></td> <td style="width: 20%; text-align: center;"><b>POSTERIOR</b></td> </tr> <tr> <td></td> <td><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L R</td> </tr> <tr> <td></td> <td><input type="checkbox"/> DECREASED AIR ENTRY</td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> ABSENT AIR ENTRY</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>= EQUAL AIR ENTRY</td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>		<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	R	L L R		<input type="checkbox"/> DECREASED AIR ENTRY				<input checked="" type="checkbox"/> ABSENT AIR ENTRY				= EQUAL AIR ENTRY		
		<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>																			
		<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	R	L L R																			
		<input type="checkbox"/> DECREASED AIR ENTRY																					
		<input checked="" type="checkbox"/> ABSENT AIR ENTRY																					
		= EQUAL AIR ENTRY																					
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																						
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																						
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																							
Comments: <u>pt denies SOB</u>																							

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

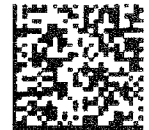
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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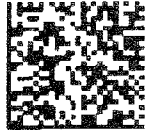


**DAY SHIFT**

<b>GU</b>	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																								
<b>GI</b>	<input checked="" type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet _____ <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input type="checkbox"/> Normal _____ <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>EB</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>pt denies nausea</u>																								
<b>INTEGUMENTARY</b>	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
<b>INTEGUMENTARY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>(L) Abd perc</u></td> <td><u>stat lock + tegaderm</u></td> <td><u>sm. brown liquid</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>midline vac @ 75 mmHg.</u></td> <td></td> <td><u>Ø - DFI.</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in <i>Nurses Notes</i>; wound dressing changes on <i>Wound Care Record</i> (form #103527); NPWT changes on form #104265TRIAL                  Comments: _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>(L) Abd perc</u>	<u>stat lock + tegaderm</u>	<u>sm. brown liquid</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>midline vac @ 75 mmHg.</u>		<u>Ø - DFI.</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
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PRESSURE INJURY ASSESSMENT (see staging below):				
Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial-thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage		Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	

RN/LPN signature: \_\_\_\_\_ Assessment time: \_\_\_\_\_ Time charted: 1700



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Jan 31/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p><b>Level of Consciousness:</b> <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p><b>Affect:</b> <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other <u>mildly disoriented from yesterday's confusion</u></p> <p><b>PERLA:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe <u>Yesterday's confusion</u></p> <p><b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes <b>Location</b> _____</p> <p><b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p><b>Pain: Score (e.g. 0-10)</b> _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ <b>Location(s)</b> <u>Chest +</u></p> <p><b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to <u>RLQ</u></p> <p><b>Pain Management Interventions:</b> <input type="checkbox"/> See MAR <input type="checkbox"/> Other <u>N + S2 dilaudid given</u></p> <p><b>Comments:</b> <u>denies headache - moving around in bed per self</u></p>																				
<b>CVS</b>	<p><b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p><b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <b>Type/location(s)</b> _____</p> <p><b>Radial Pulse:</b> <input checked="" type="checkbox"/> N/A <b>Rt:</b> <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><b>Pedal Pulse:</b> <input checked="" type="checkbox"/> N/A <b>Rt:</b> <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p><b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p><b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Scale (1-10)</b> _____ <b>Location</b> _____ <b>Quality</b> _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Access type:</b></td> <td><u>PICC</u></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>Site/Condition:</b></td> <td><u>DLCP</u></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>Dressing:</b></td> <td><u>D&amp;I</u></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>Infusion(s):</b> (solution/rate)</td> <td><u>RLC100</u></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> <p><b>Comments:</b> <u>VSS</u></p>	<b>Access type:</b>	<u>PICC</u>				<b>Site/Condition:</b>	<u>DLCP</u>				<b>Dressing:</b>	<u>D&amp;I</u>				<b>Infusion(s):</b> (solution/rate)	<u>RLC100</u>			
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<b>Infusion(s):</b> (solution/rate)	<u>RLC100</u>																				
<b>RESPIRATORY</b>	<p><b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p><b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p><b>Breath Sounds:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 45%;"> <p style="text-align: center;"><b>ANTERIOR</b>                      <b>POSTERIOR</b></p> <p style="text-align: center;">R                      L L                      R</p> </div> </div> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> <b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> <u>O2 adequate CPA resp are</u></p>																				

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

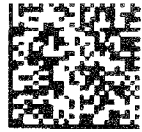
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN

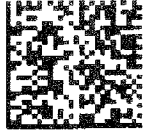


**NIGHT SHIFT**

<b>GU</b>	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments: <u>foley draining adequate</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>(+)</u> Colour <u>brn sh</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RLQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u> denies nausea - tolerating CF</u>																								
<b>INTEGUMENTARY</b>	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale _____ <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>midline VAC - DBL</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>mepilex to RLQ - DBL</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>mepilex x 2 to LLQ - DBL</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>perc to @ flank draining mod cream</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>brown</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline VAC - DBL</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>mepilex to RLQ - DBL</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>mepilex x 2 to LLQ - DBL</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>perc to @ flank draining mod cream</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>brown</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																									

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: R Benderson Assessment time: 2015 Time charted: 2034



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

Mobility section must be filled out every 24 hours and/or with any changes in mobility.

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

**SENSORY PERCEPTION:** Ability to respond meaningfully to pressure-related discomfort.

1. Completely Limited	2. Very Limited	3. Slightly Limited	4. No Impairment	Score
Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	

**MOISTURE:** Degree to which skin is exposed to moisture.

1. Constantly Moist	2. Very Moist	3. Occasionally Moist	4. Rarely Moist	Score
Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linen must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	

**ACTIVITY:** Degree of physical activity.

1. Bedfast	2. Chair fast	3. Walks Occasionally	4. Walks Frequently	Score
Confined to bed.	Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours	

**MOBILITY:** Ability to change and control body position.

1. Completely Immobile	2. Very Limited	3. Slightly Limited	4. No Limitations	Score
Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	Makes frequent though slight changes in body or extremity position independently	Makes major and frequent changes in position without assistance.	

**NUTRITION:** Usual food intake pattern.

1. Very Poor	2. Probably Inadequate	3. Adequate	4. Excellent	Score
Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	

**FRICION AND SHEAR**

1. Problem	2. Potential Problem	3. No Apparent Problem	Total Score Indicators:
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk
			<b>TOTAL SCORE =</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**

Page 6 of 6



21-4

SK UNKNOWN

MRN: RUH 1315031

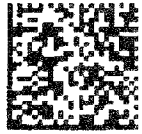
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 31/22 @ 0805	EMS arrived @ bedside. Pt lifted to stretcher By ERCP & SCH. Pt drowsy but following commands. Wife @ bedside + accompanying pt to SCH. - <u>fnw</u>
@ 1420	Report from Aron Smith unsuccessful ERCP, plan to redo in 1-2 weeks. Ambulance booked for 2600 - <u>fnw</u>
1700	Pt returned to unit via EMS. Assessment complete. RL wash drain PERC placed. Wife @ bedside, assisting in personal care. Will continue to monitor - <u>fnw</u>
1810	Dr Pon examined on Pt. No anticoagulation evident, pt received PERC drain for Feb 1/22 - <u>fnw</u>
@ 1910	Pt awake, vitals stable. Pts mom @ bedside. Denies any needs @ this time - <u>fnw</u>
2020	Pt much more awake this evening. LOC x3 + calm/cooperative SR + IV dilaudid given per request Will monitor - <u>fnw</u>
2220	Walls checked, all stable. Repack suit behind back, warm blanket applied to abdomen. No other willed pt concerns at present - <u>fnw</u>
0013	Asleep off T on, no willed concerns - <u>fnw</u>
0111	Appears to be sleeping, resp easy - <u>fnw</u>
0214	Appears to be sleeping, resp easy - <u>fnw</u>
0340	Appears to be sleeping, resp easy - <u>fnw</u>
0345	Pt awake vitals done some unchanged. 1mg IV dilaudid given per request - <u>fnw</u>
0520	Wound care completed. - <u>fnw</u>
0600	Male briefly, set up into bed for now. - <u>fnw</u>

Continued on Progress Record - Nursing (form #101434)





SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

12-4

RUH  SCH  SPH  Other \_\_\_\_\_

SK UNKNOWN

MRN: RUH 1315031

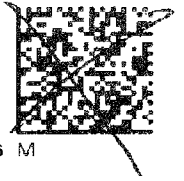
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### NURSING PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
0719	Pt slept well throught the
	night. @ concerns this
	AM _____ JL Gordon







RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 1/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p>Pain: Score (e.g. 0-10) <u>4/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>bilat hips</u></p> <p>Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: <u>Atox 3, Unable for analgesia.</u></p>																
<b>CVS</b>	<p>Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p>Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <u>S1</u> <input checked="" type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>Central</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>L PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>legacy</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1) RL 100 2) Pushed</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>Central</u>			Site/Condition:	<u>L PICC</u>			Dressing:	<u>legacy</u>			Infusion(s): (solution/rate)	<u>1) RL 100 2) Pushed</u>		
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<b>RESPIRATORY</b>	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="width: 60%;"> <p><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ABSENT AIR ENTRY</p> <p><input type="checkbox"/> EQUAL AIR ENTRY</p> </div> <div style="width: 20%; text-align: center;"> <p><b>ANTERIOR</b></p> <p>R L</p>  </div> <div style="width: 20%; text-align: center;"> <p><b>POSTERIOR</b></p> <p>L L R</p>  </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>SpO2 94% RA @ 80%</u></p>																

# NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

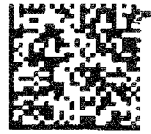
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN

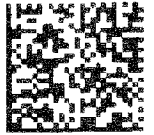


## DAY SHIFT

<b>GU</b>	<p><b>Voiding:</b> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____</p> <p><b>Urine:</b> <input type="checkbox"/> N/A Colour <u>dark amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____</p> <p><b>Genitalia (appearance/drainage/flow):</b> <input checked="" type="checkbox"/> N/A _____</p> <p><b>Comments:</b> <u>Foley draining adeq.</u></p>																								
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<b>INTEGUMENTARY</b>	<p><b>Colour:</b> <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____</p> <p><b>Oral Mucosa:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____</p> <p><b>Pressure Injury:</b> <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below)</p> <p><input checked="" type="checkbox"/> <b>NPWT</b> at <u>75</u> mmHg <b>Therapy type:</b> <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Wound/Incision/Drain Location</th> <th style="width: 30%;">Dressing Type</th> <th style="width: 30%;">Drainage</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><u>Midline vac drsg DFI - @ drng -</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(L) flank perc drain. statlock + tegaderm</u></td> <td></td> <td><u>sm brown liquid.</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(R) abd mepilex</u></td> <td><u>- D+T</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(L) abd mepilex</u></td> <td><u>- D+T</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p><small>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</small></p> <p><b>Comments:</b> _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Midline vac drsg DFI - @ drng -</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(L) flank perc drain. statlock + tegaderm</u>		<u>sm brown liquid.</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(R) abd mepilex</u>	<u>- D+T</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(L) abd mepilex</u>	<u>- D+T</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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PRESSURE INJURY ASSESSMENT (see staging below):			
<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> Full-thickness skin loss. subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle; bone, tendon, fascia, ligament, or cartilage</p>		<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>	
<p>Location #1: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>

RN/LPN signature: [Signature] Assessment time: 0920 Time charted: 0926



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 1/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PSYCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 3  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location \_\_\_\_\_

Muscle Strength:  N/A (Normal/Weak/Absent) RUE N LUE N RLE N LLE N

Pain: Score (e.g. 0-10) mod  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) lower abd

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other SR + IV dilaudid given

Comments: denies headache - moving limbs normally per self

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) \_\_\_\_\_

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal \_\_\_\_\_  S1  S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # \_\_\_\_\_  Cardiac Monitoring

Access type:	<u>PICC</u>			
Site/Condition:	<u>OBICAP</u>			
Dressing:	<u>D&amp;I</u>			
Infusion(s): (solution/rate)	<u>RLO @ 100</u>			

Comments: VSS

**RESPIRATORY**

Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles

Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED

wh WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

**ANTERIOR**

R L

**POSTERIOR**

L L R

Oxygen Therapy:  Room air  O<sub>2</sub> nasal prongs 2 L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BiPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH<sub>2</sub>O  Bubbling  Tidaling

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: resps slow + easy / denies SOB

**NURSING RECORD**

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

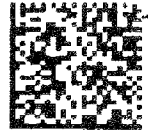
Admit Date: DEC-2-2021

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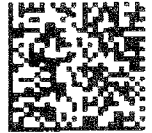


**NIGHT SHIFT**

<b>GU</b>	<p><b>Voiding:</b> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____</p> <p><b>Urine:</b> <input type="checkbox"/> N/A Colour <u>dark amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____</p> <p><b>Genitalia (appearance/drainage/flow):</b> <input type="checkbox"/> N/A _____</p> <p><b>Comments:</b> <u> Foley draining adequate.</u></p>																								
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<b>INTEGUMENTARY</b>	<p><b>Colour:</b> <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____</p> <p><b>Oral Mucosa:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry</p> <p><b>Pressure Injury:</b> <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to <i>Pressure Injury Assessment</i> below)</p> <p><input type="checkbox"/> NPWT at _____ mmHg <b>Therapy type:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>&gt; perc to (L) flank draining creamy brown</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> <tr> <td><u>drsg - D&amp;I</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>&gt; mepilex x 4 to (L) abd - D&amp;I</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>&gt; old necrotic skin to RLO - OTA healing</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> <tr> <td><u>&gt; VAC to midline <del>DEF</del> D&amp;I - OTA</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p><small>*Document: Incision and drain dressing changes in <i>Nurses Notes</i>; wound dressing changes on <i>Wound Care Record</i> (form #103527); NPWT changes on form #104265TRIAL</small></p> <p><b>Comments:</b> _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>&gt; perc to (L) flank draining creamy brown</u>			<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	<u>drsg - D&amp;I</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>&gt; mepilex x 4 to (L) abd - D&amp;I</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>&gt; old necrotic skin to RLO - OTA healing</u>			<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	<u>&gt; VAC to midline <del>DEF</del> D&amp;I - OTA</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<u>drsg - D&amp;I</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>&gt; mepilex x 4 to (L) abd - D&amp;I</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>&gt; old necrotic skin to RLO - OTA healing</u>			<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*																						
<u>&gt; VAC to midline <del>DEF</del> D&amp;I - OTA</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						

PRESSURE INJURY ASSESSMENT (see staging below):			
<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>		
<p>Location #1: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>

RN/LPN signature: NRandena Assessment time: 2040 Time charted: 2134



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	<b>Date:</b> _____ <b>Time:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	<b>Date Reassessed:</b> _____ <b>Time Reassessed:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	

**NURSING RECORD**

Page 6 of 6



214

SK UNKNOWN

MRN: RUH 1315031

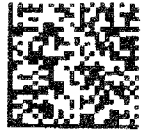
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 1/22 e 0910	pt awakes for assessment. Reports feeling well only minor pain to hips. wanting tylenol & unable to have analgesia at this time. pt ATOX3. & Rulmr needs e present.
e 1030	Med Imaging called - plan for perc drain feb's. pt + wife aware. GIM also aware + will make plan for ? blood thinner.
e 1100 1206	pt resting in wife bed: wife. VSS. Distal pedal - for wound care. Wound care. VAC. See progress notes
e 1230	vac dried by wound care. Hydratera blue + mepilox on distal inc.
e 1450	pt up walking - physio.
e 1600 e 1910	pt appears to be sleeping in bed. wife e bedside. VSS.
2010	HS assessment done. pt states he feels well LOR x3 all meds given @ concerns
2230	Appears to be sleeping, resp easy
0038	waking at prompt, resp easy
0130	pt appears to be sleeping resp easy
0150	low IV dilavaid given for generalized pain
0230	Appears to be sleeping, resp easy
0300	Appears to be sleeping, resp easy
0420	vitals assessed. BP 96/67. HR. 105 & further concerns.
0545	clonidine given per request. pt's mom called + update given

Continued on Progress Record - Nursing (form #101434)



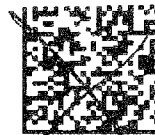


SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

SK UNKNOWN  
MRN: RUH 1315031

Admit Date: DEC-2-2021  
FEHR, RICHARD NEIL  
FEB-23-1981 40y IP V#10521726 M  
ATN: LUO, YIGANG  
FAM: FRASER, JILLIAN



**NURSING  
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
	0029 Pt slept soundly thro the
	night. bloodwork sent
	@ concerns @ this time
	_____ Marder





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: FEB. 21 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Apathic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____		
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____		
CVS	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____		
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____		
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>		
	Pain: Score (e.g. 0-10) <u>0</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____		
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____		
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____		
Comments: <u>no pain at present. Given scheduled SR discontinued Temp 37.9 - given tylenol for same.</u>			
RESPIRATORY	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic		
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____		
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent		
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent		
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings		
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2		
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____		
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring		
	Access type: <u>Central</u>		
	Site/Condition: <u>L Dicap PICC</u>		
Dressing: <u>tegaderm DSI</u>			
Infusion(s): <u>RL @ 50ml</u> (solution/rate)			
Comments: <u>VSS</u>			
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles		
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____		
	Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY		
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Draw symbols on the lung diagram to indicate assessment.         </div>		
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div>		
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O <sub>2</sub> nasal prongs <u>2</u> L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min		
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding		
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____		
	Comments: <u>no distress noted. RR easy.</u>		

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

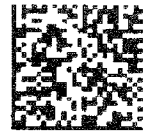
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



**DAY SHIFT**

<b>GU</b>	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A Comments: Foley insitu, adequate output																								
<b>GI</b>	<input checked="" type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet _____ <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>F100</u> Site <u>RLQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>ONIV</u>																								
<b>INTEGUMENTARY</b>	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Wound/Incision/Drain Location</th> <th style="width: 30%;">Dressing Type</th> <th style="width: 30%;">Drainage</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>L flank perc drain</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Ⓛ abdo e meplex border x3 - all D&amp;F</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Midline (distal) inc e Ant meplex border D&amp;F</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Coccyx meplex D&amp;F</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>		Wound/Incision/Drain Location	Dressing Type	Drainage		L flank perc drain			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Ⓛ abdo e meplex border x3 - all D&F			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Midline (distal) inc e Ant meplex border D&F			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Coccyx meplex D&F			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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Coccyx meplex D&F			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																									

PRESSURE INJURY ASSESSMENT (see staging below):			
Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial-thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 0815 Time charted: 0840



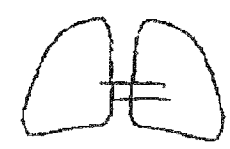
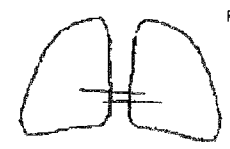
RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 2 / 22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Apathic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Seated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p>Pain: Score (e.g. 0-10) <u>1/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>raw @ perc</u>  Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____  Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other <u>N + S2 did not give</u>  Comments: <u>denies headache</u></p>																			
	<p>Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic  Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input checked="" type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent  Pedal Pulse: <input checked="" type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent  <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2  Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____  <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1"> <tr> <td>Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>OBICAP</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>DBI</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RUE 100</u></td> <td></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>VSS</u></p>	Access type:	<u>PICC</u>				Site/Condition:	<u>OBICAP</u>				Dressing:	<u>DBI</u>				Infusion(s): (solution/rate)	<u>RUE 100</u>		
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Dressing:	<u>DBI</u>																			
Infusion(s): (solution/rate)	<u>RUE 100</u>																			
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="width: 60%;"> <p><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input checked="" type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 20%; text-align: center;"> <p>ANTERIOR</p>  <p>POSTERIOR</p>  </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>O2 adequate OPA</u> <u>denies SOB</u></p>																			



**NURSING RECORD**

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark brown/yellow</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>Foley draining adequately</u>																				
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DST</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>+</u> Colour <u>brown</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>100</u> Site <u>RLO</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>denies nausea - good 100 output</u>																				
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																				
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Mepilex x 4 to @ abd</u></td> <td><u>DST</u></td> <td><u>DST</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>perc to @ flank draining creamy beige drsg</u></td> <td><u>DST</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>new perc to @ flank draining med bite drsg</u></td> <td><u>DST</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Mepilex to coccyx</u></td> <td><u>DST</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Mepilex x 4 to @ abd</u>	<u>DST</u>	<u>DST</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>perc to @ flank draining creamy beige drsg</u>	<u>DST</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>new perc to @ flank draining med bite drsg</u>	<u>DST</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Mepilex to coccyx</u>	<u>DST</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL.																					
Comments: _____																					

**PRESSURE INJURY ASSESSMENT (see staging below):**

Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial-thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature]

Assessment time: 2030 Time charted: 2114



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE – PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



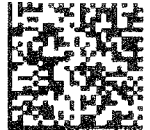
DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb. 2/2022	RA assessment see flow sheet.
@0900	Scheduled meds given & additional
	concerns at present
@0927	Pt perc drain flushed & zone NS. wife
	in and updated - pt drain insertion per
	1100. Given 1mg IV dilauidol & ice
	pack for pain to back & abdo
1103	VSS Washed per self. T/F via stretcher for Perc
	drain
1200	Pt. returned from Perc drain insertion. T/F self from
	stretcher to bed. Spouse @ bedside.
1300	VSS post drain insertion
1455	PT's wife @ bedside off unit now. AUSA
1519	Pt watching TV on iPhone. Dr. Wu in to see pt
1751	midline distal drsg changed. Irrigated & NS.
	Dressed & 1cm x 3cm Hydrofera blue and neopet.
	Coccyx drsg changed - & skin breakdown noted,
	only redness. 4x4 neopet applied to same site.
	Pt tolerated well.
1813	Pt knitting & visitor at bedside - fluctuating kids
	on iPhone. & needed needs. Late entry: Dr. Ryan
	up to insert small bore NG. LXR completed at
	bedside to confirm placement
1835	mg PC dilauidol given for discomfort. TF started @
	30 mlz/hr
1905	VSS. Given warm blanket
2030	Pt resting in bed. HS assessment
	done. NG inserted another
	5cm per Dr. Wu's orders
2155	Pt tolerated well - NG in
	right place TF restarted

Continued on Progress Record - Nursing (form #101434)









RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: 03 Feb 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PYSCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 03  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location \_\_\_\_\_

Muscle Strength:  N/A (Normal/Weak/Absent) RUE N LUE N RLE N LLE N

Pain: Score (e.g. 0-10) 9/10  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) \_\_\_\_\_

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other \_\_\_\_\_

Comments: \_\_\_\_\_

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) \_\_\_\_\_

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal Tachy, RR = 20 auscultated  S1  S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # \_\_\_\_\_  Cardiac Monitoring

Access type:	<u>RICC</u>		
Site/Condition:	<u>05cm</u>		
Dressing:	<u>D/E</u>		
Infusion(s): (solution/rate)	<u>RL @ 100</u>		

Comments: \_\_\_\_\_

**RESPIRATORY**

Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles

Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

- CRACKLES: FINE/COARSE INSPIRED/EXPIRED
- WHEEZE: INSPIRED/EXPIRED
- DECREASED AIR ENTRY
- ABSENT AIR ENTRY
- EQUAL AIR ENTRY

Draw symbols on the lung diagram to indicate assessment.

**ANTERIOR**

**POSTERIOR**

Oxygen Therapy:  Room air  O<sub>2</sub> nasal prongs \_\_\_\_\_ L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BiPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH<sub>2</sub>O  Bubbling  Tidaling

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: \_\_\_\_\_

**NURSING RECORD**

Page 2 of 6

SK UNKNOWN

MRN: RUH 1315031

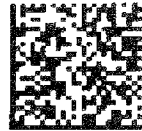
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



**DAY SHIFT**

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ileal conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour amber straw  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A

Comments: \_\_\_\_\_

**GI**

Nothing by mouth  Diet Reg  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender X9

Bowel Sounds:  Normal X9  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No

Last bowel movement: per stoma Colour Brown Consistency/Size loose  Continent  Incontinent

Stoma: Type 1/20 Site R (Abd) Colour pink  Bridge \_\_\_\_\_

Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured at/External length \_\_\_\_\_ cm

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula V. tal peptide Rate overnight mL/hr Tube Site Appearance: \_\_\_\_\_

Comments: \_\_\_\_\_

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	
Midline abd.	hydroferm blue & meflex	D/E	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
U abd. old drain site	meflex	D/E	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
R flank old site	meflex	D/E	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Peric drain (R)	Stal lock	Brown green in bag	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Peric drain (L)	Stal lock	Brown <sup>light brown</sup> green in bag	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: \_\_\_\_\_

**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area

**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis

**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible

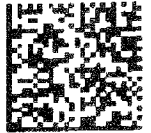
**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.

**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1: <u>Coccyx</u>	Location #2: _____	Location #3: _____	Location #4: _____
<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)
<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1
Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:
<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____
Site assessed: <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No
Dressing dry/intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*
*See Wound Care Record	*See Wound Care Record	*See Wound Care Record	*See Wound Care Record

RN/LPN signature: \_\_\_\_\_ Assessment time: 0755 Time charted: 1010



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: 3.2.22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE _____ LUE _____ RLE _____ LLE _____</p> <p>Pain: Score (e.g. 0-10) <u>6</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>RT PERC site</u></p> <p>Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: _____</p>																						
<b>CVS</b>	<p>Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p>Edema: <input type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>2 of PICC - 2 lines</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>area 4/6</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>DI</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>			Access type:	<u>2 of PICC - 2 lines</u>			Site/Condition:	<u>area 4/6</u>			Dressing:	<u>DI</u>			Infusion(s): (solution/rate)	<u>RL @ 100</u>						
Access type:	<u>2 of PICC - 2 lines</u>																						
Site/Condition:	<u>area 4/6</u>																						
Dressing:	<u>DI</u>																						
Infusion(s): (solution/rate)	<u>RL @ 100</u>																						
<b>RESPIRATORY</b>	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <table style="width:100%;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> ↓ DECREASED AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> ■ ABSENT AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> EQUAL AIR ENTRY</td> <td></td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: _____</p>				<input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED				<input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED				<input type="checkbox"/> ↓ DECREASED AIR ENTRY				<input type="checkbox"/> ■ ABSENT AIR ENTRY				<input checked="" type="checkbox"/> EQUAL AIR ENTRY		
	<input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED																						
	<input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED																						
	<input type="checkbox"/> ↓ DECREASED AIR ENTRY																						
	<input type="checkbox"/> ■ ABSENT AIR ENTRY																						
	<input checked="" type="checkbox"/> EQUAL AIR ENTRY																						

# NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

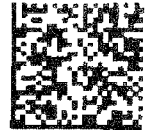
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



## NIGHT SHIFT

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ileal conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour amber  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A healthy

Comments: \_\_\_\_\_

**GI**

Nothing by mouth  Diet DST  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_

Bowel Sounds:  Normal x49  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No

Last bowel movement:  \_\_\_\_\_ Colour \_\_\_\_\_ Consistency/Size \_\_\_\_\_  Continent  Incontinent

Stoma: Type ileo Site RUR Colour pink  Bridge

Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured at/External length \_\_\_\_\_ cm

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula Vital peptide 1.5 Rate 30 mL/hr Tube Site Appearance: healthy

Comments: \_\_\_\_\_

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	
<u>midline inc to right of umbilicus</u>	<u>moles boards</u>	<u>DSE</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>PERC/Biliodrain Rt side</u>	<u>stock</u>	<u>green 6/16 dry</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>PERC Lt side</u>	<u>stock</u>	<u>5/16 3/16 dry</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>ileo stoma RUC</u>	<u>DSE</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>colony complex DSE</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>old drain site complex board</u>		<u>DSE</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>old drain site complex board</u>		<u>DSE</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

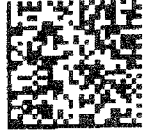
\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: \_\_\_\_\_

### PRESSURE INJURY ASSESSMENT (see staging below):

<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>		
<p>Location #1: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>

RN/LPN signature: Baner Assessment time: 20:00 Time charted: 21:00



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____	
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest	
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)	
	Date Reassessed: _____ Time Reassessed: _____ Initials: _____ Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)	

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b>	<b>2. Very Limited</b>	<b>3. Slightly Limited</b>	<b>4. No Impairment</b>	<b>Score</b>
Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b>	<b>2. Very Moist</b>	<b>3. Occasionally Moist</b>	<b>4. Rarely Moist</b>	
Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linen must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b>	<b>2. Chair fast</b>	<b>3. Walks Occasionally</b>	<b>4. Walks Frequently</b>	
Confined to bed.	Ability to walk severely limited or non-existent Cannot bear own weight and/or must be assisted into chair or wheelchair.	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b>	<b>2. Very Limited</b>	<b>3. Slightly Limited</b>	<b>4. No Limitations</b>	
Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	Makes frequent though slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b>	<b>2. Probably Inadequate</b>	<b>3. Adequate</b>	<b>4. Excellent</b>	
Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b>	<b>2. Potential Problem</b>	<b>3. No Apparent Problem</b>	<b>Total Score Indicators:</b>	
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	Initials: _____

**NURSING RECORD**

Page 6 of 6



05-03

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

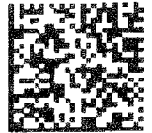
FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
03 Feb/2022 1000	Pt bed resting sparse at bed side. Will monitor.
1100	Pt given analgesic for abd pain warm blanket also given.
1215	Pt SpO2 89% on RA put on 1L O2 analgesic given per q/r/o abd pain dressing to @PTCC A'd.
03 Feb/2022 1400	Drain with <del>dark</del> dark brown sediment 1L out. Analgesic given for abd pain.
03 Feb/2022 1436	Dressing to abd A'd. wound shallow 0.5cm deep 3cm long and 1.5cm wide. wound bed red granulated firm around edges pt denies pain to site dressing. @ concerns Spoke at bedside.
1700	Pt given analgesic for q/r/o abd pain.
03 Feb/2022 1920	Pt slept thru on/off throughout day. analgesic given in q/r/o. Mother at bedside pt did not eat any. Meals today. Call bell in recall.
2030	HS account done. HS made q/r/o - PRN Serquel 50 mg q/r/o for the sedation. Tube feed of Pedia Vitapptide 105 started @ 50 mL/hr.
2230	Resting quietly, eyes closed, resp Jaws. Pt's wife Andrea called for an update, some q/r/o.
0100	Resting quietly, eyes closed. @ for ey. B
0300	Resting quietly. @ Nurse's eye.
0530	IV analgesia given per request. pt tolerated fluid/tube feed @ goal rate x 2 hr now.
0700	1kg output = 500mL fresh bin liquid. Pt flushed 2x 50mL tube feed @ no c/p cause in a 1/2 hr per to m.

Continued on Progress Record - Nursing (form #101434)





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT

Date: Feb 4 / 22 369-112-18 104 / 69 - 939

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PSYCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 3  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location \_\_\_\_\_

Muscle Strength:  N/A (Normal/Weak/Absent) RUE W LUE W RLE W LLE W

Pain: Score (e.g. 0-10) 8  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) liver drain

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other iv diclofenid long given

Comments: \_\_\_\_\_

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) \_\_\_\_\_

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal tachy  S1  S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # NA  Cardiac Monitoring

Access type:	<u>PICC</u>		
Site/Condition:	<u>R arm</u>		
Dressing:	<u>D+I</u>		
Infusion(s): (solution/rate)	<u>0.9% NS @ 100</u> <u>SL IV</u>		

Comments: \_\_\_\_\_

**RESPIRATORY**

Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles

Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED  
wh WHEEZE: INSPIRED/EXPIRED  
↓ DECREASED AIR ENTRY  
■ ABSENT AIR ENTRY  
= EQUAL AIR ENTRY

Draw symbols on the lung diagram to indicate assessment.

ANTERIOR:

POSTERIOR:

Oxygen Therapy:  Room air  O2 nasal prongs \_\_\_\_\_ L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BIPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH2O  Bubbling  Tiding

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: \_\_\_\_\_

# NURSING RECORD

Page 2 of 6



SK UNKNOWN  
MRN: RUH 1315031

Admit Date: DEC-2-2021  
FEHR, RICHARD NEIL  
FEB-23-1981 40y IP V#10521726 M  
ATN: LUO, YIGANG  
FAM: FRASER, JILLIAN

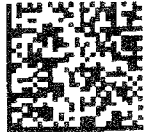


## DAY SHIFT

<b>GU</b>	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>tea</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>some rash present</u> Comments: <u>no concerns voiced.</u>																												
<b>GI</b>	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>wellness</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>X4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>today</u> Colour <u>brn-gr</u> Consistency/Size <u>liquid</u> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>(R) side</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: _____																												
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PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/ LPN signature: [Signature] Assessment time: 0930 Time charted: 1615



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: 4-2-22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PSYCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 3  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location \_\_\_\_\_

Muscle Strength:  N/A (Normal/Weak/Absent) RUE ✓ LUE ✓ RLE ✓ LLE ✓

Pain: Score (e.g. 0-10) 4  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) Rt side @ Bif tube site

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other \_\_\_\_\_

Comments: \_\_\_\_\_

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) \_\_\_\_\_

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal \_\_\_\_\_  S1  S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # \_\_\_\_\_  Cardiac Monitoring

Access type:	<u>Rt PICC - 2 lines</u>		
Site/Condition:	<u>Dx</u>		
Dressing:	<u>Dx</u>		
Infusion(s): (solution/rate)	<u>RL @ 100</u>		

Comments: \_\_\_\_\_

**RESPIRATORY**

Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles

Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WHEEZE: INSPIRED/EXPIRED

DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

Draw symbols on the lung diagram to indicate assessment.

Oxygen Therapy:  Room air  O<sub>2</sub> nasal prongs \_\_\_\_\_ L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BiPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH<sub>2</sub>O  Bubbling  Tidaling

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: \_\_\_\_\_

ANTERIOR

POSTERIOR

# NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

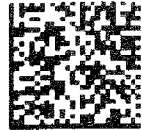
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN

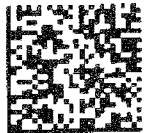


## NIGHT SHIFT

<b>GU</b>	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>Tea coloured</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>healthy</u> Comments: _____																									
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DVT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis <u>0</u> <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>1</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colost</u> Site <u>RVD</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>1st peptide 1.5</u> Rate <u>75</u> mL/hr Tube Site Appearance: _____ Comments: _____																									
<b>GI</b>	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																									
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PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss; subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
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RN/LPN signature: [Signature] Assessment time: 2:00 Time charted: 2:10



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

Mobility section must be filled out every 24 hours and/or with any changes in mobility.

<b>MOBILITY</b>	Date: <u>Feb 4/22</u> Time: <u>1000</u> Initials: <u>RL</u>
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input checked="" type="checkbox"/> One worker with belt <input checked="" type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>act</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION: Ability to respond meaningfully to pressure-related discomfort.</b>				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	4
<b>MOISTURE: Degree to which skin is exposed to moisture.</b>				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	4
<b>ACTIVITY: Degree of physical activity.</b>				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	6-7
<b>MOBILITY: Ability to change and control body position.</b>				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	2-3
<b>NUTRITION: Usual food intake pattern.</b>				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk <b>TOTAL SCORE =</b> <span style="font-size: 2em;">19</span>	
<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____		Time: _____
				Initials: <u>RL</u>

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: LUO, YIGANG

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
@6/4/22 @0730	Report taken. Pt has multiple dressing changes. Monitor new bili drain to ② side - where most pt's pain resides. Flush ① side perc 20mls BID Start TF @ 30mls/hr - for Nx to Atrate + AS. ————— PerhPN
@0830	Pt viewed sleeping ————— PerhPN
@0910	Spouse arrived to hospital. Assessment completed. Pt's HR tachy. Rx given. HR ↓ to 105. Emptied ptk ileo for 600mls. Drains emptied. Pt very jaundiced. Pain around bili drain persistent. 5-7/10. Pt generally unwell. ————— PerhPN
@1210	1mg IV dilaudid given for pain. PerhPN.
@1445	1mg IV dilaudid given for pain + pre-dressing AS. ————— PerhPN
@1500	Dressing changes - mepilex's lid + cleansed. All healing well. Midline incision remains slightly agape - 2-3" long x 1/2" wide + approx 1cm deep. Good pink granulation tissue irrigated w/ NS. Hydrofibra Blue foam placed over wound bed. Mepilex 4x4 on top. Pt tolerated - well. ————— PerhPN
@1810	Pt requested pain relief - 1mg IV in 50ml minibag given. ————— PerhPN.
@1900	TF - <sup>vital</sup> iPeptide 1.5 started @ 30mls/hr to titrate up overnight as pt tolerates. ————— PerhPN

Continued on Progress Record - Nursing (form #101434)









RUH  SCH  SPH  Other \_\_\_\_\_

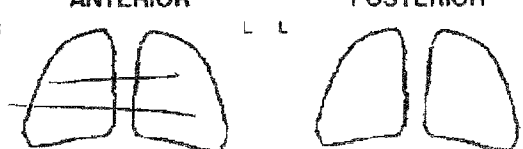
**NURSING RECORD**

Page 1 of 6

DAY SHIFT

Date: Feb. 5/2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																		
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																		
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																		
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>7/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____ Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>see MAR for pain management plan</u>																		
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skins: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring _____																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>O&amp;I</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>opsite</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100 SL</u></td> <td></td> <td></td> </tr> </table>			Access type:	<u>PICC</u>			Site/Condition:	<u>O&amp;I</u>			Dressing:	<u>opsite</u>			Infusion(s): (solution/rate)	<u>RL @ 100 SL</u>		
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	Site/Condition:	<u>O&amp;I</u>																	
Dressing:	<u>opsite</u>																		
Infusion(s): (solution/rate)	<u>RL @ 100 SL</u>																		
Comments: <u>denies chest pain @ this time</u>																			
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____ Breath Sounds: <input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED <b>ANTERIOR</b> <b>POSTERIOR</b> <input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED <b>R</b> <b>L</b> <b>L</b> <b>R</b> <input type="checkbox"/> DE DECREASED AIR ENTRY <input type="checkbox"/> AB ABSENT AIR ENTRY <input type="checkbox"/> EQ EQUAL AIR ENTRY <div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Draw symbols on the lung diagram to indicate assessment.                 </div> 																		
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																		
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																		
	Comments: <u>denies SOB @ this time</u>																		

**NURSING RECORD**

Page 2 of 6

SK UNKNOWN

MRN: RUH 1315031

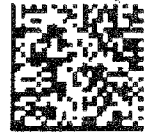
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

FAM: FRASER, JILLIAN



**DAY SHIFT**

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour dark amber  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_

Comments: \_\_\_\_\_

**GI**

Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_

Bowel Sounds:  Normal X4  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No

Last bowel movement: \_\_\_\_\_ Colour \_\_\_\_\_ Consistency/Size \_\_\_\_\_  Continent  Incontinent

Stoma: Type ileo Site RUQ Colour pink/moist  Bridge

Tube(s):  NG - Salem Sump  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured at/External length \_\_\_\_\_ cm

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula Vital partial Rate 75 mL/hr Tube Site Appearance: \_\_\_\_\_

Comments: maternal TF's

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	Intact/Changed
midline	hydrofera blue + mepilex		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
LLQ old drain	mepilex		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
RND flank	mepilex		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
RLQ	mepilex		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
cecum Rt bili	mepilex stat lock		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: ht Perc stat lock - creamy brown

**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area

**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis

**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible

**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

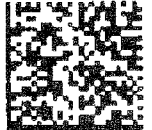
**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.

**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1:	Location #2:	Location #3:	Location #4:
<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)
<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1
Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:
<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____
Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No
Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*
*See Wound Care Record	*See Wound Care Record	*See Wound Care Record	*See Wound Care Record

RN/LPN-signature: [Signature]

Assessment time: 0830 Time charted: 0915



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: 5.2.22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p><b>Level of Consciousness:</b> <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p><b>Affect:</b> <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p><b>PERLA:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p><b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p><b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p><b>Pain:</b> Score (e.g. 0-10) <u>6</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>RU, RL</u></p> <p><b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p><b>Pain Management Interventions:</b> <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> _____</p>																
<b>CVS</b>	<p><b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p><b>Edema:</b> <input type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p><b>Radial Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><b>Pedal Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p><b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p><b>Chest Pain:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><b>Telemetry:</b> # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td colspan="3"><u>IF PICC - 2umen</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="3"><u>D/E</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="3"><u>D/E</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="3"><u>RL @ 100</u></td> </tr> </table> <p><b>Comments:</b> _____</p>	Access type:	<u>IF PICC - 2umen</u>			Site/Condition:	<u>D/E</u>			Dressing:	<u>D/E</u>			Infusion(s): (solution/rate)	<u>RL @ 100</u>		
Access type:	<u>IF PICC - 2umen</u>																
Site/Condition:	<u>D/E</u>																
Dressing:	<u>D/E</u>																
Infusion(s): (solution/rate)	<u>RL @ 100</u>																
<b>RESPIRATORY</b>	<p><b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p><b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p><b>Breath Sounds:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 45%; text-align: center;"> <p><b>ANTERIOR</b> <span style="margin-left: 100px;"><b>POSTERIOR</b></span></p> <p>R <span style="margin-left: 100px;">L L</span> <span style="margin-left: 100px;">R</span></p> </div> </div> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><b>Chest Tube:</b> Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> _____</p>																

**NURSING RECORD**

SK UNKNOWN

MRN: RUH 1315031

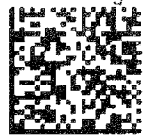
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: FRASER, JILLIAN



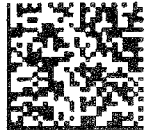
**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anufic <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>tea coloured</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>healthy</u> Comments: _____																										
	<input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet <u>DAT opposite</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis <u>none</u> <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>24g</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last bowel movement: <u>↓</u> Colour <u>brn</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>Colost</u> Site <u>ROG</u> Colour <u>Pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Vital provide 1-5</u> Rate <u>75</u> mL/hr Tube Site Appearance: <u>Rt none</u> Comments: _____																										
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																											

**PRESSURE INJURY ASSESSMENT (see staging below):**

<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2000 Time charted: 2200



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	<b>Date:</b> _____ <b>Time:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	<b>Date Reassessed:</b> _____ <b>Time Reassessed:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	

<b>Implemented Pressure Risk Interventions</b>	<b>Bed surface:</b> _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO@ cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

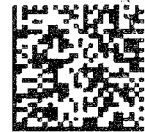
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAM

FAM: FRASER, JILLIAN



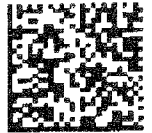
DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb. 5/2020 @0915	Pt asleep @ onset of shift. Wake for meds. 1mg IV dilaudid given c morning medo. Flushed. Perc c 20cc NG. p soiled concerns @ this time. Call bell in reach.
@1025	Pt wife @ bedside, Pt <sup>Marland RN</sup> receiving 8mg IV zofran given @ 0940 c good affect.
@1230	Wife washed pt up. Bedding st 1mg IV dilaudid given @ 1155 c good affect. Pt emptied appliance per Bell. Resting now.
@1409	Pt resting, Resps easy. Call bell in reach.
@1545	Pt resting, Mom @ bedside.
@1908	1mg IV dilaudid given. 8mg IV zofran given. SD stat back to Perc drain, PICC drug & midline drug per protocol. Pt tolerated Bell. Mom @ bedside.
@1911	Pt on precautions, Chest center POCT done. (-)
20 <sup>00</sup>	Tubed of Vital peptide 1.5 cc / c @ 75 ml/hr. HS meds given - mother left ward.
21 <sup>00</sup>	Resting quietly, no vocal.
22 <sup>00</sup>	IV analgesia given for abdo pain - 1cc pack of warm blanket provided.

Continued on Progress Record - Nursing (form #101434)









RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT

Date: Feb. 6/2020

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PSYCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 3  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location \_\_\_\_\_

Muscle Strength:  N/A (Normal/Weak/Absent) RUE N LUE N RLE N LLE N

Pain: Score (e.g. 0-10) 7/10  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) \_\_\_\_\_

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other \_\_\_\_\_

Comments: See MAR for pain management

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) \_\_\_\_\_

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal  S1  S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # \_\_\_\_\_  Cardiac Monitoring

Access type:	<u>PICC</u>			
Site/Condition:	<u>DAT</u>			
Dressing:	<u>tegaderm</u>			
Infusion(s): (solution/rate)	<u>R1 @ 100</u> <u>SL</u>			

Comments: denies chest pain @ this time

**RESPIRATORY**

Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles

Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	R	L	L	R
	<input type="checkbox"/> wh	WHEEZE: INSPIRED/EXPIRED					
	<input type="checkbox"/> ↓	DECREASED AIR ENTRY	POSTERIOR	R	L	L	R
	<input type="checkbox"/> ■	ABSENT AIR ENTRY					
	<input type="checkbox"/> =	EQUAL AIR ENTRY					

Oxygen Therapy:  Room air  O<sub>2</sub> nasal prongs \_\_\_\_\_ L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BiPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH<sub>2</sub>O  Bubbling  Tiding

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: denies SOB @ this time

**NURSING RECORD**

Page 2 of 6

SK UNKNOWN  
MRN: RUH 1315031

Admit Date: DEC-2-2021  
FEHR, RICHARD NEIL  
FEB-23-1981 40y IP V#10521726 M  
ATN: KANTHAN (CHANDRAKANTHAN), SELLIAM  
FAM: FRASER, JILLIAN



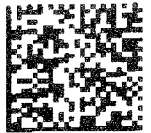
**DAY SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuria <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____		
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input type="checkbox"/> Normal _____ <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>None</u> Site <u>RVA</u> Colour <u>pink/moist</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>nutritional peptide</u> Rate <u>75</u> mL/hr Tube Site Appearance: _____ Comments: <u>nutritional feeds</u>		
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
	Wound/Incision/Drain Location	Dressing Type	Drainage
	<u>midline</u>	<u>hydrofera blue</u>	<u>drain</u>
	<u>LLQ</u>	<u>mepilex</u>	<u>drain</u>
	<u>RLQ</u>	<u>mepilex</u>	<u>drain</u>
	<u>RT flank</u>	<u>mepilex</u>	<u>drain</u>
<u>COCCYX</u>	<u>mepilex</u>	<u>drain</u>	
<u>RT heel</u>	<u>stage lock</u>	<u>drain</u>	
<u>RT heel</u>	<u>stage lock</u>	<u>drain</u>	
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265 TRIAL Comments: _____			

**PRESSURE INJURY ASSESSMENT (see staging below):**

<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 0825 Time charted: 0925  
 Form #104271 TRIAL (Saskatoon Area) 08/2019



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 6/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																			
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																			
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																				
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																				
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																				
Pain: Score (e.g. 0-10) <u>4</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																				
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																				
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____																				
Comments: <u>states pain managed w/ this time.</u>																				
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																			
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																			
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																			
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																			
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																			
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2																			
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																			
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Access type:</td> <td colspan="3"><u>PCC</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="3"><u>Obicip, D+I</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="3"><u>tegadem</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="3"><u>R/L @ 100mL/hr</u></td> </tr> </table>				Access type:	<u>PCC</u>			Site/Condition:	<u>Obicip, D+I</u>			Dressing:	<u>tegadem</u>			Infusion(s): (solution/rate)	<u>R/L @ 100mL/hr</u>		
	Access type:	<u>PCC</u>																		
Site/Condition:	<u>Obicip, D+I</u>																			
Dressing:	<u>tegadem</u>																			
Infusion(s): (solution/rate)	<u>R/L @ 100mL/hr</u>																			
Comments: <u>VS stable. Denies chest pain</u>																				
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																			
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																			
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">           cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED            wh WHEEZE: INSPIRED/EXPIRED            ↓ DECREASED AIR ENTRY            ■ ABSENT AIR ENTRY            = EQUAL AIR ENTRY         </td> <td style="width: 40%; text-align: center;">           ANTERIOR            R L L R  </td> <td style="width: 40%; text-align: center;">           POSTERIOR            R L L R  </td> </tr> </table>				cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED wh WHEEZE: INSPIRED/EXPIRED ↓ DECREASED AIR ENTRY ■ ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR R L L R 	POSTERIOR R L L R 													
	cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED wh WHEEZE: INSPIRED/EXPIRED ↓ DECREASED AIR ENTRY ■ ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR R L L R 	POSTERIOR R L L R 																	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																			
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																			
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																			
	Comments: <u>Denies dyspnea. Resps relaxed.</u>																			

**NURSING RECORD**

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SK UNKNOWN

MRN: RUH 1315031

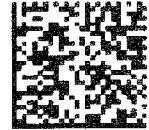
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: FRASER, JILLIAN



**NIGHT SHIFT**

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour dark amber  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_

Comments: \_\_\_\_\_

**GI**

Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_

Bowel Sounds:  Normal X4  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No

Last bowel movement: \_\_\_\_\_ Colour \_\_\_\_\_ Consistency/Size \_\_\_\_\_  Continent  Incontinent

Stoma: Type ileo Site rua Colour pink, moist  Bridge \_\_\_\_\_

Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured  External length 59 cm

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula vital peptide Rate 15 mL/hr Tube Site Appearance: healthy

Comments: Denies N/V! did eat supper.

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	
midline incision	hydrafera blue mepilex	∅	<input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
LLQ old drain site	mepilex	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
RLQ old necrotic site	mepilex	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
Ⓢ flank old CT site	mepilex	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
Ⓢ bili drain/Ⓢ perc drain	stat lock	Ⓢ bili-dressing braun Ⓢ perc-danobraun	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: All drsgs D+I

**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area

**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis

**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible

**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

**Unstageable:** Full thickness skin and tissue loss with extent of damage obscured by slough or eschars.

**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood-filled blister.

Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record
--	--	--	--

RN/LPN signature: Emilie Assessment time: 2100 Time charted: 2140



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	<b>Date:</b> _____ <b>Time:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	<b>Date Reassessed:</b> _____ <b>Time Reassessed:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

**SENSORY PERCEPTION:** Ability to respond meaningfully to pressure-related discomfort.

1. Completely Limited	2. Very Limited	3. Slightly Limited	4. No Impairment	Score
Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	

**MOISTURE:** Degree to which skin is exposed to moisture.

1. Constantly Moist	2. Very Moist	3. Occasionally Moist	4. Rarely Moist	Score
Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linen must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	

**ACTIVITY:** Degree of physical activity.

1. Bedfast	2. Chair fast	3. Walks Occasionally	4. Walks Frequently	Score
Confined to bed.	Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	

**MOBILITY:** Ability to change and control body position.

1. Completely Immobile	2. Very Limited	3. Slightly Limited	4. No Limitations	Score
Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	Makes frequent though slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	

**NUTRITION:** Usual food intake pattern.

1. Very Poor	2. Probably Inadequate	3. Adequate	4. Excellent	Score
Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings, or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	

**FRICION AND SHEAR**

1. Problem	2. Potential Problem	3. No Apparent Problem	Total Score Indicators:	Score
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**

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SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 6/2022 @0925	Pt sleeping @ onset of shift. Wake for morning meds & V/S. 1mg PO dilauidid & 8mg IV zofran given c morning meds. Flushed Perc drain c. 20cc NS. <del>P</del> asked concerns @ this time. Call bell in reach. <span style="float: right;">Marland RN</span>
@1020	1mg IV dilauidid given @ 1005 for abd pain. <span style="float: right;">Marland RN</span>
@1150	Wife @ bedside. <span style="float: right;">Marland RN</span>
@1357	Pt raps ↑ 30, all other v/s <del>ok</del> WNL for pt. Pt having 9/10 pain. 1mg IV dilauidid given @ 1230 c good affect. RR ↓ 20. Wife @ bedside. Call bell in reach. <span style="float: right;">Marland RN</span>
@1559	Δ'd midline dose per protocol. Pt tolerated well. <span style="float: right;">Marland RN</span>
@1645	1mg IV dilauidid given for pain. <span style="float: right;">Marland RN</span>
@1800	Pt transferred to 5033. Report rec'd. Blood transfusion started RN checked. Pt settled in bed c/o nausea, 8mg IV zofran given for same. Pt has call bell in reach. <span style="float: right;">Newboom LPN</span>
@1845	Pt vitals remain stable throughout transfusion. Given 25mg Quetiapine via NG tube. NG @ 59cm. Pt settled in bed c/o no call bell in reach. <span style="float: right;">Newboom LPN</span>
@1950	Pt given 1mg IV dilauidid as per mar. Pt vitals stable. Pt tube feed initiated @ 75ml/hr. NG @ 59cm. Pt settled in bed visitor @ bedside call bell in reach. <span style="float: right;">Newboom LPN</span>

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

SK UNKNOWN

MRN: RUH 1315031

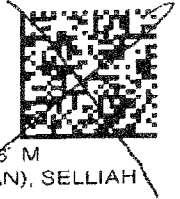
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAN

FAM: FRASER, JILLIAN



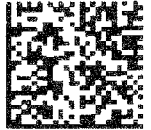
**NURSING  
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Feb 6/22 @ 1950	Received into care. Resting in bed & resps relaxed ———— E Miller RN
@ 2140	Initial assessment/safety checks complete. VS stable, denies pain. Ileo and drains emptied. Meds given via NG. Warm blanket provided. Voiced & other needs. Resting in bed & call bell in reach ———— E Miller RN
@ 2300	Rang, c/o ↑ ABD pain. 1mg dilaudid IV + ice pack. Voiced & other needs ———— E Miller RN
Feb 7/22 @ 0010	Eyes closed, resps relaxed in bed, call bell in reach ———— E Miller RN
@ 0120	c/o ↑ ABD pain, 1mg dilaudid IV given. Ice pack provided. Repositioned per self in bed. Ileo emptied. Denied any other needs, resps relaxed, call bell in reach ———— E Miller RN
@ 0330	Appears to be sleeping in bed, resps relaxed. 1mg dilaudid IV given by partner LPN for ↑ ABD pain ———— E Miller RN
@ 0500	Eyes closed, resps relaxed in bed ———— E Miller RN
@ 0620	c/o severe ABD pain, 1mg dilaudid IV given. Blood drawn off PICC per policy and sent. Ins tests complete. Warm blanket provided, voiced & other needs ———— E Miller RN
@ 0715	Appears sleeping in bed, resps relaxed, call bell in reach ———— E Miller RN







RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb. 7/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

**CNS/PSYCH/SOCIAL**

Level of Consciousness:  Alert  Orientated x 3  Confused  Drowsy  Lethargic  
 Unresponsive  Aphasic  Dysphasic  Other \_\_\_\_\_

Affect:  Calm  Cooperative  Restless  Anxious  Sedated  Sad  Flat affect  Labile  
 Irritable  Anger  Fear  Other \_\_\_\_\_

PERLA:  N/A  Yes  No - Describe \_\_\_\_\_

Numbness/Tingling:  N/A  Denies  Yes Location minimal to lower extremities

Muscle Strength:  N/A (Normal/Weak/Absent) RUE N LUE X RLE N LLE N

Pain: Score (e.g. 0-10) 4/10  Self-report  Behavioural Tool \_\_\_\_\_ Location(s) \_\_\_\_\_

Quality:  Dull  Sharp  Stabbing  Burning  Constant  Intermittent  Radiating to \_\_\_\_\_

Pain Management Interventions:  See MAR  Other \_\_\_\_\_

Comments: IV Dilaudid and PO analgesia given for ch pain

**CVS**

Capillary Refill:  N/A  Brisk  Prolonged Skin:  Normal  Cool  Hot  Diaphoretic

Edema:  None  Yes Type/location(s) minimal to ankles bilaterally

Radial Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pedal Pulse:  N/A Rt:  Strong  Bounding  Weak  Absent Lt:  Strong  Bounding  Weak  Absent

Pneumatic Compression Stockings  Antiembolic stockings

Heart Sounds:  N/A  Regular  Irregular  Abnormal \_\_\_\_\_  S1  S2

Chest Pain:  No  Yes Scale (1-10) \_\_\_\_\_ Location \_\_\_\_\_ Quality \_\_\_\_\_

Telemetry: # \_\_\_\_\_  Cardiac Monitoring

Access type:	<u>Central</u>		
Site/Condition:	<u>DICC</u>		
Dressing:	<u>hegaderm</u>		
Infusion(s): (solution/rate)	<u>D/L @ 100</u> <u>patent</u>		

Comments: \_\_\_\_\_

**RESPIRATORY**

Respirations:  No distress  Laboured  Shortness of breath  Shortness of breath on exertion  
 Use of accessory muscles

Cough:  Absent  Weak  Strong  Non-productive  Productive - Sputum colour/consistency \_\_\_\_\_

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR		POSTERIOR	
	<input type="checkbox"/> wh	WHEEZE: INSPIRED/EXPIRED	R	L	L	R
	<input type="checkbox"/> ↓	DECREASED AIR ENTRY				
	<input checked="" type="checkbox"/>	ABSENT AIR ENTRY				
		=	EQUAL AIR ENTRY			

Oxygen Therapy:  Room air  O<sub>2</sub> nasal prongs \_\_\_\_\_ L/min  Simple mask \_\_\_\_\_ L/min  
 CPAP/BiPAP at \_\_\_\_\_  Other \_\_\_\_\_ at \_\_\_\_\_ L/min

Chest Tube: Type \_\_\_\_\_ Location \_\_\_\_\_ Dressing \_\_\_\_\_  
 Drainage - Colour \_\_\_\_\_  Gravity  Suction \_\_\_\_\_ cmH<sub>2</sub>O  Bubbling  Tiding

Trach: Type \_\_\_\_\_ Size \_\_\_\_\_  Cuffed  Uncuffed  Other \_\_\_\_\_

Comments: o2 sat 90% RA. Encouraged deep breathing exercise.

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

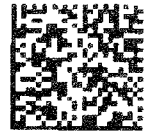
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAN

FAM: FRASER, JILLIAN



**DAY SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>++ dark amber (tea colour)</u> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments: <u>Foley adequate OMTs.</u>																										
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal _____ <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>X</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileostomy</u> Site <u>RLQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length <u>59</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Vital Peph de b</u> Rate <u>75</u> mL/hr Tube Site Appearance: <u>intact</u> Comments: <u>Night feeds completed</u>																										
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other <u>skin &amp; sclera</u> Oral Mucosa: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
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**PRESSURE INJURY ASSESSMENT (see staging below):**

<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
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RN/LPN signature: [Signature] Assessment time: 1005 Time charted: 12B



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 7/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p><b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p><b>Affect:</b> <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p><b>PERLA:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p><b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p><b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p><b>Pain:</b> Score (e.g. 0-10) _____ <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdomen</u></p> <p><b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p><b>Pain Management Interventions:</b> <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> _____</p>																
<b>CVS</b>	<p><b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p><b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p><b>Radial Pulse:</b> <input type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><b>Pedal Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p><b>Heart Sounds:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p><b>Chest Pain:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><b>Telemetry:</b> # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R arm</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Kegderm</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100</u></td> <td></td> <td></td> </tr> </table> <p><b>Comments:</b> _____</p>	Access type:	<u>PICC</u>			Site/Condition:	<u>R arm</u>			Dressing:	<u>Kegderm</u>			Infusion(s): (solution/rate)	<u>RL @ 100</u>		
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<b>RESPIRATORY</b>	<p><b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p><b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p><b>Breath Sounds:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input checked="" type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 50%; text-align: center;"> <p><b>ANTERIOR</b> <b>POSTERIOR</b></p> <p>R L L R</p> </div> </div> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> <b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> _____</p>																

**NURSING RECORD**

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

FAM: FRASER, JILLIAN



**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAF</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>vx</u> <input checked="" type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>Urostomy</u> Site <u>RLQ</u> Colour <u>red/pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>59</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Peptide</u> Rate <u>40</u> mL/hr Tube Site Appearance: _____ Comments: <u>Goal rate of 75mls Nocturnal feed</u>																								
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PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
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RN/LPN signature: [Signature] Assessment time: 2145 Time charted: 2245



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

Mobility section must be filled out every 24 hours and/or with any changes in mobility.

<b>MOBILITY</b>	Date: <u>Feb 7 2022</u> Time: <u>1213</u> Initials: <u>GN</u>
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input checked="" type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>AAA</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>4</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	<b>3</b>
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	<b>2</b>
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	<b>3</b>
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	<b>3</b>
<b>FRICITION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	<b>2</b>
			<b>TOTAL SCORE =</b>	<b>17</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: <u>Regular</u> <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>124</u> Initials: <u>GN</u>
	<input type="checkbox"/> ROHO@ cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

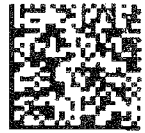
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb. 7/22 @ 0812	PT vomitted ~200cc Tube Feed contents. Cold wash cloths given - PT stated feeling better now. PT requested to be assessed later. <span style="float: right;">NSK</span>
@ 1006	Assessment completed. VSS. Washed pt at bedside, pt had large amt brown liquid/mucousy discharge from rectal area. Crushed multivitamins & big pill and administered to pt. Small bore NI as per pt request. Flushed @ perc as ordered. Pt tolerated well. <span style="float: right;">NSK</span>
@ 1150	PT given IV & PO analgesia for c/o pain. PT set up in edge to help PT. Wife at bedside. <span style="float: right;">NSK</span>
@ 1230	PT back in bed. Hooked RL @ 100 cells as per pt request, pt refused lunch @ bedside. <span style="float: right;">NSK</span>
@ 1310	Aid midline absy & minimal @ serous. NS cleansed site. Hydrofera and mepilex applied. Dilaudid sig IV given for c/o pain. Dilaudid IR given. PT wife @ bedside. <span style="float: right;">NSK</span>
@ 1600	PT left wife left for the day. <span style="float: right;">NSK</span>
@ 1920	Dilaudid sig IV given for c/o pain. An z-tran sig IV given for c/o nausea. PO4 Effervescent 2 tabs x ii given via NI tube as per pt request. TP initiated @ 30mls/hr as per pt request as pt is nauseous. PT stated will remind night nurse to ↑ feed once nausea subsided. Writer informed night nurse for same. PT morn @ bedside. <span style="float: right;">NSK</span>

Continued on Progress Record - Nursing (form #101434)









RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

33

DAY SHIFT Date: February 8th, 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PYSCH/SOCIAL</b>	<b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																						
	<b>Affect:</b> <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																						
	<b>PERLA:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																						
	<b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ <b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> <b>Pain:</b> Score (e.g. 0-10) <u>10/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____ <b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ <b>Pain Management Interventions:</b> <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____ <b>Comments:</b> <u>denies headache, denies numbness/tingling</u>																						
<b>CVS</b>	<b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <b>Edema:</b> <input type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ <b>Radial Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Pedal Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings <b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>D+I</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100ml/hr</u></td> <td></td> <td></td> </tr> </table>				Access type:	<u>PICC</u>			Site/Condition:	<u>D+I</u>			Dressing:	<u>healthy</u>			Infusion(s): (solution/rate)	<u>RL @ 100ml/hr</u>					
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<b>Comments:</b> _____																							
<b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles <b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____ <b>Breath Sounds:</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 20%;">           Draw symbols on the lung diagram to indicate assessment.         </div> <div style="width: 60%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> or</td> <td>CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20%; text-align: center;"><b>ANTERIOR</b></td> <td style="width: 20%; text-align: center;"><b>POSTERIOR</b></td> </tr> <tr> <td><input type="checkbox"/> wh</td> <td>WHEEZE: INSPIRED/EXPIRED</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L</td> </tr> <tr> <td><input type="checkbox"/> ↓</td> <td>DECREASED AIR ENTRY</td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>ABSENT AIR ENTRY</td> <td colspan="2"></td> </tr> <tr> <td colspan="4" style="text-align: center;">= EQUAL AIR ENTRY</td> </tr> </table> </div> </div>				<input type="checkbox"/> or	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>	<input type="checkbox"/> wh	WHEEZE: INSPIRED/EXPIRED	R	L L	<input type="checkbox"/> ↓	DECREASED AIR ENTRY			<input checked="" type="checkbox"/>	ABSENT AIR ENTRY			= EQUAL AIR ENTRY			
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<b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> <b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ <b>Comments:</b> _____																							
<b>RESPIRATORY</b>																							

# NURSING RECORD

Page 2 of 6



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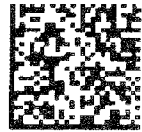
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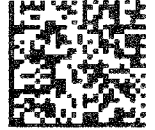


## DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input checked="" type="checkbox"/> Other <u> Foley</u> Urine: <input type="checkbox"/> N/A Colour <u> yellow</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments:																												
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u> DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis <input type="checkbox"/> Calorie Counts Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Absent <input type="checkbox"/> Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u> per ileo</u> Colour <u> dark brown/green</u> Consistency/Size <u> liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u> ileostomy</u> Site _____ Colour <u> pink/moist</u> <input type="checkbox"/> Bridge <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u> NG tube in situ</u>																												
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																												
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u> COCCYX</u></td> <td><u> nepilex</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u> ① LQ</u></td> <td><u> nepilex</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u> ② LQ</u></td> <td><u> nepilex</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u> ② flank</u></td> <td><u> nepilex</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u> ③ bili drain</u></td> <td></td> <td><u> bile colored</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u> ④ perc drain</u></td> <td></td> <td><u> sang</u></td> <td><input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u> COCCYX</u>	<u> nepilex</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u> ① LQ</u>	<u> nepilex</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u> ② LQ</u>	<u> nepilex</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u> ② flank</u>	<u> nepilex</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u> ③ bili drain</u>		<u> bile colored</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u> ④ perc drain</u>		<u> sang</u>	<input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u> drains intact</u>																													

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature:  [Signature] Assessment time:  09:00 Time charted:  12:40



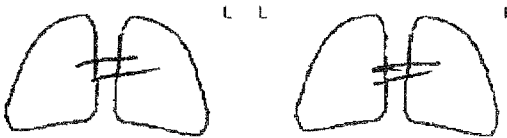
RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 8/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____	
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____	
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location: _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>4/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abd</u> Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>Pt reports "did not get up today". Decreasing diuretic IR and SR for pain management. Temp 36.5.</u>	
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring	
	Access type:	<u>Central</u>
	Site/Condition:	<u>OPICC</u>
	Dressing:	<u>opsite</u>
	Infusion(s): (solution/rate)	<u>ORL @ 100ml/hr of Flushed</u>
Comments: <u>PICC site appears healthy. Denies headache/dizziness HR 111 BP 17/13</u>		
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____ Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSP/RED/EXPIRED <b>ANTERIOR</b> <b>POSTERIOR</b> <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <b>R</b> <b>L</b> <b>L</b> <b>R</b> <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY 	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min	
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____	
	Comments: <u>SpO2 97% on RA. Denies SOB e rest</u>	

**NURSING RECORD**

Page 4 of 6

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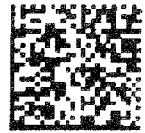
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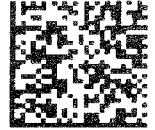


**NIGHT SHIFT**

<b>GU</b>	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>Foley draining dark amber urine q8.</u>																								
<b>GI</b>	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ <input checked="" type="checkbox"/> Stoma: Type <u>Ileo</u> Site <u>RUG</u> Colour <u>RED</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>59</u> cm _____ <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>vital peptide</u> Rate <u>40</u> mL/hr Tube Site Appearance: <u>healthy</u> Comments: <u>pt nauseated. Receiving nocturnal tube feeds.</u>																								
<b>INTEGUMENTARY</b>	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
<b>INTEGUMENTARY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:20%;">Drainage</th> <th style="width:20%;"></th> </tr> </thead> <tbody> <tr> <td><u>Midline inc</u></td> <td><u>hydrofera blue + mepilex border</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>old drain site LUQ</u></td> <td><u>mepilex border</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>old CT site @ Frank</u></td> <td><u>mep border</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>@ bilidom</u></td> <td><u>stat lock</u></td> <td><u>dark brown liquid</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>@ percdain</u></td> <td></td> <td><u>serous</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL                  Comments: <u>Coccyx mepilex on - preventative.</u></p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Midline inc</u>	<u>hydrofera blue + mepilex border</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>old drain site LUQ</u>	<u>mepilex border</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>old CT site @ Frank</u>	<u>mep border</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>@ bilidom</u>	<u>stat lock</u>	<u>dark brown liquid</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>@ percdain</u>		<u>serous</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<u>@ percdain</u>		<u>serous</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial thickness loss of skin with exposed dermis <b>Stage 3:</b> Full thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: <u>Coccyx</u> <input checked="" type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Dressing dry/intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: ESUPRU Assessment time: 2200 Time charted: 2210



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
Date Reassessed: _____ Time Reassessed: _____ Initials: _____	
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest	
Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____	
Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)	

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	Score
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	Score
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	Score
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement. OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	Score
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	Score
<b>TOTAL SCORE =</b>				

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

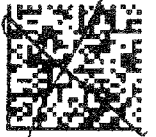
ATN: KANTHAN (CHANDRAKANTHAN), SELLIAM

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 8, 2022 0815hrs	Given report for pt, checked in on pt. In bed resting, awoke upon writer entering room. Vitals done, unremarkable, Pt stated 7/10 pain & requested Dilaudid. Nurse notified. Pt cooperative, back to resting upon leaving room. ——— C: Kennedy, NS-SCBSCN
Feb 8, 2022 0820	IV pump beeping. Restarted Binger's Lactate @ 100ml/hr. ——— C: Kennedy, NS-SCBSCN
Feb 8, 2022 0915	In to give meds to pt. Took smaller ones PO, bigger ones through NG. Flushed tube before & 30mls, between meds & 30mls & after & 30mls Sterile Water. Pt tolerated well. Wife in to visit @ this time. — C: Kennedy, NS-SCBSCN
@ 0930	Initial assessment completed. Pt VSS. Pt given PRN Dilaudid 1mg for 10/10 pain to MRD.
Feb 8, 2022 1230	Brought pt supplies for bed bath / bed Δ. Assisted pts wife to wash pt & Δ'd bed. Pt up to chair @ this time. Pain meds requested, nurse notified. ——— C: Kennedy, NS-SCBSCN
Feb 8, 2022 1315	Assisted pt from chair to bed. Transferred well. Assisted & feet into bed. Pt requested ice water. Writer brought ice water. Pt lying in bed, wife in room. ——— C: Kennedy, NS-SCBSCN
Feb 8, 2022 1520	Δ'd ileostomy appliance. Pt removed old one per self, cleansed per self, applied skin prep. Applied new appliance. Pt tolerated well & engaged & helping ——— C: Kennedy, NS-SCBSCN
Feb 8, 2022 1530	Removed drsg to midline, & x3 mepilex to (L) side necrotic sites. Cleansed & NS. Applied new mepilex x1 to midline, x3 mepilex to (L) necrotic sites. ——— C: Kennedy, NS-SCBSCN

□ Continued on Progress Record - Nursing (form #101434)

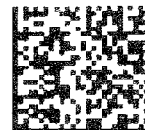


NURSING  
PROGRESS RECORD

DATE/TIME	REMARKS
Feb 8, 2022 1540	Ad drsg to coccyx. Removed mepilex. $\emptyset$ drainage. Cleansed $\bar{c}$ NS, Applied new mepilex to coccyx. Wound slightly open on $\odot$ side. Pt tolerated well. _____ C. Kennedy, NS-SCREEN
Feb 8, 2022 1545	PICC drsg to $\odot$ arm removed. Cleaned $\bar{c}$ chlorhexadine swabs x4. Applied new drsg & burn net to site. $\emptyset$ pain reported. Pt engaged & interactive throughout procedure. _____ C. Kennedy, NS-SCREEN
1607	Physio in working $\bar{c}$ pt _____ BR
1745	mom in at bedside _____ BR
1745	TRT faults completed. Pt tol well but "immediately nauseous post", spitting up into basin. verbal "horror" at present "not doing great". Long IV dialysis cath for this pain relieving minimal amt of super tray at present. _____ BR
1830	All up, resp easy _____ BR
1900	Pt mom at bedside. Kleenex and ice pack provided as per request. No further voiced concerns when asked _____ AMR Gilling RN
2045	upon assessment pt resting in bed alert and orientated x3. vitals stable. Pt able to swallow HS meds. $\odot$ perc drain flushed c 20mL NS. $\emptyset$ further voiced concerns @ present _____ ESupR
2215	Pt resting in bed, eyes closed, resp easy _____ ESupR
<del>2230</del>	<del>order add part std for secondary change packing remains intact. _____</del> ESupR







RUH  SCH  SPH  Other \_\_\_\_\_













**NURSING RECORD**

Page 1 of 6

DAY SHIFT

Date: February 9th, 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																			
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input checked="" type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																			
CVS	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																			
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																			
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																			
	Pain: Score (e.g. 0-10) <u>0</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																			
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																			
	Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____																			
	Comments: <u>pt states no pain at present, pt denies headache</u>																			
	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																			
Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																				
Heart Sounds: <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																				
Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																				
Access type: <u>② double lumen PICC</u>																				
Site/Condition: <u>healthy</u>																				
Dressing: <u>tegaderm D+E</u>																				
Infusion(s): <u>RL @ 100ml/hr</u>																				
Comments: <u>pt skin and sclera slightly jaundice, <del>tegaderm</del> tegaderm cleansed and changed error tm</u>																				
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																			
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																			
	Breath Sounds: <table border="0" style="width: 100%;"> <tr> <td style="width: 20%; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; font-size: 8px;">                             Draw symbols on the lung diagram to indicate assessment.                         </div> </td> <td style="width: 30%;"> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED  <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED  <input type="checkbox"/> DECREASED AIR ENTRY  <input checked="" type="checkbox"/> ABSENT AIR ENTRY                              = EQUAL AIR ENTRY                         </td> <td style="width: 50%; text-align: center;"> <table border="0"> <tr> <td></td> <td style="text-align: center;">ANTERIOR</td> <td></td> <td style="text-align: center;">POSTERIOR</td> <td></td> </tr> <tr> <td style="text-align: center;">R</td> <td></td> <td style="text-align: center;">L</td> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td></td> <td style="text-align: center;"></td> <td></td> <td style="text-align: center;"></td> <td></td> </tr> </table> </td> </tr> </table>		<div style="border: 1px solid black; padding: 2px; font-size: 8px;">                             Draw symbols on the lung diagram to indicate assessment.                         </div>	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	<table border="0"> <tr> <td></td> <td style="text-align: center;">ANTERIOR</td> <td></td> <td style="text-align: center;">POSTERIOR</td> <td></td> </tr> <tr> <td style="text-align: center;">R</td> <td></td> <td style="text-align: center;">L</td> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td></td> <td style="text-align: center;"></td> <td></td> <td style="text-align: center;"></td> <td></td> </tr> </table>		ANTERIOR		POSTERIOR		R		L	L	R					
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		ANTERIOR		POSTERIOR																
R		L	L	R																
																				
Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																				
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																				
Comments: <u>pt denies cough, pt had productive cough when in room pt states normal for him r/t history of smoking</u>																				

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

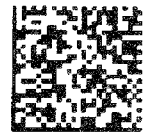
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAM

FAM: FRASER, JILLIAN



**DAY SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input checked="" type="checkbox"/> Other <u>foley</u> Urine: <input type="checkbox"/> N/A Colour <u>tea colored</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments:																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis <input type="checkbox"/> Calorie Counts Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>4</u> <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Absent Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per ileo</u> Colour <u>dark brown/green</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>@ upper quadrant</u> Colour <u>pink/moist</u> <input type="checkbox"/> Bridge <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>pt has no nausea at present, NG tube in place @ 56</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
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RN/LPN signature: [Signature]

Assessment time: 09:30 Time charted: 13:00



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 9 / 22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>W</u> LLE <u>W</u></p> <p>Pain: Score (e.g. 0-10) <u>10/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>"Ribs"</u></p> <p>Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input checked="" type="checkbox"/> Other <u>warm blanket given</u></p> <p>Comments: <u>pt denies headache &amp; dizziness. Pt rolled per self but states legs feel "weak".</u></p>															
	<p>Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p>Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes Type/location(s) <u>mild edema to bilat lower leg.</u></p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1"> <tr> <td>Access type:</td> <td><u>Central PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>① arm</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D&amp;F, healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100</u></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>Denies numbness &amp; tingling.</u></p>	Access type:	<u>Central PICC</u>			Site/Condition:	<u>① arm</u>			Dressing:	<u>D&amp;F, healthy</u>			Infusion(s): (solution/rate)	<u>RL @ 100</u>	
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Infusion(s): (solution/rate)	<u>RL @ 100</u>															
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input checked="" type="checkbox"/> Productive - Sputum colour/consistency <u>Sang tinged mucus</u></p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> <p>cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p>wh WHEEZE: INSPIRED/EXPIRED</p> <p>↓ DECREASED AIR ENTRY</p> <p>■ ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>Denies SOB &amp; chest pain. Repts shallow-pt states due to pain on inhalation</u></p>															

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

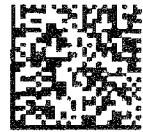
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: FRASER, JILLIAN

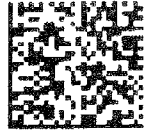


**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>states of concerns</u>			
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ <u>through stoma</u> Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>X4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>Feb 9 pm</u> Colour <u>dark redish brown</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>Healthy</u> Colour <u>pink moist</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>135</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>peptamen 1.5</u> Rate <u>40</u> mL/hr Tube Site Appearance: _____ Comments: <u>pt had liquid BM per rectum. Pt stated eating beets today. Pt denies nausea &amp; vomiting at present</u>			
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____			
	Wound/Incision/Drain Location		Dressing Type	Drainage
	<u>ileo appliance - @ abdo</u>		<u>D&amp;F</u>	<u>scant brownish green</u>
	<u>@ bili drain - tagaderm</u>		<u>scant amount</u>	<u>yellow drng</u>
	<u>@ Perc drain - tagaderm</u>		<u>scant amount</u>	<u>purulent old sang</u>
	<u>coccyx Mepilex</u>		<u>D&amp;F</u>	
<u>LLQ x4 mepilex</u>		<u>D&amp;F @ drng</u>	<u>RLQ - old drain site - D&amp;F @</u>	
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #104265); NPWT changes on form #104265 TRIAL Comments: _____				

PRESSURE INJURY ASSESSMENT (see staging below):			
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Location #1: <u>coccyx</u> <input checked="" type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2145 Time charted: 2325



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: <u>Feb 9 / 22</u> Time: <u>2325</u> Initials: <u>SGNS</u>
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input checked="" type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>AAT</u> <input type="checkbox"/> Assistive devices <u>walker</u>
	Fall Prevention: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score <b>4</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	Score <b>3</b>
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	Score <b>3</b>
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	Score <b>3</b>
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	Score <b>3</b>
<b>FRICTION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	Score <b>3</b>
<b>TOTAL SCORE =</b>				<b>19</b>

<b>implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>2325</u> Initials: <u>SGNS</u>
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

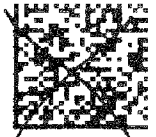
ATN: KANTHAN (CHANDRAKANTHAN), SELLIAM

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb. 9 2022 0820	<p>Report taken from night nurse. In to check on pt, Pt lying in bed, awake when writer entered room. Pts V/S taken, unremarkable. Ø pain reported by patient. Pt alert &amp; oriented x3, slightly sleepy still. Pt cooperative. Ø numbness/tingling. Muscle strength = normal x 4 extremities. Capillary refill brisk x 4 extremities. Ø edema present. Heart sounds S<sub>1</sub>, S<sub>2</sub> present, regular rate/rhythm. Ø chest pain. PICC to (L) bicep. Disg dry &amp; intact. Running Ringers Lactate @ 125ml/hr. Respirations easy. Phlegm cough present. Breath sound clear, air entry = bilaterally &amp; some crackles to Left lower lobe. Pt on RA, SpO<sub>2</sub> 94%. Voiding via cath. Draining clear amber urine. Diet as tolerated. Abdomen soft, Ø pain on palpation. Bowel sounds present x 4 quadrants. Ileostomy to RLQ, stoma pink, healthy. Dry &amp; intact. NG tube @ 56. Skin color appropriate to pt, slight jaundice tone throughout. Drsg to mid-line abdomen, mepilex dry &amp; intact. Disg x3 to (L) necrotic sites. Mepilex dry &amp; intact. Drsg to coccyx, mepilex dry &amp; intact. Left pt lying in bed, back to sleep. Offered brkfst, pt stated maybe later. ————— C. Kennedy, NS-SCBSCN</p>
Feb. 9, 2022 0915	<p>In to give pts meds. Pt requested multivitamin &amp; Inzeloid per NG crushed. NG tube checked for placement, pH 4. Meds given &amp; flush 30ml between &amp; after. Pt tolerated well. Left pt &amp; nurse in room. Wife also in room @ this time. ————— C. Kennedy, NS-SCBSCN</p>

□ Continued on Progress Record - Nursing (form #101434)



**NURSING  
PROGRESS RECORD**

DATE/TIME	REMARKS
Feb 9/22 @ 940	Pt received into care, pt awake and alert lying supine in bed. Pt VSS, initial assessment complete. Pt states no pain at present. Wife at bedside. Call bell in reach no further voiced concerns at present. <u>HMG Gillung RN</u>
Feb 9/22 1152	In to check on pt. Wife @ bedside, pt resting in bed. Pt requested wash @ 1500. Pt also refused scheduled Tylenol for 1200. Left pt to rest & wife @ bedside. Call bell within reach. <u>C. Kennedy, NS-SCBSCN</u>
Feb 9/2022 1305	Checked on pt. Pt in bed sleeping. Breathing easy. Call bell within reach. <u>C. Kennedy, NS-SCBSCN</u>
<del>Feb 9/2022</del> <sup>error: UK, NS</sup> Feb 9, 2022 1325	Dressing change done for midline ABD wound. Mepilex removed & Hydrafera blue, was still blue. Ø drainage. Aspirated & NS. Applied new mepilex drsg. Dated drsg. Pt tolerated well. Ø pain reported. Wife into room @ end of procedure. <u>C. Kennedy, NS-SCBSCN</u>
Feb 9/2022 13:40	late entry for 11:15. Pt given PRN Dilaudid and PRN Halperidol for emesis. Pt perc drain cleansed and new tegaderm applied as old dressing falling off. Dr in with pt and wife, plan to get NJ tube inserted this pm, pt okay with this ice water and warm blanket provided. Call bell in reach. <u>HMG Gillung RN</u>
Feb 9/2022 14:40	Pt taken down for NJ tube insertion. Pt transferred to stretcher with assist x 2. Nursing student and instructor went with pt. <u>HMG Gillung RN</u>



SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

SK UNKNOWN

MRN: RUH 1315031

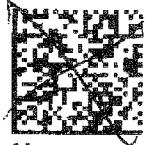
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: FRASER, JILLIAN



**NURSING  
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Feb 9/22 @ 16:00	Pt returned from NJ tube insertion. Pt VSS. Pt drowsy r/t sedation, rouses to voice. Pt returned to bed. Wife at bedside. House keeping in to clean pt room. Pt on 2L O <sub>2</sub> via NP, will continue to monitor. Call bell in reach HM Gillivray RN
16:50	Pt sleeping in bed. Still drowsy, but rouses to voice. Pt mom at bedside. Informed of day events, waiting on xray for NJ tube placement. Pt mumbling intermittently to self, Pt remains on 2L NP, drains and Foley empty. Call bell in reach HM Gillivray RN
17:15	Xray (portable) in to see pt HM Gillivray RN
18:00	Pt refused melatonin, said he wants it later. Pt resps relaxed, O <sub>2</sub> 96% on 1L NP. Pt resps relaxed. Mom at bedside HM Gillivray RN
19:20	Pt tube feed started. NJ flushed; pt tolerated well, no coughing. Pt more alert, sitting upright in bed conversing with mom. Call bell in reach HM Gillivray RN
@ 2000	Pt mother at bedside c̄ pt. <del>of</del> voiced concerns S. Graceholloway
@ 2210	Assessment complete: VSS. Pt had moderate liquid BM in bed pan. Coccyx meplex changed. Coccyx ++ reddened, blanches adequately. No open wound. Perc flushed c̄ 20ml NS. 2mg PO diclofenac + 1mg IV diclofenac given for 10/10 pain per pt request. Warm blanket + ice pack given. <del>Other</del> concerns at this time - S. Graceholloway



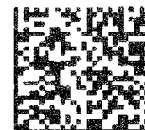


**NURSING  
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
@ 2330	Pt resting in bed $\bar{c}$ eyes closed. $\bar{c}$ voiced concerns — S. Grauchillo N.S.
@ 0050	pt resting in bed $\bar{c}$ eyes closed. $\bar{c}$ voiced concerns — S. Grauchillo N.S.
@ 0145	pt resting in bed $\bar{c}$ eyes closed. $\bar{c}$ voiced concerns & Resps easy — S. Grauchillo N.S.
0245	Pancrealipase and sodium bicarb pushed through NG as per policy as same continues to alarm d/t occlusion. Have flushed multiple times $\bar{c}$ success but alarms shortly after. (JFW)
0325	Dr Lette aware of issues $\bar{c}$ tube fed to the shift. $\bar{c}$ same being stopped as not working properly. To continue RL @ 100 and to discuss $\bar{c}$ team in Am. (JFW)
0330	Pt appears to be sleeping. Noted to be having vivid dreams as arms will move up and appears to be talking at times. To monitor. (JFW)
@ 0535	Pt resting in bed $\bar{c}$ eyes closed. Resps easy. $\bar{c}$ concerns at this time — S. Grauchillo N.S.
@ 0640	① PICC dsq changed. Cleansed with chlorhexidine. ② suture not intact. Cops changed. Pt tolerated dsq changed. Both lumens flushed $\bar{c}$ N.S. Pt settled in bed. $\bar{c}$ voiced concerns — S. Grauchillo N.S.





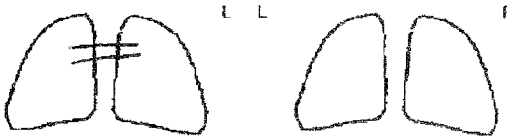
RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 10, 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____	
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____	
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____	
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE: <u>N</u> - LUE: <u>N</u> - RLE: <u>N</u> - LLE: <u>N</u>	
	Pain: Score (e.g. 0-10) <u>7</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdo</u>	
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____	
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>2mg PO diazepam</u>	
	Comments: <u>pt off at times. Talking about needing to go to a sweat lodge to get better</u>	
	CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic
Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____		
Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent		
Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent		
<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings		
Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2		
Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____		
<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring		
Access type: <u>PICC</u>		
Site/Condition: <u>Lt arm</u>		
Dressing: <u>D+I</u>		
Infusion(s): <u>1) RLE @ 100</u> (solution/rate) <u>2) flushed</u>		
Comments: <u>0</u>		
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles	
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____	
	Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <b>ANTERIOR</b> <b>POSTERIOR</b> <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <b>R</b> <b>L</b> <b>L</b> <b>R</b> <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">             Draw symbols on the lung diagram to indicate assessment.           </div> 	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min	
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding	
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____	
	Comments: <u>0</u>	

**NURSING RECORD**

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SK UNKNOWN

MRN: RUH 1315031

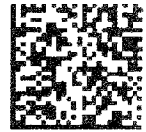
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

FAM: FRASER, JILLIAN



**DAY SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dk bilious</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: <u>Ø</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>today</u> Colour <u>brown</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RLO</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>130</u> cm <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>minimal oral intake. Intermittent nausea. Tube feed on hold.</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Ⓛ perc → dmg purulent creamy brown. Flushed 20ml</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Rt. bar drain. → dmg scant bilious dmg</u></td> <td></td> <td><u>NS</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ileo appl. RLO D+I.</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Coccyx mepilex</u></td> <td></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>midline mepilex, LLO mepilex x2</u></td> <td></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Ⓛ perc → dmg purulent creamy brown. Flushed 20ml</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Rt. bar drain. → dmg scant bilious dmg</u>		<u>NS</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ileo appl. RLO D+I.</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Coccyx mepilex</u>		<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>midline mepilex, LLO mepilex x2</u>		<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u>Ø</u>																									

**PRESSURE INJURY ASSESSMENT (see staging below):**

<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 0900 Time charted: 1135



RUH  SCH  SPH  Other \_\_\_\_\_

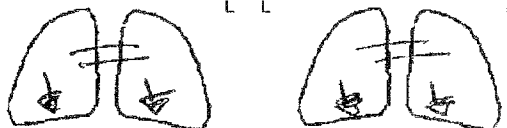
**NURSING RECORD**

Page 3 of 6

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NIGHT SHIFT Date: Feb 10 / 22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____	
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____	
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>W</u> LLE <u>W</u> Pain: Score (e.g. 0-10) <u>6.5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____ Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>warm blanket &amp; IV dilaudid 0.5 mg given</u> Comments: <u>pt denies headache &amp; dizziness.</u>	
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>S1 S2</u> Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring	
	Access type:	<u>Central</u>
	Site/Condition:	<u>PILL (Larm)</u>
	Dressing:	<u>D&amp;I, healthy</u>
	Infusion(s): (solution/rate)	<u>1) RL @ 100 2) SL</u>
Comments: <u>Denies numbness &amp; tingling; HR 112, tachy new, pt consistently &gt; 100 &amp; asymptomatic</u>		
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input checked="" type="checkbox"/> Productive - Sputum colour/consistency <u>milky</u> Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <b>ANTERIOR</b> <b>POSTERIOR</b> <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <b>R</b> <b>L L</b> <b>R</b> <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY 	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____	
	Comments: <u>Denies chest pain &amp; SOB</u>	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

FAM: FRASER, JILLIAN



**NIGHT SHIFT**

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour Dark amber  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_

Comments: pt voiding adequate amount

**GI**

Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_

Bowel Sounds:  Normal 4  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No

Last bowel movement: feb to per Colour greeny brown Consistency/Size small, thick  Continent  Incontinent

Stoma: Type ileo Site abdo Colour pink, moist  Bridge \_\_\_\_\_

Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured at/External length 135 cm

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula on hold Rate \_\_\_\_\_ mL/hr Tube Site Appearance: \_\_\_\_\_

Comments: pt states having BM per rectum in am - pt states feeling "bloating" unable to have any meals today other than sips of protein drink + porridge offered pophelt + toast, pt refused.

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other Sclega & generalized

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	
RT bill drain, D+I, D+F, site healthy, small amount	bite.		<input type="checkbox"/> Intact
LT perc drain, D+I, D+F, site healthy; scant purulent	and sang		<input type="checkbox"/> Changed*
coccyx mepilex, D+I			<input type="checkbox"/> Intact
Midline mepilex - hydrafera blue + mepilex - D+I, & drug			<input type="checkbox"/> Changed*
LLQ mepilex - D+I, & drug			<input type="checkbox"/> Intact
Armpit rash - worse in @ armpit.			<input type="checkbox"/> Changed*
			<input type="checkbox"/> Intact
			<input type="checkbox"/> Changed*

\*Document. Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

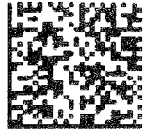
Comments: coccyx area reddened, but pt states discomfort when depend rubs, depend removed, pt encouraged to reposition & get up.

**PRESSURE INJURY ASSESSMENT (see staging below):**

<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> -- Full-thickness skin loss, subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>
--	--

<p>Location #1: <u>coccyx</u></p> <p><input checked="" type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>
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RN/LPN signature: S. Gauch/MS / R. Som m Assessment time: 2140 Time charted: 2340



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICTION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	
<b>Implemented Pressure Risk Interventions</b>	Bed surface _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels <input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	<b>Time:</b> _____ <b>Initials:</b> _____		

**NURSING RECORD**

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SK UNKNOWN

**MRN: RUH 1315031**

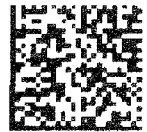
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 10, 2022 @ 0845	pt assessed in bed. VSS. Given 2mg PO dilaudid for abdo pain. pt also requested "the IV stuff" said to try and see how oral dilaudid works first. Settled in bed. Refused breakfast. Requested zofran to keep nausea down so can tolerate pills. 4mg given PO. —
@ 0900	abdo xray done to check NJ placement. — <i>OK/Regan</i>
@ 1015	Spouse in at bedside. pts mom called for update. — <i>OK/Regan</i>
@ 1123	pt requested oatmeal, same provided. — <i>OK/Regan</i>
@ 1130	Late entry 1040, pt passed purulent brown drainage per rectum, changed by CCA. pt cleaned up + benefit on — <i>OK/Regan</i>
@ 1150	1mg IV dilaudid given for pain. <i>OK/Regan</i>
@ 1400	midline mepilex removed, hydrafera blue remains blue. Replaced mepilex. 2x2 mepilex x2 removed from Lt abdo, old drain sites. Healed over left OTA. Old rash c 4x4 mepilex Lt abdo. New 4x4 mepilex applied. Tegaderm to Lt perc changed and site cleaned c NS. Rt bilidrain still tack &. Site cleaned. New tegaderm applied. Site appears healthy. 2mg PO dilaudid given for pain. <i>OK/Regan</i>

Continued on Progress Record - Nursing (form #101434)



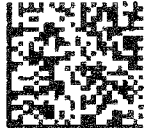


NURSING  
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Feb 11/22 1636	Reentered into care at 1500. Mother at bedside. It concerns R/T nutrition status. Explained why we cannot safely use NJ until PT seen by radiology, explained will hopefully be so tomorrow, doctors are aware. PT upset & Mother about little things, bickering when in room. PT made a statement about "the chocolate ones" unrelated to conversation. AT 03 but off statements. Abx infusion call bell within reach. Drain to R tank emptied for 150 thick green fluid.
1747	Mother present. PT declined Tylenol, requested diclofenac instead. Refused melatonin, wants to wait until 2000. Ice chips given.
1845	Dist bottom came open into bed new bedding. PT cleaned up. A voiced need at time. Call bell available.
1910	Resting, Mother present. A concern, call bell available.
@2145	Assessment complete; VSS. PT repositioned in bed. IV diclofenac 0.5mg given for 8-9/10 pain. Warm blanket & ice pack given. A other concerns voiced. PT settled in bed.
late entry for @2000	PT mother at bedside.
@ 2300	PT sleeping. Resps easy - A concerns.
Feb 11/22 @ 0015	2mg PO diclofenac given per pt request for pain. pillow placed under turn per pt request.





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 11/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	<b>Affect:</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input checked="" type="checkbox"/> Other <u>low spirits - see notes</u>	
	<b>PERLA:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	
	<b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ <b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>W/N</u> LUE <u>W/N</u> RLE <u>W/N</u> LLE <u>W/N</u> <b>Pain: Score (e.g. 0-10)</b> <u>4</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abd</u> <b>Quality:</b> <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ <b>Pain Management Interventions:</b> <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ <b>Comments:</b> <u>scheduled dibudid sl given, mental status stable, hallucinations or odd behavior.</u>	
CVS	<b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ <b>Radial Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Pedal Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings <b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>tachy 114</u> <u>S1 S2</u> <b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring _____	
	Access type:	<u>PICC</u>
	Site/Condition:	<u>RA arm patent</u>
	Dressing:	<u>ATI</u>
	Infusion(s): (solution/rate)	<u>RL 2/100 SL</u>
<b>Comments:</b> <u>37.0-20-95% RA - 114 reg - 114/71 - 4/10 pain</u>		
RESPIRATORY	<b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles	
	<b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____	
	<b>Breath Sounds:</b> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <b>ANTERIOR</b> <b>POSTERIOR</b> <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <b>R</b> <b>L L</b> <b>R</b> <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY	
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">         Draw symbols on the lung diagram to indicate assessment.       </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	
<b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ <b>Comments:</b> <u>resp easy, 8 SOB, 8 ↑WOR</u>		

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

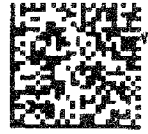
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: UNKNOWN, FAMILY



**DAY SHIFT**

**GU**  
 Voiding:  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_  
 Urine:  N/A Colour amber  Clear  Cloudy  Odour \_\_\_\_\_  
 Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_  
 Comments: \_\_\_\_\_

**GI**  
 Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_  
 Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_  
 Bowel Sounds:  Normal 3  Hypoactive x1  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No  
 Last bowel movement: \_\_\_\_\_ Colour \_\_\_\_\_ Consistency/Size \_\_\_\_\_  Continent  Incontinent  
 Stoma: Type ileo Site RUQ Colour pink  Bridge \_\_\_\_\_  
 Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_  
 Tube depth:  Secured at/External length \_\_\_\_\_ cm  
 Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_  
 Tube Feed: Formula \_\_\_\_\_ Rate \_\_\_\_\_ mL/hr Tube Site Appearance: \_\_\_\_\_  
 Comments: NS waiting placement 2 IL. Currently kinked - not running feeds currently.

**INTEGUMENTARY**  
 Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_  
 Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry  
 Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)  
 NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	Intact/Changed
midline distal	hydravera blue & mepilex border	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
RLQ old necrotic site	mepilex border	Ø dry	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
(R) flank old CT	OTA	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
coccyx 1	mepilex	Ø reddened	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
(R) axillary rash	OTA		<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
(R) bili drain	stat lock & tegaderm	moderate dark bili	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
(L) perc drain	drain & mepilex	moderate purulent	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: jaundice prominent to eyes bilat and integ. (L) perc flushed & 20ml NS smothering & resistance.

**PRESSURE INJURY ASSESSMENT (see staging below):**

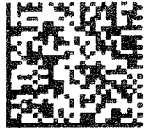
**Stage 1:** Non blanching, localized, reddened area  
**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis  
**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible  
**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.  
**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1: <u>coccyx</u>	Location #2: _____	Location #3: _____	Location #4: _____
<input type="checkbox"/> At risk (reddened, blanching) <input checked="" type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature]

Assessment time: 0845 Time charted: 1136





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 11 / 22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	<b>Affect:</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____	
	<b>PERLA:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____	
	<b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ <b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>W</u> LLE <u>W</u> <b>Pain: Score (e.g. 0-10)</b> <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Ribs</u> <b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ <b>Pain Management Interventions:</b> <input type="checkbox"/> See MAR <input checked="" type="checkbox"/> Other <u>warm blanket + ice pack</u> <b>Comments:</b> <u>pt denies headache + dizziness, 0.5 mg IV dilauid given for pain</u> <u>pt repositioned self in bed c assist x 2</u>	
CVS	<b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ <b>Radial Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Pedal Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings <b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring _____	
	Access type:	<u>Central</u>
	Site/Condition:	<u>PICC</u>
	Dressing:	<u>D&amp;F, healthy</u>
	Infusion(s): (solution/rate)	<u>DRL @ 100</u>
	Comments:	<u>TPN @ 50. Denies numbness + tingling.</u>
RESPIRATORY	<b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles <b>Cough:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input checked="" type="checkbox"/> Productive - Sputum colour/consistency <u>"clear"</u> <b>Breath Sounds:</b> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 150px;">           Draw symbols on the lung diagram to indicate assessment.         </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED  <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED  <input type="checkbox"/> DECREASED AIR ENTRY  <input checked="" type="checkbox"/> ABSENT AIR ENTRY            = EQUAL AIR ENTRY         </div> <div style="text-align: center;"> <b>ANTERIOR</b>   </div> <div style="text-align: center;"> <b>POSTERIOR</b>   </div> </div>	
	<b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min	
	<input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding	
	<input type="checkbox"/> <b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ <b>Comments:</b> <u>Denies chest pain + SOB. Resps shallow - pt states due to pain in Ribs.</u>	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

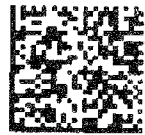
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAM

FAM: UNKNOWN,FAMILY



**NIGHT SHIFT**

**GU**  
**Voiding:**  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_  
**Urine:**  N/A Colour Dark amber  Clear  Cloudy  Odour \_\_\_\_\_  
**Genitalia (appearance/drainage/flow):**  N/A \_\_\_\_\_  
**Comments:** draining adequate amount. Very concentrated. pt states of concern to catheter

**GI**  
 Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_  
**Abdomen:**  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_  
**Bowel Sounds:**  Normal x4  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ **Flatus:**  Yes  No  
**Last bowel movement:** Feb 11 Colour brownish Consistency/Size small - loose  Continent  Incontinent  
**Stoma:** Type ileo Site (R) abdo Colour pink, moist  Bridge \_\_\_\_\_  
 Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_  
 Tube depth:  Secured at/External length 135 cm  
 Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_  
 Tube Feed: Formula \_\_\_\_\_ Rate \_\_\_\_\_ mL/hr Tube Site Appearance: \_\_\_\_\_  
**Comments:** pt states not tolerating any meals. states had emesis after eating toast today. pt encouraged to ↑ oral intake.

**INTEGUMENTARY**  
**Colour:**  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other generalized & sclera  
**Oral Mucosa:**  N/A  Pink  Pale  Cyanotic  Dry  
**Pressure Injury:**  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)  
 NPWT at \_\_\_\_\_ mmHg **Therapy type:**  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	
<u>(L) perc drain - stat lock</u>	<u>D&amp;E, site healthy - scant amount purulent old sang</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>(R) bili drain - stat lock</u> <u>coccyx mepilex D&amp;E</u>	<u>D&amp;E, site healthy - scant bile -</u> <u>dry</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>midline mepilex -</u> <u>LLQ mepilex</u>	<u>D&amp;E</u> <u>D&amp;E</u>	<u>Ø</u> <u>Ø</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>ileo appliance - (R) abdo, appliance D&amp;E</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL  
**Comments:** Rash to both armpits - worse to (R) armpit.  
perc drain flushed c 20ml NS. pt tolerated well

**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area  
**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis  
**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible  
**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.  
**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1: <u>coccyx</u>	Location #2: _____	Location #3: _____	Location #4: _____
<input checked="" type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: Stacy Wolsky / [Signature] Assessment time: 2125 Time charted: 2320



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

Mobility section must be filled out every 24 hours and/or with any changes in mobility.

<b>MOBILITY</b>	Date: <u>Feb 11/22</u> Time: <u>1015</u> Initials: <u>TC</u>
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input checked="" type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>AAA</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	4
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	3
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	2
<b>MOBILITY:</b> Ability to change and control body position:				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	2
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1
<b>FRICTION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk <u>13-14 = Mod. risk</u> 10-12 = High risk 9 or less = Very high risk	2
<b>TOTAL SCORE =</b>				14

<b>Implemented Pressure Risk Interventions</b>	Bed surface: <u>veg</u> <input checked="" type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>1015</u> Initials: <u>TC</u>
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input checked="" type="checkbox"/> Patient/Family education provided <u>Other pillows under bony prominences</u>	

# NURSING RECORD

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

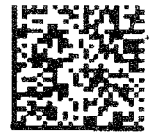
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 · 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

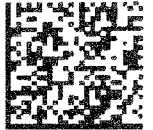
FAM: UNKNOWN, FAMILY



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 11/22 0750	Rec'd into care, laying in bed sleeping. Resps easy. Call bell in reach. — TKerw
0825	Assessment + safety checks completed. vss, tachy @ 114 (pt runs tachy). Pt in low spirits today, stated to doctor Pon "If I can't leave soon I'm going to just sign the papers to leave and figure it out later". Pt informed writer he wishes to go ice fishing w father to "feel normal again". Dr. Pon states they will discuss matters further. Writer rec'd SW. To go for NJ tube check today. & other voiced concerns. — TKerw
0930	Wife at bedside washing pt. Linens d'd, bili drain spilt on bedding. coccyx mepilex d'd. Stage 1 ulcer to coccyx, & open <del>stn</del> wound but skin reat. mepilex applied to spinal process on neck due to pressure point. Charge nurse agreed to order pt an air mattress. Pt and wife pleased per same. — TKerw
0940	dilaudid 0.5mg IV prn given for abd pain. Resps easy. Wife at bedside. — TKerw
0955	zofran 8mg IV prn given for N/V. Scant emesis following pt attempt to eat breakfast. Wife at bedside. — TKerw
1030	To go for RF NJ tube check at 1500, NPO - aware per same. — TKerw
1210	Laying in bed w eyes closed. Resps easy. Wife at bedside. — TKerw
1340	wife at bedside. Resps easy. — TKerw

☐ Continued on Progress Record - Nursing (form #101434)

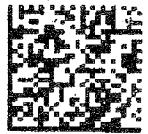




NURSING  
PROGRESS RECORD

Page 1 of 2

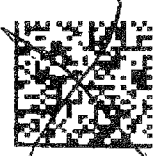
DATE/TIME	REMARKS
Feb 11/22 1430	dilaudid 0.5mg IV prn via minibag given for lower back pain. Resps easy. Meplex to L1/2 and midline A/d. Both cleansed & NS. Hydrafera blue applied to midline + meplex on top. Pt tolerated well. 200ml emptied from bile bag. Resps easy, wife at bedside. — T Cenaw
1545	NS removed 10cm per Dr. Harriman orders. Pt tolerated well. — T Cenaw
1615	Portable abd xray completed. Shortly after, wife concerned <sup>++</sup> about results, RN stated it may take a little while, wife emotional and not impressed per same and states "are you trying to starve <del>him</del> <sup>emr</sup> him!" reassured parenteral TPN nutrition will be started this evening. Wife at bedside. Pt resps easy. — T Cenaw
1630	Writer attempted to flush NS per V.O by Dr. Russell. NS tube unable to be flushed with force. MRP aware and will call radiology. — T Cenaw
1720	Dr. Harriman @ pt + wife at this time. — T Cenaw
1755	zofran 8mg IV prn given for NV. Emetesis thus far. Refused supper provided. Popsicle given per request. — T Cenaw
1855	dilaudid 0.5mg IV push by RN Tessa given for lower back pain. Resps easy. Mother at bedside. — T Cenaw



**NURSING  
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Feb 11/2022 1925	Laying in bed watching TV & mother at bedside. Resps easy. Ice pack & warm blanket given. Mother and wife very worried, frustrated, and concerned & care; mostly nutrition. Reassured per same. ———— 1Cerv
@ 2140	Pt Assessment completed. VSS. Pt encouraged to move more during day, sitting at edge of bed or in chair. Popsicle offered but pt declined. Writer encouraged pt to ↑ oral intake & Ask family to bring favourite foods. Writer asked pt about texts sent to wife in early hours of morning. Pt stated sends texts when he has vivid dreams and gets confused. Writer encouraged pt to ring call bell if feeling anxious or confused & not to text wife. ———— S. Grauchullofsm
lock entry for 2010 @ 2145	Pt mother leaving bedside. Pt settled in bed. & voiced concerns. ———— S. Grauchullofsm
@ 2230	Pt settled in bed. Resting & eyes closed. Resps easy. & concerns. ———— S. Grauchullofsm
@ 2325	Pt resting in bed & eyes closed. Resps easy & voiced concerns. ———— S. Grauchullofsm
Feb 12/2022 e 0013	Alert initiated Pt awake briefly, making few odd statements. Such as "I had a bad dream, can you wheel me back to my room" Pt reminded he is in his room & settled. Person further voiced concern. Appl checked. ———— Kuz
Feb 12/2022 e 0105	Pt resting in bed, eyes closed, resp easy. ————
Feb 12/2022 e 0150	Pt yelling out nonsensical statements. Appears to be sleeping during same. Did not respond to RW. settled but e present, resp easy. ————



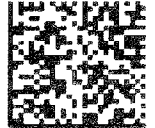
**NURSING  
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
@ 0245	Pt resting in bed $\bar{c}$ eyes closed - looks settled. $\emptyset$ voiced concerns - S. Brauehr (clonaz)
@ 0345	0.5 mg iv dilaudid given per pt request for pain. Pt concerned "some of night time meds got stuck in the straw" but "at least he got some of them". RN assured pt no meds were "stuck" and all were taken $\bar{c}$ out an issue this evening. Pt was easy to reorient. Pt settled back in bed - S. Brauehr (M)
@ 0535	0.5mg iv dilaudid given for pain per pt request. Ice pack & warm blanket given. Pt settled back in bed. - S. Brauehr (clonaz)
@ 0550	Pt resting in bed $\bar{c}$ eyes closed. Resps easy. Looks like pt settled. $\emptyset$ concerns - S. Brauehr (clonaz)
@ 0650	Blood drawn from PICC easily. Flushed $\bar{c}$ 20 mL NS. Pt tolerated. Pt in and out of sleep, talking and reaching for objects. Pt settled back in bed. $\emptyset$ voiced concerns - S. Brauehr (clonaz)
@ 0715	Pt settled in bed. Resting $\bar{c}$ eyes closed. $\emptyset$ concerns - S. Brauehr (clonaz)







RUH  SCH  SPH  Other 33  
**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 11/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input checked="" type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____			
Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____				
PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe <u>audible to eyes</u>				
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____				
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>W/N</u> LUE <u>W/N</u> RLE <u>W/N</u> LLE <u>W/N</u>				
Pain: Score (e.g. 0-10) <u>3</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>lower back</u>				
Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____				
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____				
Comments: <u>scheduled dilaudid 2 given</u>				
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic			
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____			
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent			
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent			
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings			
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>tachy @ 102</u> <input type="checkbox"/> S1 <input checked="" type="checkbox"/> S2			
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____			
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring			
	Access type:		<u>PICC</u>	
	Site/Condition:		<u>(u)arm</u>	
Dressing:		<u>ATI</u>		
Infusion(s): (solution/rate)		<u>RLW 100 Y150 TRN 250</u>		
Comments: <u>37.1-18-97RA-102-117/73-3/10 pain.</u>				
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles			
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____			
	Breath Sounds:			
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Draw symbols on the lung diagram to indicate assessment.         </div>		<input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED	
			<input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED	
			<input type="checkbox"/> DE DECREASED AIR ENTRY	
			<input checked="" type="checkbox"/> AE ABSENT AIR ENTRY	
	= EQUAL AIR ENTRY			
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min			
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding			
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____				
Comments: <u>resp easy, SOB</u>				

# NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



## DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																												
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAI</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x3</u> <input type="checkbox"/> Hypoactive <u>x1</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>rua</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>8/1/1 this morning</u>																												
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																												
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td>midline distal</td> <td>hydratera blue &amp; mepilex border</td> <td>8</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>rua old necrotic site</td> <td>OTA-dry</td> <td>8</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>(2) flank old CT site</td> <td>mepilex</td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>coccyx mepilex stage 1 reddened.</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>(2) bili drain</td> <td></td> <td>moderate, green/brown</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>(1) perc drain.</td> <td></td> <td>purulent.</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		midline distal	hydratera blue & mepilex border	8	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	rua old necrotic site	OTA-dry	8	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	(2) flank old CT site	mepilex		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	coccyx mepilex stage 1 reddened.			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	(2) bili drain		moderate, green/brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	(1) perc drain.		purulent.	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Wound/Incision/Drain Location	Dressing Type	Drainage																										
	midline distal	hydratera blue & mepilex border	8	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																									
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(2) flank old CT site	mepilex		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																										
coccyx mepilex stage 1 reddened.			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																										
(2) bili drain		moderate, green/brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																										
(1) perc drain.		purulent.	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																										
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																													
Comments: <u>waiting for air mattress</u>																													

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: <u>coccyx</u> <input type="checkbox"/> At risk (reddened, blanching) <input checked="" type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: Taper

Assessment time: 0800

Time charted: 0935









RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: February 12 / 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____						
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____						
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____						
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>U/R</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>lt arm, neck, abd</u> Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other <u>ibuprofen infusing, ice packs + hot</u> Comments: <u>blank given Denies headache / dizziness. Pt very talkative - appropriate on assessment in good spirits. Reports "dreams that feel real"</u>						
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input type="checkbox"/> S1 <input type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring						
	Access type: <u>Central</u>						
	Site/Condition: <u>lt PICC</u>						
	Dressing: <u>AS healthy</u>						
	Infusion(s): <u>ibuprofen 50</u> (solution/rate) <u>2 RL ELW</u>						
Comments: <u>Denies palpitations. Denies fever / chills</u>							
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles						
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____						
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 20%;">           Draw symbols on the lung diagram to indicate assessment.         </td> <td style="border: none;"> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED  <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED  <input type="checkbox"/> DECREASED AIR ENTRY  <input checked="" type="checkbox"/> ABSENT AIR ENTRY            = EQUAL AIR ENTRY         </td> <td style="border: none; text-align: center;">           ANTERIOR   </td> <td style="border: none; text-align: center;">           POSTERIOR   </td> </tr> </table>			Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR 	POSTERIOR 
	Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR 	POSTERIOR 			
Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>Denies SOB / cough</u>							

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

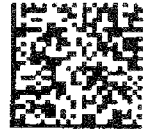
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



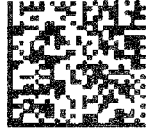
**NIGHT SHIFT**

<b>GU</b>	<p><b>Voiding:</b> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____</p> <p><b>Urine:</b> <input type="checkbox"/> N/A Colour <u>etc DK Amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____</p> <p><b>Genitalia (appearance/drainage/flow):</b> <input type="checkbox"/> N/A <u>healthy</u></p> <p><b>Comments:</b> <u>Abuse UIC</u></p>																																
<b>G</b>	<p><input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____</p> <p><b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____</p> <p><b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Normal <u>YLI</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ <b>Flatus:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Last bowel movement:</b> <u>DK Bloat</u> Colour <u>brwn</u> Consistency/Size <u>large</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent</p> <p><b>Stoma:</b> Type <u>colostomy</u> Site <u>RLQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____</p> <p><input type="checkbox"/> <b>Tube(s):</b> <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____</p> <p style="padding-left: 20px;">Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>105</u> cm</p> <p style="padding-left: 20px;"><input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____</p> <p><input checked="" type="checkbox"/> <b>Tube Feed:</b> Formula <u>Peptamen 1.5</u> Rate <u>40</u> mL/hr Tube Site Appearance: <u>healthy intact</u></p> <p><b>Comments:</b> <u>Distal nausea / bloating. Upper bleeding TF well</u></p>																																
<b>INTEGUMENTARY</b>	<p><b>Colour:</b> <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____</p> <p><b>Oral Mucosa:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry</p> <p><b>Pressure Injury:</b> <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below)</p> <p><input type="checkbox"/> NPWT at _____ mmHg <b>Therapy type:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Wound/Incision/Drain Location</th> <th style="width: 30%;">Dressing Type</th> <th style="width: 30%;">Drainage</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Midline incision - DTI</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>RLQ old necrotic site - UDA</td> <td>healthy</td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Ureter incision - DTI</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Fleo Appl - RLQ - DTI</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>lt peric drain - DTI</td> <td>intact / serous - flushed</td> <td>(cont) as fol. well</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>lt bili drain - DTI</td> <td>at brownish bil. drug DTI</td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>RL axilla can - bacnet</td> <td>ulcer applied</td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p><small>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</small></p> <p><b>Comments:</b> _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		Midline incision - DTI			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	RLQ old necrotic site - UDA	healthy		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Ureter incision - DTI			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Fleo Appl - RLQ - DTI			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	lt peric drain - DTI	intact / serous - flushed	(cont) as fol. well	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	lt bili drain - DTI	at brownish bil. drug DTI		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	RL axilla can - bacnet	ulcer applied		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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PRESSURE INJURY ASSESSMENT (see staging below):				
<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>			
<p>Location #1: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	

RN/LPN signature: [Signature] Assessment time: 2125 Time charted: 2240





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	3
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	4
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	3
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	3
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	2
			<b>TOTAL SCORE = 18</b>	

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> 2740 <b>Initials:</b> U
	<input type="checkbox"/> ROHO@ cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

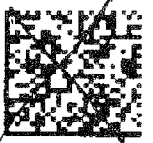
ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 12/22 0750	Rec'd into care, laying in bed i eyes closed. Call bell in reach. — 1Cenw
0800	Assessment + safety checks completed. vss - tachy @ 102 (pt tachy normally). Resps easy. Pt lethargic but wakes easily when spoken to, A+Ox3. To go for NJ tube check today - pt and family eager per same. Call bell in reach. — 1Cenw
0815	Lab called H&B 34. <del>Be</del> New sample collected and sent. Pt asymptomatic. Ken
0830	Repeat bloodwork rec'd, H&B 88. 1Cenw
1010	Left unit via stretcher to vascular for NJ tube check. Wife @ side. — 1Cenw
1045	Returned to unit, new NJ inserted. Pt pivot t/f Ax1 to bed, did well. Encouraged to sit @ EOB frequently. Weight 138 lbs = 62.7 kg. — 1Cenw
1115	dilaudid 0.5 mg IV via minibag given for lower back pain - requested IV push, denied per same. Wife at bedside. NJ flushed i 60mL SW, flushed smoothly iØ resistance. — 1Cenw
1145	Tube feed initiated per orders. Reptamen 1.5 @ 40mL/hr for 24hrs, flush i 60mL SW q4h. — 1Cenw
1320	Ate soup from lunch tray. Tolerating PO food and tube feed well, Ø N/V. Wife at bedside. — 1Cenw
1500	(L) stat lock removed to purc. Site cleansed i chlorhex swab, skin prep applied. 10-12 FR stat lock applied and tegaderm

Continued on Progress Record - Nursing (form #101434)



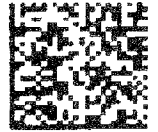
NURSING  
PROGRESS RECORD

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Page 1 of 2

DATE/TIME	REMARKS
	covering. Pt tolerated Δ well. Distal midline discy Δid, new hydrafera Hue applied and meplex border. Wife at bedside. Call bell in reach. — PCur
1630	wife washing pt. Applied critic aid clear to (r) axillary & groin. — Kcur
1715	1mg po prn dilaudid given for lower back pain. Resps easy. — PCur
1750	0.5mg IV via minibag dilaudid given for abd pain unrelieved from PO analgesic. Mother at bedside, resps easy. — PCur
1915	Mother at bedside, very pleased w NJ & tube feed. Pt laying in bed 30° w eyes closed, resps easy. Call bell in reach. — PCur
Feb 12/2022 e 2005	Pt resting in bed, eyes closed, resps easy — Kcur
Feb 12/2022 e 2145	Assessment complete. USS. Pt in good spirits & mentally clear. Repositioned self in bed. HOB 30°, pt aware of same 0.5mg w dilaudid infusion & pt tolerate po meds well. Since he snack — Kcur
Feb 12/2022 e 2245	Pt settled in bed, eyes closed, resp easy — Kcur
Feb 13/2022 e 0010	Pt resting in bed, eyes closed, resp easy. Colost appl checked. Aesquale uld. Tube feed topped up. Pylori initiated — Kcur
e 0032	Pt has not been calling out during night thus far — Kcur
e 0037	Pt given 2mg po dilaudid for low abd pain. Repositioned onto lt side & min assess & voiced concerns, & confusion — Kcur











RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 13 22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____					
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____					
	PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____					
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>6/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Abdomen</u> Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>0.5mg IV dilaudid for pain @ 0930</u> <u>367, 16, 97, 113, 120/74</u>					
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring					
	Access type:	<u>Picc</u>				
	Site/Condition:	<u>UBicep-healthy</u>				
	Dressing:	<u>605 site D&amp;I</u>				
	Infusion(s): (solution/rate)	<u>1) TAN 50 2) RL @ 75 &gt; TFI 125</u>				
Comments: <u>PICC insertion site - appears healthy @ reddness @ swelling</u>						
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____ Breath Sounds: <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 5px;">                     Draw symbols on the lung diagram to indicate assessment.                 </td> <td> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED  <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED  <input type="checkbox"/> DECREASED AIR ENTRY  <input checked="" type="checkbox"/> ABSENT AIR ENTRY                      = EQUAL AIR ENTRY                 </td> <td style="text-align: center;">                     ANTERIOR                      R L L R   </td> <td style="text-align: center;">                     POSTERIOR                      R L L R   </td> </tr> </table>		Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR R L L R 	POSTERIOR R L L R 
	Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR R L L R 	POSTERIOR R L L R 		
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min					
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____					
Comments: <u>pt denies SOB</u>						

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELLIAH

FAM: UNKNOWN, FAMILY



**DAY SHIFT**

**U**  
**Voiding:**  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_  
**Urine:**  N/A Colour tea colored  Clear  Cloudy  Odour \_\_\_\_\_  
**Genitalia (appearance/drainage/flow):**  N/A \_\_\_\_\_  
**Comments:** Foley institu draining well

**G**  
 Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_  
**Abdomen:**  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_  
**Bowel Sounds:**  Normal x4  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ **Flatus:**  Yes  No  
**Last bowel movement:** ostomy Colour Brown Consistency/Size Liquid  Continent  Incontinent  
 **Stoma:** Type Colostomy Site RLO Colour beefy  Bridge \_\_\_\_\_  
 **Tube(s):**  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_  
 Tube depth:  Secured at/External length 105 cm  
 Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_  
 **Tube Feed:** Formula Deptamen 1.5 Rate 40 mL/hr Tube Site Appearance: \_\_\_\_\_  
**Comments:** pt denies nausea

**Colour:**  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_  
**Oral Mucosa:**  N/A  Pink  Pale  Cyanotic  Dry  
**Pressure Injury:**  No pressure injuries noted  Yes/At risk (Refer to *Pressure Injury Assessment* below)  
 NPWT at \_\_\_\_\_ mmHg **Therapy type:**  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

INTEGUMENTARY	Wound/Incision/Drain Location	Dressing Type	Drainage	
		midline drsg	mepilex	DAI
	RLO old necrotic	mepilex	DAI	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	(R) old CT site	mepilex	DAI	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Coccyx	mepilex	DAI	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	(R) bili + (L) perc	stat lock z op site	(R) - scant brown/red (L) - small brown/red	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in *Nurses Notes*, wound dressing changes on *Wound Care Record* (form #103527), NPWT changes on form #104265 TRIAL  
**Comments:** Rash to (R) Axilla  
(L) perc flushed z 20cc NS

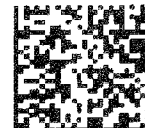
**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area  
**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis  
**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible  
**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.  
**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1:	Location #2:	Location #3:	Location #4:
<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 0950 Time charted: 1015



RUH  SCH  SPH  Other \_\_\_\_\_

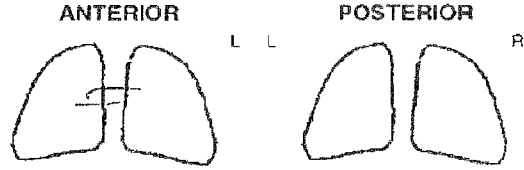
**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 13/2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____	
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____	
	Numbness/Tingling: <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>0/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>lt / lb / low abd</u> Quality: <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other <u>IV Dilaudid 1 e effect</u> Comments: <u>Denies headache / dizziness. Moving well per self. Mentating appropriately.</u>	
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ S1 <input type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring	
	Access type:	<u>Central</u>
	Site/Condition:	<u>RT PICC</u>
	Dressing:	<u>DK healthy</u>
	Infusion(s): (solution/rate)	<u>OPN 0.50ml/hr PICC 25ml/hr</u>
Comments: <u>Denies palpitations. Denies fever / chills</u>		
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles	
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____	
	Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>Denies SOB</u>	



**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

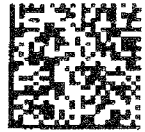
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: UNKNOWN, FAMILY



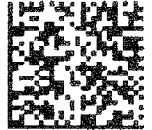
**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>DK amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>Healthy</u> Comments: <u>adequate void</u>																							
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>4/4</u> <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per rectum</u> Colour <u>brown</u> Consistency/Size <u>firm</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>Right</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length <u>105</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>perman 15</u> Rate <u>40</u> mL/hr Tube Site Appearance: <u>Healthy, intact</u> Comments: <u>pt reports tolerating IF well throughout day. No bloating or constipation</u>																							
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other <u>mild jaundice</u> Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																							
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> </tr> </thead> <tbody> <tr> <td><u>colostomy repair - DTI</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>colostomy Appl - Right - DTI</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>rectal sites (2) - Rectal - DTI + healthy</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Rt bili perc drain - DTI - healthy bilialy dry</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Lt perc - DTI / healthy - soft pulmonary dry - focused well</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Rt axilla rash - cream applied per mom</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage	<u>colostomy repair - DTI</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>colostomy Appl - Right - DTI</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>rectal sites (2) - Rectal - DTI + healthy</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Rt bili perc drain - DTI - healthy bilialy dry</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Lt perc - DTI / healthy - soft pulmonary dry - focused well</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Rt axilla rash - cream applied per mom</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																								
Comments: <u>Distal ulcers rep bioclar - DTI</u>																								

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2000 Time charted: 2050





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
Date Reassessed: _____ Time Reassessed: _____ Initials: _____	
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest	
Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____	
Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)	

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
1. <b>Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	2. <b>Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	3. <b>Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. <b>No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
1. <b>Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. <b>Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. <b>Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. <b>Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
1. <b>Bedfast</b> Confined to bed.	2. <b>Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. <b>Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. <b>Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
1. <b>Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	2. <b>Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. <b>Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	4. <b>No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
1. <b>Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	2. <b>Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	3. <b>Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	4. <b>Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICTION AND SHEAR</b>				
1. <b>Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	2. <b>Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	3. <b>No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
<b>TOTAL SCORE =</b>				

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: KANTHAN (CHANDRAKANTHAN), SELIAH

FAM: UNKNOWN, FAMILY



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 13/22 @ 0900	Pt rec'd into care @ 0930. Pt appears sleeping on
	Initial rounds, resp. easy. <span style="float: right;">JNeuboomLEN</span>
@ 0940	Pt AOX3. Pt vs,afebrile. Pt assessment completed.
	Pt c/o pain rated 9/10 given 0.5mg IV dilaudid. Pt had
	no other concerns on assessment states feeling much
	better. Ate 1/2 oatmeal, visitor @ bedside call bell
	in reach. <span style="float: right;">JNeuboomLEN</span>
@ 1020	Pt washed up per self 2 min assist from visitor. Pt
	up to sit in chair, pivot transfer per self. Pt bedding
	changed. Pt continues to sit up @ bedside call bell
	in reach. <span style="float: right;">JNeuboomLEN</span>
@ 1145	Pt in bed visiting no c/o pain or nausea. Pt has
	call bell in reach. <span style="float: right;">JNeuboomLEN</span>
@ 1302	Pt ate 1/4 lunch, pt has no voiced concerns. Pt
	watching TV call bell in reach. <span style="float: right;">JNeuboomLEN</span>
@ 1457	Pt appears sleeping, blood drawn for graiptscreen. Pt
	remains sleeping, resp. easy. <span style="float: right;">JNeuboomLEN</span>
@ 1605	Pt's ostomy appliance sd, pt removed ostomy per
	self, area cleansed, stoma protruding and beefy red,
	peristomal skin healthy, new 1 piece appliance cut
	to fit and applied. Pt's midline drsg sd Hydrafera blue
	still completely blue, new 5x5 mepilex applied. Pt's
	LQ mepilex removed, old necrotic area ota. Pt's
	corcux mepilex sd, area reddened 2 some slough
	tissue. Area blanchable, pt area cleansed 2 NS and
	new corcux mepilex applied. Pt given 2mg PO dilaudid
	post drsg sd @ 1600 Pt has call bell in reach. <span style="float: right;">JNeuboomLEN</span>
@ 1710	Pt given 0.5mg IV dilaudid @ 1640. Pt settled in
	bed, blood transfusion started @ 1705 @ 50ml/hr Pt
	has no concerns call bell in reach. <span style="float: right;">JNeuboomLEN</span>

Continued on Progress Record - Nursing (form #101434)



NURSING  
PROGRESS RECORD

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Page 1 of 2

DATE/TIME	REMARKS
Feb 13/22 @ 1736	Pt vss. Blood transfusion infusing @ 143ml/hr over 2 hrs. Pt settled & concerns call bell in reach — <u>Webbromlen</u>
@ 1929	Pt vitals stable. Flush for blood transfusion running. Pt watching T.V no voiced concerns — <u>Webbromlen</u>
Feb 13/22 @ 2025	Pt had approx 300ml emesis (bilious/food chunks) & approx 1450. Full "left rib pop out". 4mg IV Loraz + 2mg IV Dilaudid infused for same. Assessment complete P/B/C complete & flushed off. VSS. Pt given warm blanket & ice pack. Throat tube feed well. Mother left for night — <u>Kan</u>
@ 2250	Pt resting in bed, eyes closed, resp. eq. Update given on phone to pt's mom — <u>Kan</u>
Feb 14/22 @ 0010	Pt given po Dilaudid for abdo pain. Rectal discharge noted (pusulent / bloody brown) - pericare done & dress changed. Pt repositioned well per self — <u>Kan</u>
@ 0110	Low abdo pain "still bad". 0.5mg IV Dilaudid given. Benefit remains dry — <u>Kan</u>
@ 0141	Pt awake in bed, asking if her husband IV Dilaudid set. Reassured & settled — <u>Kan</u>
@ 0345	Pt resting in bed, eyes closed, resp. eq. — <u>Kan</u>
@ 0425	Pt awake, assisted to reposition. Warm blanket & ice pack given on request — <u>Kan</u>
@ 0540	settled, eyes closed, resp. eq. — <u>Kan</u>
@ 0600	Blood drawn out PICC, tube feed bag changed. Warm blanket & ice pack given — <u>Kan</u>







RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 14 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____			
Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____				
PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____				
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____				
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) HUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>				
Pain: Score (e.g. 0-10) <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>tailbone</u>				
Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____				
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____				
Comments: <u>Amg Rodikaudid @ CAS</u> <u>57, 18, 97RA, 11, 13219</u>				
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic			
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____			
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent			
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent			
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings			
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2			
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____			
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring			
	Access type:		<u>Picc</u>	
	Site/Condition:		<u>ulbicip-beathy</u>	
Dressing:		<u>opside DAI</u>		
Infusion(s):		<u>1) RL @ 35</u>		
(solution/rate)		<u>2) TAN @ 50</u>		
Comments: <u>Picc insertion site appears healthy &amp; redness &amp; swelling</u>				
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles			
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____			
	Breath Sounds:			
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Draw symbols on the lung diagram to indicate assessment.         </div>		<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	
			<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	
			<input type="checkbox"/> DECREASED AIR ENTRY	
			<input checked="" type="checkbox"/> ABSENT AIR ENTRY	
	<input type="checkbox"/> EQUAL AIR ENTRY		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b>ANTERIOR</b>   </div> <div style="text-align: center;"> <b>POSTERIOR</b>   </div> </div>	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min			
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling			
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____				
Comments: <u>pt denies SOB</u>				

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN,FAMILY



**DAY SHIFT**

<b>U</b>	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>tea colored</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>Foley instilled draining well</u>																								
<b>GI</b>	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>ostomy</u> Colour <u>brown</u> Consistency/Size <u>loose</u> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>RLQ</u> Colour <u>beefy red</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>105</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>peptamen 1.5</u> Rate <u>40</u> mL/hr Tube Site Appearance: _____ Comments: _____																								
<b>INTEGUMENTARY</b>	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
<b>INTEGUMENTARY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>midline incision distal Colostomy</u></td> <td><u>mepilex</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>free appliance</u></td> <td><u>1 piece</u></td> <td><u>brown stool</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(R) bili drain</u></td> <td><u>stat lock &amp; opsite</u></td> <td><u>scant red/brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(L) perc drain</u></td> <td><u>stat lock &amp; opsite</u></td> <td><u>purulent red/brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL                  Comments: <u>(R) axilla rash</u></p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline incision distal Colostomy</u>	<u>mepilex</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>free appliance</u>	<u>1 piece</u>	<u>brown stool</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(R) bili drain</u>	<u>stat lock &amp; opsite</u>	<u>scant red/brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(L) perc drain</u>	<u>stat lock &amp; opsite</u>	<u>purulent red/brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: <u>Coccyx</u> <input type="checkbox"/> At risk (reddened, blanching) <input checked="" type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature]

Assessment time: 0915 Time charted: 1021



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: 14-2-22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p><b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Orientated-x <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p><b>Affect:</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p><b>PERLA:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p><b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p><b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <input checked="" type="checkbox"/> LUE <input checked="" type="checkbox"/> RLE <input checked="" type="checkbox"/> LLE _____</p> <p><b>Pain: Score (e.g. 0-10):</b> <u>4</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>abd</u></p> <p><b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p><b>Pain Management Interventions:</b> <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> _____</p>																			
<b>CVS</b>	<p><b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p><b>Edema:</b> <input type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p><b>Radial Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><b>Pedal Pulse:</b> <input type="checkbox"/> N/A <b>Rt:</b> <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <b>Lt:</b> <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p><b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p><b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td colspan="3"><u>H Picc - 2 lumen</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="3"><u>D32</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="3"><u>D32</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="3"><u>TAP @ 50 RUC @ 25</u></td> </tr> </table> <p><b>Comments:</b> _____</p>				Access type:	<u>H Picc - 2 lumen</u>			Site/Condition:	<u>D32</u>			Dressing:	<u>D32</u>			Infusion(s): (solution/rate)	<u>TAP @ 50 RUC @ 25</u>		
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<b>RESPIRATORY</b>	<p><b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p><b>Cough:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p><b>Breath Sounds:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DECREASED AIR ENTRY</p> <p><input checked="" type="checkbox"/> ABSENT AIR ENTRY</p> <p><input type="checkbox"/> EQUAL AIR ENTRY</p> </div> <div style="width: 50%; text-align: center;"> <p><b>ANTERIOR</b>                      <b>POSTERIOR</b></p> <p>R                                      L L                                      R</p> </div> </div> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p><input type="checkbox"/> <b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> _____</p>																			

**NURSING RECORD**

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

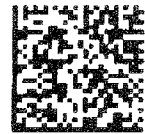
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>yellow</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																								
	GI <input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAS</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>↓</u> Colour <u>tan</u> Consistency/Size <u>large</u> <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>Colost</u> Site <u>Rt</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Pept 1-5</u> Rate <u>40</u> mL/hr Tube Site Appearance: <u>1</u> Comments: _____																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Medline inc</u></td> <td><u>Mepilex border</u></td> <td><u>D/E</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Bili drain Rt</u></td> <td><u>Stathlock</u></td> <td><u>Green bte</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>PERC drain Lt</u></td> <td><u>Stathlock</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Colost Appt</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Coccyx wound</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Medline inc</u>	<u>Mepilex border</u>	<u>D/E</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Bili drain Rt</u>	<u>Stathlock</u>	<u>Green bte</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>PERC drain Lt</u>	<u>Stathlock</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Colost Appt</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Coccyx wound</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<u>PERC drain Lt</u>	<u>Stathlock</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>Colost Appt</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>Coccyx wound</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																									

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

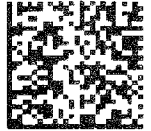
RN/LPN signature: \_\_\_\_\_

*[Signature]*

Assessment time: 2000

Time charted: 2010





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

Mobility section must be filled out every 24 hours and/or with any changes in mobility.

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices: _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
Date Reassessed: _____ Time Reassessed: _____ Initials: _____	
Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest	
Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices: _____	
Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)	

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meal and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			<b>TOTAL SCORE =</b>	

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY

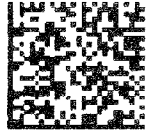


DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 14/22 @ 1033	Pt rec'd into care @ 0730. Pt ANOX3. Pt vss,afebrile. Pt assessment completed Pt c/o pain 8/10 to coccyx / tailbone given 2mg PO dilaudid @ 0925. Pt (U) perc drain flushed a normal NS. Pt benefit A/d for large red/brown purulent stool. Phlebotomy up to draw INR. Pt settled in bed case bell in reach. ————— <i>Neubron/AN</i>
@ 1043	Pt had smear of red/brown purulent stool, benefit A/d. Pt ( <del>ATN</del> <sup>mother</sup> ) requested dilaudid for 7/10 pain 0.5mg IV dilaudid given @ 1030. Pt settled in bed wife @ bedside case bell in reach. ————— <i>Neubron/AN</i>
@ 1135	Pt up to stretcher and down to CT. ————— <i>Neubron/AN</i>
@ 1245	Pt up from CT, settled back in bed, connected to TPV, TF and IVE. Pt has no voiced concerns case bell in reach. ————— <i>Neubron/AN</i>
@ 1405	Pt given as 2mg PO dilaudid @ 1405 as per requested. Pt vitals stable. Pt settled case bell in reach. ————— <i>Neubron/AN</i>
@ 1535	Social work in r pt. ————— <i>Neubron/AN</i>
@ 1601	Pt's midline drsg A/d. Wound care in to assess. No hydrothera blue req'd. Area cleansed r NS and 2x2 neplex applied Pt tolerated well. ————— <i>Neubron/AN</i>
@ 1620	Pt given 0.5mg IV dilaudid @ 1615, then down for bili drain check. ————— <i>Neubron/AN</i>
@ 1700	Pt back from bili drain check. Pt settled back in bed, coccyx drsg applied. Pt has no concerns case bell in reach. ————— <i>Neubron/AN</i>
@ 1810	Pt given 8mg IV zofran @ 1738 for nausea r emesis. Pt also given 2mg PO dilaudid for pain @ 1805. Pt settled in bed case bell in reach. ————— <i>Neubron/AN</i>
@ 1931	Pt repositioned r A/d as per pt's moms request. Pt mom asking about "air" bed that was ordered on Friday. Clerks will look into it. Pt aware and ok r same. ————— <i>Neubron/AN</i>

Continued on Progress Record - Nursing (form #101434)









RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 15/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<p><b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p><b>Affect:</b> <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p><b>PERLA:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p><b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p><b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p><b>Pain:</b> Score (e.g. 0-10) <u>7/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____</p> <p><b>Quality:</b> <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p><b>Pain Management Interventions:</b> <input checked="" type="checkbox"/> See MAR <input checked="" type="checkbox"/> Other <u>ice pack + warm blanket given</u></p> <p><b>Comments:</b> <u>Pt Denied headache + dizziness.</u></p>																
<b>CVS</b>	<p><b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p><b>Edema:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <b>Type/location(s)</b> _____</p> <p><b>Radial Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><b>Pedal Pulse:</b> <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p><b>Heart Sounds:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p><b>Chest Pain:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>Central</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D&amp;F, healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1) PCE @ 25 2) TPN @ 50</u></td> <td></td> <td></td> </tr> </table> <p><b>Comments:</b> <u>Pt denies numbness + tingling.</u></p>	Access type:	<u>Central</u>			Site/Condition:	<u>PICC</u>			Dressing:	<u>D&amp;F, healthy</u>			Infusion(s): (solution/rate)	<u>1) PCE @ 25 2) TPN @ 50</u>		
Access type:	<u>Central</u>																
Site/Condition:	<u>PICC</u>																
Dressing:	<u>D&amp;F, healthy</u>																
Infusion(s): (solution/rate)	<u>1) PCE @ 25 2) TPN @ 50</u>																
<b>RESPIRATORY</b>	<p><b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p><b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p><b>Breath Sounds:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="width: 60%;"> <p><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 20%; text-align: center;"> <p><b>ANTERIOR</b></p>  <p><b>POSTERIOR</b></p>  </div> </div> <p><b>Oxygen Therapy:</b> <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O<sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH<sub>2</sub>O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> <b>Trach:</b> Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p><b>Comments:</b> <u>Denies chest pain + SOB</u></p>																

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

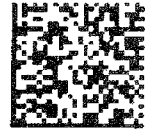
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



**DAY SHIFT**

**GU**  
**Voiding:**  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_  
**Urine:**  N/A Colour Dark amber  Clear  Cloudy  Odour \_\_\_\_\_  
**Genitalia (appearance/drainage/flow):**  N/A  
**Comments:** adequate output. pt states no concerns

Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_  
**Abdomen:**  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_  
**Bowel Sounds:**  Normal x4  Hypoactive \_\_\_\_\_  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ **Flatus:**  Yes  No  
**Last bowel movement:** feb 15 per <sup>stoma</sup> ~~stoma~~ Colour light brown Consistency/Size liquid  Continent  Incontinent  
 Stoma: Type colost Site right Colour pink, moist  Bridge \_\_\_\_\_  
 Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_  
 Tube depth:  Secured at/External length \_\_\_\_\_ cm  
 Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_  
 Tube Feed: Formula pep 1.5 Rate 40 mL/hr Tube Site Appearance: healthy  
**Comments:** pt tolerating tube feeds. denies nausea at present

**Colour:**  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_  
**Oral Mucosa:**  N/A  Pink  Pale  Cyanotic  Dry  
**Pressure Injury:**  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)  
 NPWT at \_\_\_\_\_ mmHg **Therapy type:**  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

INTEGUMENTARY	Wound/Incision/Drain Location	Dressing Type	Drainage	
	<u>coccyx mepiles</u>	<u>D&amp;F</u>	<u>Ø</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>midline drsg</u>	<u>mepiles D&amp;F</u>	<u>Ø</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>RT bili drain</u>	<u>stat lock, DAT</u>	<u>bileucus drng; mod amount</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
	<u>Lt perc drain</u>	<u>stat lock D&amp;F</u>	<u>small amount purulent drng</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
	<u>abds colost appliance</u>	<u>D&amp;F</u>	<u>mod amount brown drng</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL  
**Comments:** rash to axilla, worse on (2) side. Rash to lower back - wife states improving

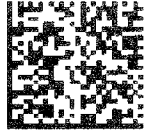
**PRESSURE INJURY ASSESSMENT (see staging below):**

**Stage 1:** Non blanching, localized, reddened area  
**Stage 2:** Blister or partial-thickness loss of skin with exposed dermis  
**Stage 3:** Full-thickness skin loss, subcutaneous fat may be visible  
**Stage 4:** Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

**Unstageable:** Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.  
**Deep Tissue:** Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1: <u>COCCYX</u>	Location #2: _____	Location #3: _____	Location #4: _____
<input checked="" type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	<input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: S. Green/Robins / D. G. M. W. Assessment time: 1015 Time charted: 1440



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: 15-2-22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																		
Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																			
PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																			
Numbness/Tingling: <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																			
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>3</u> LUE <u>3</u> RLE <u>3</u> LLE <u>3</u>																			
Pain: Score (e.g. 0-10) <u>done</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																			
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																			
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____																			
Comments: _____																			
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																		
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																		
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																		
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																		
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	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td colspan="2"><u>17 PICC - 2L</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="2"><u>Rt</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="2"><u>DS</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="2"><u>10cc 50</u> <u>RL 0.30</u></td> </tr> </table>			Access type:	<u>17 PICC - 2L</u>		Site/Condition:	<u>Rt</u>		Dressing:	<u>DS</u>		Infusion(s): (solution/rate)	<u>10cc 50</u> <u>RL 0.30</u>					
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Dressing:	<u>DS</u>																		
Infusion(s): (solution/rate)	<u>10cc 50</u> <u>RL 0.30</u>																		
Comments: _____																			
<b>RESPIRATORY</b>	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																		
	Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																		
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;">           Draw symbols on the lung diagram to indicate assessment.         </td> <td style="width: 20%;"> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED         </td> <td style="width: 20%; text-align: center;"> <b>ANTERIOR</b> </td> <td style="width: 20%; text-align: center;"> <b>POSTERIOR</b> </td> </tr> <tr> <td> <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED         </td> <td style="text-align: center;">           R         </td> <td style="text-align: center;">           L L         </td> <td style="text-align: center;">           R         </td> </tr> <tr> <td> <input type="checkbox"/> DECREASED AIR ENTRY         </td> <td colspan="3" style="text-align: center;"> </td> </tr> <tr> <td> <input checked="" type="checkbox"/> ABSENT AIR ENTRY         </td> <td colspan="3" style="text-align: center;">           EQUAL AIR ENTRY         </td> </tr> </table>			Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>	<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	R	L L	R	<input type="checkbox"/> DECREASED AIR ENTRY				<input checked="" type="checkbox"/> ABSENT AIR ENTRY	EQUAL AIR ENTRY		
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	<input type="checkbox"/> DECREASED AIR ENTRY																		
	<input checked="" type="checkbox"/> ABSENT AIR ENTRY	EQUAL AIR ENTRY																	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																		
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																		
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																		
Comments: _____																			

**NURSING RECORD**



SK UNKNOWN

MRN: RUH 1315031

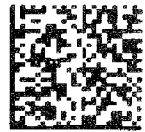
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN,FAMILY



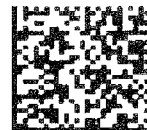
**NIGHT SHIFT**

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>yellow</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>healthy</u> Comments: _____																								
	<input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet <u>DST</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis <u>0</u> <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input type="checkbox"/> Normal <u>1-2</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Last bowel movement: <u>5-9</u> Colour <u>tan</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ <input type="checkbox"/> Stoma: Type <u>colost</u> Site <u>RUQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>pepsin 1-5</u> Rate <u>45</u> mL/hr Tube Site Appearance: _____ Comments: _____																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Middle inc</u></td> <td><u>medex band DST</u></td> <td></td> <td><input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LT PERC</u></td> <td><u>stoclod</u></td> <td><u>5% povidone brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>RT PERC/Bilda</u></td> <td><u>stoclod</u></td> <td><u>green totes</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Acuys</u></td> <td><u>medex DST</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ost (per) dr</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Middle inc</u>	<u>medex band DST</u>		<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	<u>LT PERC</u>	<u>stoclod</u>	<u>5% povidone brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>RT PERC/Bilda</u>	<u>stoclod</u>	<u>green totes</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Acuys</u>	<u>medex DST</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ost (per) dr</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																									
Comments: _____																									

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2030 Time charted: 230





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: <u>Feb 15/22</u> Time: <u>1755</u> Initials: <u>RNL</u>
	Mobility: <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Guided <input checked="" type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>act</u> <input type="checkbox"/> Assistive devices <u>walker</u>
	Fall Prevention: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Restraints - Type <u>0</u> (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score <u>4</u>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	<u>3-4</u>
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	<u>2-3</u>
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	<u>3-4</u>
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IVs for more than 5 days.	<b>2. Probably inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	<u>2-3</u>
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	<u>3</u>
<b>TOTAL SCORE =</b> <u>17-21</u>				

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: <u>RNL</u>
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	

**NURSING RECORD**

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY

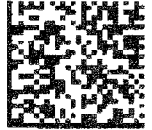


DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 15/22 @0815	Pt resting in bed e eyes closed. Resps easy. No voiced concerns. S. Grauech-Ultsky
@0930	Pt required minimal assistance to empty ostomy appliance. Wife at bedside of other concerns at this time. S. Grauech-Ultsky
@1025	assessment complete. USS. Pt + wife informed that kids would be allowed for a one hour visit on pt birthday. Pt + wife + emotional + very happy e news. No other voiced concerns. S. Grauech-Ultsky
@1035	2mg PO diclofenid given for pain per pt request. Wife at bedside. No other voiced concerns. S. Grauech-Ultsky
@1125	0.5 mg IV diclofenid given per pt request for pain. Wife at bedside. No other voiced concerns. S. Grauech-Ultsky
@1212	Depend changed for small liquid rectal Bm. Milk still at bedside. No other voiced concerns. S. Grauech-Ultsky
@1330	PT in e pt. Wife walking e pt + PT. No other voiced concerns. S. Grauech-Ultsky
@1420	0.5 mg IV diclofenid given for pain per pt request. No other concerns. S. Grauech-Ultsky
@1730	Emptied all drains + catheter, purged ileo bag. Hung TPN @ 50mls/hr continuous, added 1 carton peptamen 1.5, pt would like rate ↑ to 45mls/hr, as per diet, later this evening. Mom was concerned re: bili drain - slight redness around tube site. Monitor. Pump cleared, volumes charted. Pt requested

☐ Continued on Progress Record - Nursing (form #101434)













RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 16/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	<b>Level of Consciousness:</b> <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																						
	<b>Affect:</b> <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																						
<b>PERLA:</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																							
<b>Numbness/Tingling:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																							
<b>Muscle Strength:</b> <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>2</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																							
<b>Pain: Score (e.g. 0-10)</b> <u>4/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>abd diffuse</u>																							
<b>Quality:</b> <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																							
<b>Pain Management Interventions:</b> <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																							
<b>Comments:</b> <u>pt denies H/A, SR dilaudid given per MAR, pt denies need for further analgesia at this time</u>																							
<b>CVS</b>	<b>Capillary Refill:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																						
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Infusion(s): (solution/rate)	<u>AL @ 30 TPNSO</u>																						
<b>Comments:</b> _____																							
<b>RESPIRATORY</b>	<b>Respirations:</b> <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																						
	<b>Cough:</b> <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																						
	<b>Breath Sounds:</b> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">           cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED         </td> <td style="width:20%; border: none;"></td> <td style="width:20%; border: none;"></td> <td style="width:20%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">           wh WHEEZE: INSPIRED/EXPIRED         </td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">           ↓ DECREASED AIR ENTRY         </td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;">           ■ ABSENT AIR ENTRY         </td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;">           = EQUAL AIR ENTRY         </td> <td style="border: none;"></td> </tr> </table>			cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED				wh WHEEZE: INSPIRED/EXPIRED				↓ DECREASED AIR ENTRY					■ ABSENT AIR ENTRY					= EQUAL AIR ENTRY	
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<input type="checkbox"/> <b>Chest Tube:</b> Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																							
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<b>Comments:</b> _____																							

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN,FAMILY



**DAY SHIFT**

<b>GU</b>	<p><b>Voiding:</b> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____</p> <p><b>Urine:</b> <input type="checkbox"/> N/A Colour <u>dark amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____</p> <p><b>Genitalia (appearance/drainage/flow):</b> <input checked="" type="checkbox"/> N/A _____</p> <p><b>Comments:</b> <u>foley draining well</u></p>																								
<b>GI</b>	<p><input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____</p> <p><b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____</p> <p><b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ <b>Flatus:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>per stoma</u></p> <p><b>Last bowel movement:</b> <u>per stoma</u> Colour <u>light brown</u> Consistency/Size <u>loose</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent</p> <p><input checked="" type="checkbox"/> <b>Stoma:</b> Type <u>colostomy</u> Site <u>RDO</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____</p> <p><input checked="" type="checkbox"/> <b>Tube(s):</b> <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____</p> <p style="margin-left: 20px;">Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>105</u> cm</p> <p style="margin-left: 20px;"><input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____</p> <p><input checked="" type="checkbox"/> <b>Tube Feed:</b> Formula <u>peptamen 1.5</u> Rate <u>45</u> mL/hr Tube Site Appearance: <u>healthy</u></p> <p><b>Comments:</b> <u>colostomy appliance intact</u></p>																								
<b>INTEGUMENTARY</b>	<p><b>Colour:</b> <input checked="" type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____</p> <p><b>Oral Mucosa:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry</p> <p><b>Pressure Injury:</b> <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to <i>Pressure Injury Assessment</i> below)</p> <p><input type="checkbox"/> NPWT at _____ mmHg <b>Therapy type:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>midline incision</td> <td>mepilex to distal end</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>occyx</td> <td>mepilex</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Rt bili drain</td> <td>stat lock</td> <td>dark green</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Lt perc drain</td> <td>stat lock</td> <td>purulent</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p><small>*Document: Incision and drain dressing changes in <i>Nurses Notes</i>; wound dressing changes on <i>Wound Care Record</i> (form #103527); NPWT changes on form #104265TRIAL</small></p> <p><b>Comments:</b> <u>jaundice noted in eyes, drains flushed per order</u></p>	Wound/Incision/Drain Location	Dressing Type	Drainage		midline incision	mepilex to distal end	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	occyx	mepilex	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Rt bili drain	stat lock	dark green	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Lt perc drain	stat lock	purulent	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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PRESSURE INJURY ASSESSMENT (see staging below):				
<b>Stage 1:</b> Non blanching, localized, reddened area	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>			
<b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis				
<b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible				
<b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage				
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	

RN/LPN signature: E. D. R.N. Assessment time: 0910 Time charted: 1300



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 16-17/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																	
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input checked="" type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																	
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																	
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>2/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>abdomen</u> Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other <u>Pt did not require med at this time.</u> Comments: <u>Answers questions well. Moves all limbs. No head aches. No dizziness. No vision problems. No wound concerns.</u>																	
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input type="checkbox"/> S1 <input type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>Central</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>OPICC</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>dry + intact</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1) JPnc 50ml/hr</u> <u>2) RLE 30ml/hr</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>Central</u>			Site/Condition:	<u>OPICC</u>			Dressing:	<u>dry + intact</u>			Infusion(s): (solution/rate)	<u>1) JPnc 50ml/hr</u> <u>2) RLE 30ml/hr</u>		
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Comments: <u>T 36.9 P 11.3 RR 16 BP 111/72. No wound concerns.</u>																		
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 20%; vertical-align: top;">           Draw symbols on the lung diagram to indicate assessment.         </td> <td style="width: 40%; text-align: center;"> <b>ANTERIOR</b> </td> <td style="width: 40%; text-align: center;"> <b>POSTERIOR</b> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>		Draw symbols on the lung diagram to indicate assessment.	<b>ANTERIOR</b>	<b>POSTERIOR</b>														
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<b>RESPIRATORY</b> Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>O2 sets 977-0NRA. Reports SOB. No wound concerns.</u>																		

# NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

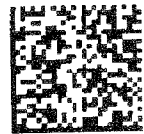
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



## NIGHT SHIFT

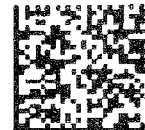
GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>amber</u> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>normal</u> Comments: <u>adequate output - no wiled concern</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour <u>green</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>RUQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>105</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Reptaran 1.5</u> Rate <u>45</u> mL/hr Tube Site Appearance: <u>Perianth</u> Comments: <u>NT intact &amp; waiting feeds will. No further needs since Subway. Appearance intact.</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																									

### PRESSURE INJURY ASSESSMENT (see staging below):

Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial-thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2130 Time charted: 2225





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____		
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest		
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)		
	Date Reassessed: _____ Time Reassessed: _____ Initials: _____ Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)		

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>4</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	<b>4</b>
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	<b>3</b>
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	<b>3</b>
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	<b>3</b>
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	<b>3</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels			<b>Time:</b> <u>2226</u>
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____			

**NURSING RECORD**

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

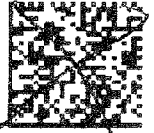
FAM: UNKNOWN,FAMILY



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 16/22 0805	Pt received into care. Pt appears to be sleeping, resp easy & regular, will assess shortly. ———— E. Stalbert RN
0912	Assessment completed, VSS, safety checks done. Pt states pain under control currently and no nausea. Pt ate 1/4 of breakfast tray. & voiced concerns. ———— E. Stalbert RN
0925	Meds given, bili drain, colostomy, and foley emptied. Sticker on nose for NS tube s/d. & voiced concerns wife in to visit. ———— E. Stalbert RN
1052	Pt requesting IV dilaudid for pain, given per MAR. Wife asking about BW, results discussed. & voiced concerns. ———— E. Stalbert RN
1216	IV abx hung. Mepilex to lower abd s/d. & voiced concerns wife remains at bedside. ———— E. Stalbert RN
1325	Pt requesting colostomy appliance to be s/d, appliance lifting near belly button. Pt removed appliance independently. Skin looks healthy, site cleaned, skin prep applied. One piece bag applied. Warm blanket provided to apply on appliance. Pt tolerated well. ———— E. Stalbert RN
1335	Pt disconnected from TF + IV lines to go down to physio gym. Physio bringing pt down in VC. ———— E. Stalbert RN
1441	Pt returned to unit, reconnected to TF & IVF. Pt requesting dilaudid for pain, will give shortly. ———— E. Stalbert RN
1505	PO dilaudid + Tylenol given, & voiced concerns. ———— E. Stalbert RN
1645	Drains + foley emptied. Pt's mom in to visit. Brought in pressure reducing cushions + placed them under pt's back and buttocks. & voiced concerns. ———— E. Stalbert RN
1745	Pt eating food that mom brought in, denies nausea. & voiced concerns. ———— E. Stalbert RN
1920	Pt requesting dilaudid, given PO per MAR. TF topped up. Mom concerned that bili drain oozing around tube, note written to Dr.'s, call bell in reach. ———— E. Stalbert RN

Continued on Progress Record - Nursing (form #101434)





**NURSING  
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Feb 16/22 1940	Pt vomited x1. Not due for anti-emetics. Pt requesting IV dilaudid given per MAR. <i>Edith RN</i>
Feb 16/22 @ 1952	Repeat noted firm stools. Risting in bed. <i>Edith</i>
Feb 16/22 @ 2010	Given 50mg graul for nausea. Pt's mom concerned about Perc site being painful. RN Mitchell called resident Dr. Singaris and made aware of above, will let them know. <i>Edith</i>
Feb 16/22 @ 2155	H/S assessment and meds given. Pt resting in bed. Provided a warm blanket. Bili tube emptied for 150mls and colostomy for 50mls. No wound concerns. <i>Edith</i>
Feb 16/22 @ 2300	Eyes closed. Resps easy. Appears to be sleeping. <i>Edith</i>
Feb 16/22 @ 2329.	Pt awoke c/o pain given 2mg PO dilaudid. <i>Edith</i>
Feb 17/22 @ 0000	Pt's mom called to check in. Eyes closed. Resps easy. <i>Edith</i>
Feb 17/22 @ 0021	Pt still c/o pain so given 1mg IV dilaudid along with a warm blanket and ice pack. Emptied 100mls from bili drain and 25mls stool. <i>Edith</i>
Feb 17/22 @ 0050	Eyes closed. Resps easy. Appears to be sleeping. <i>Edith</i>
Feb 17/22 @ 0306	Eyes closed. Resps easy. Appears to be sleeping. <i>Edith</i>
Feb 17/22 @ 0414	Pt c/o abdominal pain given 2mg PO dilaudid. Pt resting in bed. <i>Edith</i>
Feb 17/22 @ 0450	Pt c/o pain given IV 2mg dilaudid. Pt resting in bed. <i>Edith</i>
Feb 17/22 @ 0502	Am blood wick drawn from PCC line and sent to lab. <i>Edith</i>



33



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: Feb 17/22

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x 3 <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																				
Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																					
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																					
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																					
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																					
Pain: Score (e.g. 0-10) <u>10/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>lower abd</u>																					
Quality: <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																					
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																					
Comments: <u>pt denies h/a dilaudid given per MAR</u>																					
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																				
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																				
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																				
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2																				
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																				
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td colspan="2"><u>PICC</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="2"><u>arm healthy</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="2"><u>D+E leg aderm</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="2"><u>TAN @ 50 RL @ 30</u></td> </tr> </table>			Access type:	<u>PICC</u>		Site/Condition:	<u>arm healthy</u>		Dressing:	<u>D+E leg aderm</u>		Infusion(s): (solution/rate)	<u>TAN @ 50 RL @ 30</u>							
	Access type:	<u>PICC</u>																			
Site/Condition:	<u>arm healthy</u>																				
Dressing:	<u>D+E leg aderm</u>																				
Infusion(s): (solution/rate)	<u>TAN @ 50 RL @ 30</u>																				
Comments: <u>pt tachy at 126 due to vomiting - will A PICC drsg today</u>																					
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																				
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																				
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">cr</td> <td>CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="text-align: center;"><b>ANTERIOR</b></td> <td style="text-align: center;"><b>POSTERIOR</b></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">wh</td> <td>WHEEZE: INSPIRED/EXPIRED</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L R</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">↓</td> <td>DECREASED AIR ENTRY</td> <td colspan="2" rowspan="2" style="text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">■</td> <td>ABSENT AIR ENTRY</td> </tr> <tr> <td colspan="2" style="text-align: center;">= EQUAL AIR ENTRY</td> <td colspan="2"></td> </tr> </table>			cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>	wh	WHEEZE: INSPIRED/EXPIRED	R	L L R	↓	DECREASED AIR ENTRY			■	ABSENT AIR ENTRY	= EQUAL AIR ENTRY			
	cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<b>ANTERIOR</b>	<b>POSTERIOR</b>																	
	wh	WHEEZE: INSPIRED/EXPIRED	R	L L R																	
	↓	DECREASED AIR ENTRY																			
	■	ABSENT AIR ENTRY																			
	= EQUAL AIR ENTRY																				
	<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Draw symbols on the lung diagram to indicate assessment.         </div>																				
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O <sub>2</sub> nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																				
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH <sub>2</sub> O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding																					
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																					
Comments: _____																					

**NURSING RECORD**

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

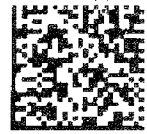
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



**DAY SHIFT**

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ileal conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour amber  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A \_\_\_\_\_

Comments: foley draining well

**GI**

Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis x1 abt 100ml  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_

Bowel Sounds:  Normal  Hypoactive x4  Hyperactive \_\_\_\_\_  Absent \_\_\_\_\_ Flatus:  Yes  No per stoma

Last bowel movement: per stoma Colour light brown Consistency/Size loose  Continent  Incontinent

Stoma: Type colostomy Site LA Colour pink  Bridge \_\_\_\_\_

Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured at/External length 105 cm

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula peptamin 1.5 Rate 45 mL/hr Tube Site Appearance: healthy

Comments: colostomy appliance intact

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other \_\_\_\_\_

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry \_\_\_\_\_

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	
<u>coax</u>	<u>mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Rt bili drain</u>	<u>stat lock</u>	<u>dark green</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Lt perc drain</u>	<u>stat lock</u>	<u>purulent</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>midline incision distal end</u>	<u>mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

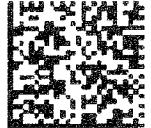
\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527), NPWT changes on form #104265TRIAL

Comments: mild jaundice to eyes, will do coax drsg today + assess wound

**PRESSURE INJURY ASSESSMENT (see staging below):**

<p><b>Stage 1:</b> Non blanching, localized, reddened area</p> <p><b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis</p> <p><b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible</p> <p><b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p><b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p><b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.</p>		
<p>Location #1: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #2: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #3: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>	<p>Location #4: _____</p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input type="checkbox"/> Stage 1</p> <p>Stage 2 and greater see below:</p> <p><input type="checkbox"/> Stage _____</p> <p>Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*See Wound Care Record</p>

RN/LPN signature: E. Stobart RN Assessment time: 0910 Time charted: 1219



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 17-18/2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other <u>denies h/a</u>																
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																
CVS	PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe <u>Pupils 3mm</u>																
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																
	Pain: Score (e.g. 0-10) <u>10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>facial mid abd, new today</u>																
	Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to <u>facial down to</u>																
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>bandaid on chest, said 10/10 - I have never had this</u> Comments: <u>had w/ no central Pt taking 1.5mg Oxycodone w/ 2hrs, once tylenol and 9mg SR Morph</u> <u>Powering out to be. expect to be in pain again during day</u>																
RESPIRATORY	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <u>P69</u>																
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>no crackles/rales/3rd/4th</u> <input type="checkbox"/> S1 <input checked="" type="checkbox"/> S2																
Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input checked="" type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																	
<table border="1"> <tr> <td>Access type:</td> <td><u>Central - PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Home</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>leg dtri - total dry only; subcut. wound.</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1 RLE 30</u> <u>2 TDW 50</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>Central - PICC</u>			Site/Condition:	<u>Home</u>			Dressing:	<u>leg dtri - total dry only; subcut. wound.</u>			Infusion(s): (solution/rate)	<u>1 RLE 30</u> <u>2 TDW 50</u>		
Access type:	<u>Central - PICC</u>																
Site/Condition:	<u>Home</u>																
Dressing:	<u>leg dtri - total dry only; subcut. wound.</u>																
Infusion(s): (solution/rate)	<u>1 RLE 30</u> <u>2 TDW 50</u>																
Comments: <u>BP 113/79. denies chest pain / dizziness / lightheaded.</u>																	
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																
	Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input checked="" type="checkbox"/> Productive - Sputum colour/consistency <u>white opaque clear</u>																
	Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY																
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 150px;">           Draw symbols on the lung diagram to indicate assessment.         </div> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div>																
Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																	
Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																	
Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>RL 18, subcl 9.67 on RA. denies SOB, said SOB when up PT.</u>																	

**NURSING RECORD**

SK UNKNOWN

MRN: RUH 1315031

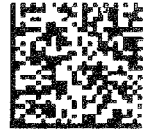
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



**NIGHT SHIFT**

**GU**

Voiding:  Continent  Incontinent  Anuric  Catheter  Ilea conduit  Nephrostomy  Other \_\_\_\_\_

Urine:  N/A Colour seen yet by nurse  Clear  Cloudy  Odour \_\_\_\_\_

Genitalia (appearance/drainage/flow):  N/A noted red rash like in own pub under scrotum

Comments: will ask resident to ask physician. Starts a little bringing a natural voice - learning will monitor

**GI**

Nothing by mouth  Diet DAT  Tolerating  Nausea  Emesis \_\_\_\_\_  Calorie Counts \_\_\_\_\_

Abdomen:  Soft  Firm  Distended  Obese  Tender \_\_\_\_\_

Bowel Sounds:  Normal  Hypoactive low/soft  Hyperactive small amount flt  Absent  Flatus:  Yes  No

Last bowel movement: per rectum  Per rectum  Colour H. brown Consistency/Size \_\_\_\_\_  Continent  Incontinent

Stoma: Type end ileost. Site Blade Colour red  Bridge \_\_\_\_\_

Tube(s):  NG - Salem Sump™  NG - Small bore  NJ  PGJ  PEG  PG  Jejunostomy  Other \_\_\_\_\_

Tube depth:  Secured at/External length typed cm see tube numbers

Clamped  Intermittent/Continuous (circle) suction at \_\_\_\_\_ Drainage characteristics: \_\_\_\_\_ pH \_\_\_\_\_

Tube Feed: Formula Peptamen 1.5 Rate 75 mL/hr Tube Site Appearance: (4) more, typed

Comments: very dry so wheels today dit will. (last) tube well secured. If patient had low g. flow.

**INTEGUMENTARY**

Colour:  Normal/Appropriate to patient  Jaundice  Pale  Cyanotic  Other to body & to nails today

Oral Mucosa:  N/A  Pink  Pale  Cyanotic  Dry \_\_\_\_\_

Pressure Injury:  No pressure injuries noted  Yes/At risk (Refer to Pressure Injury Assessment below)

NPWT at \_\_\_\_\_ mmHg Therapy type:  Continuous  Intermittent  Instillation - Solution \_\_\_\_\_

Wound/Incision/Drain Location	Dressing Type	Drainage	Intact/Changed
<u>Coxyx meplex dr.</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>liver mid abd</u>	<u>2x2 meplex dr</u>	<u>dr</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Bilidrain (Blade)</u>	<u>tegaderm / Statlock</u>	<u>intact, secret yellow</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>(4) perc drain</u>	<u>tegaderm / Statlock</u>	<u>dr, dried crusty</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Blade under abd fem</u>	<u>4x4 meplex</u>	<u>dit said to inhibit</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

\*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (Form #103527). NPWT changes on form #104265TRIAL

Comments: Bilidrain (Blade) active: for wound site. (4) perc drain intact, active for wound. legial grey-tan flat granular. Purod & 2 small red on colored. Black spec

**PRESSURE INJURY ASSESSMENT (see staging below):** meplex feet on toes. P. red has 1 - will use & covered

Stage 1: Non blanching, localized, reddened area

Stage 2: Blister or partial-thickness loss of skin with exposed dermis

Stage 3: Full-thickness skin loss, subcutaneous fat may be visible

Stage 4: Full thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

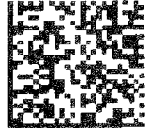
Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.

Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

Location #1:	Location #2:	Location #3:	Location #4:
<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> At risk (reddened, blanching)
<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1	<input type="checkbox"/> Stage 1
Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:	Stage 2 and greater see below:
<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____	<input type="checkbox"/> Stage _____
Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No
Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*	Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No*
*See Wound Care Record	*See Wound Care Record	*See Wound Care Record	*See Wound Care Record

RN/PN signature: S. Bohan Assessment time: 2010 Time charted: 2315





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 5 of 6

**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	<b>Date:</b> _____ <b>Time:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints – Type _____ (see Restraint Record)
<b>MOBILITY</b>	<b>Date Reassessed:</b> _____ <b>Time Reassessed:</b> _____ <b>Initials:</b> _____
	<b>Mobility:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	<b>Weight Bearing Status:</b> _____ <input type="checkbox"/> Assistive devices _____
	<b>Fall Prevention:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints – Type _____ (see Restraint Record)

**BRADEN SCALE – PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement. OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
				<b>TOTAL SCORE =</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 17/22 0805	Pt received into care. Pt appears to be sleeping, resp easy & will assess shortly. ————— <del>Establish RN</del>
0850	Pt ringing, vomited about 100 mL, IV Zofran given per MAR. Pt requesting IV dilaudid, states "my stomach is killing me", will give once Zofran done — <del>Establish RN</del>
Feb 17/22 @ 0955	Pt rec'd into care @ ~ 0740 on initial rounds Pt rang call bell, vomiting small amt tan/light brown liquid. Primary RN gave meds for same. C/O following pain, meds given. A/O X3. HR 128 bpm. Other vitals stable. Radial and pedal pulses palpable. No edema noted. S1 and S2 heart sounds heard on auscultation. No extra heart sounds. Lung sounds clear throughout, decreased to the bases. Denies chest pain or shortness of breath. Foley insitu draining clear yellow urine. Abdo slightly distended, soft. BS X4, hyperactive. Ostomy appliance insitu draining light brown. Stool stoma appears beefy red in colour. TPN infusing at 50ml/hr, RL at 30ml through PICC. NJ tube infusing 45ml. NJ @ 10scm. Coccyx dressing intact, & shadowing to same. Midline incision dress intact, & shadowing. Rt bili drain stat lock insitu draining dark yellow/green fluid. Lt Perc drain <del>stat lock</del> stat lock insitu, draining purulent fluid. Both drains flushed as per policy. Pt currently resting in bed with at bed side ————— KRNSUSASK

Continued on Progress Record - Nursing (form #101434)



**NURSING  
PROGRESS RECORD**

DATE/TIME	REMARKS
Feb 17/22 1016	Writer agrees E student assessment. IV dilaudid was given at 0910. Pt was still quite nauseous + dry heaving. IV Caradol was given at 0920. Pt currently states nausea has subsided but continues to have intermittent pain, will continue to monitor. Wife at bedside. Vitals stable & safety checks done. Call bell in reach — E. Albert RN
1119	Pt reports pain 9/10, states he feels lots of pressure in his lower abd. IV dilaudid given per MAR. TF topped up & other voiced concerns. — E. Albert RN
FEB 17/22 1230	Pt not feeling up for eating any lunch. & voiced concerns — E. Albert RN
1325	Pt requesting IV dilaudid, 1.5 mg given per new order. Pt vomited about 250 ml of clear light brown fluid. & due for antiemetics, pt states nausea has dissipated after the emesis episode. Bili drain & colostomy bag emptied. Wife remains at bedside. Physio appointment cancelled due to vomiting — E. Albert RN
1510	Foley cath removed per order, tip intact, balloon had 9ml sterile water, pt tolerated well. Pt instructed about measured voids, urinal provided. Coccyx mepilex removed, site cleansed, no open wound noted, red blanchable skin about 5cm x 5cm noted. New mepilex applied. Stat lock to Rt bili drain removed, site cleansed, new stat lock applied. Pt tolerated well. — E. Albert RN
1535	Lt ACC drsg Changed insertion site has <sup>error</sup> <del>red</del> redness or small amt of purulent drainage. 1 suture no longer intact. Remaining suture intact cleansed with chlorhexidine. TPN continues to run at 50ml/hr. RL running at 30ml/hr. — KRZKINSUSASK



SASKATOON HEALTH REGION  
Saskatoon, Saskatchewan

RUH  SCH  SPH  Other \_\_\_\_\_

33

SK UNKNOWN

MRN: RUH 1315031

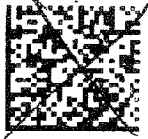
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726/M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



**NURSING  
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Feb 17/22 1628	Pt requesting IV dilaudid for 8/10 pain. 1.5mg IV given per MAR. Mom at bedside c pt. <del>Est. out RN</del>
1746	Mom remains at bedside, pt not wanting to eat supper. Mom brought in chicken broth for pt. & voiced concerns. <del>Est. out RN</del>
1850	Pt currently resting in bed. Mom remains at bed side. Denies concerns at present. <del>KWZAKNSUSASK</del>
1845	Mom reported that pt had a void. Some "chunky and dark" and pointed to the 350ml mark on urinal. Same not witnessed by staff. Pt denies concerns with same. <del>KNSUSASK</del>
1909	IV dilaudid given per pt request. Mom concerned about ↑ pain, note written to Dr. & other voiced concerns, will continue to monitor pain. <del>Est. out RN</del>
Feb 17/2022 @ 2005	Report received from day shift. <del>SPSCW</del>
@ 2010	Roman spoke to center indicated pt had some pain today and wondered if plans to do arthrocentesis - with aid to know if any yet. Mom wondered about infection risk (A) Bill drain had some discharge today, WSC @ and afebrile. with read would monitor and would report. with in to see pt and initial assessment done, see few sheets for details. <del>SPSCW</del>
@ 2037	Pt still in bed. Ceased Opt. Arthro can have analgesic again when abx done @ 2100 if needed. <del>SPSCW</del>
@ 2115	Pt called, requested analgesic, 1.5mg IV dilaudid given and pt settled. <del>SPSCW</del>
@ 2200	Pt in bed, eyes closed + resp adequate. <del>SPSCW</del>
@ 2305	Pt in bed, eye mask on, resp adequate. <del>SPSCW</del>



RUH  SCH  SPH  Other \_\_\_\_\_

33

NURSING  
PROGRESS RECORD  
Page 1 of 2

DATE/TIME	REMARKS
Feb 17/2022 @ 2350	Pt assessed, requesting analgesia, 1.5mg IV Diladid given. <i>SPH/DA</i>
Feb 18/2022 @ 0100	untreated given sub. Zupren, pt in bed, eye mask on, resp adequate. <i>SPH/DA</i>
Feb 17/2022	late entry @ 2150 hrs. Dr. Jones up to ward. Made aware of pain pt reported, described as new pain started in morning to abd, has needed more frequent analgesia today + longer dose. into asst of Dr. Jones to accept. <i>SPH/DA</i>
Feb 17/22 late entry @ 2150 hrs	Dr. Jones did want to accept but he is sleepy, said to call if pain + analgesia will have been given in morning. <i>SPH/DA</i>
Feb 18/2022 @ 0130	Pt in bed, eye mask on, resp adequate. Urinal emptied for delta center urine. <i>SPH/DA</i>
@ 0115	untreated break from 0135-0315 hrs and Teri Lewis covered while untreated away. Told details from pt. <i>SPH/DA</i>
@ 0318	Pt in bed, RR20, eye mask on. <i>SPH/DA</i>
@ 0322	ketorolac 1.5mg IV Diladid @ 0150 hrs untreated break - into confirmed on nurse. <i>SPH/DA</i>
@ 0420	Pt chg pain, 1.5mg IV Diladid given. <i>SPH/DA</i>
@ 0510	untreated complete Eto record. Pt awake, said has been awake for awhile, needs stool strength in dark center, bile drain 57mLs bile, per creaming brown purulent, colost drained for 15mLs soft thick grey brown stool. Bathroom off piece line by nurse, Ralca - drew early off wet dose, per policy. TF bags did per Infection Control. Pt given von Haeckett Deyk. treated. <i>SPH/DA</i>
@ 0600	Pt in bed, eye mask on, resp adequate. <i>SPH/DA</i>
@ 0621	Pt in bed, eye mask on, RR18, SpO2 99% on RA, HR 123 bpm. <i>SPH/DA</i>





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 1 of 6

DAY SHIFT Date: \_\_\_\_\_

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

<b>CNS/PSYCH/SOCIAL</b>	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x 3 _____ <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																							
Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																								
PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																								
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																								
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																								
Pain: Score (e.g. 0-10) <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Supra Pubic / RLQ / LLQ</u>																								
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																								
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																								
Comments: _____																								
<b>CVS</b>	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																							
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																							
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																							
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																							
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																							
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <span style="float: right;"><input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</span>																							
	Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																							
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Access type:</td> <td style="width: 35%;">P.I.C.C</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>Site/Condition:</td> <td>ARM</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td>1x6ABX2M</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td>RLQ 100 + TPN.</td> <td></td> <td></td> <td></td> </tr> </table>				Access type:	P.I.C.C				Site/Condition:	ARM				Dressing:	1x6ABX2M				Infusion(s): (solution/rate)	RLQ 100 + TPN.			
	Access type:	P.I.C.C																						
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Dressing:	1x6ABX2M																							
Infusion(s): (solution/rate)	RLQ 100 + TPN.																							
Comments: _____																								
<b>RESPIRATORY</b>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																							
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																							
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">           Draw symbols on the lung diagram to indicate assessment.         </td> <td style="width: 10%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED         </td> <td style="width: 10%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED         </td> <td style="width: 10%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DECREASED AIR ENTRY         </td> <td style="width: 10%; border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> ABSENT AIR ENTRY         </td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L</td> <td style="text-align: center;">R</td> </tr> </table>				Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	<input type="checkbox"/> DECREASED AIR ENTRY	<input checked="" type="checkbox"/> ABSENT AIR ENTRY								R	L L	R					
	Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	<input type="checkbox"/> DECREASED AIR ENTRY	<input checked="" type="checkbox"/> ABSENT AIR ENTRY																			
					R	L L	R																	
	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">ANTERIOR</td> <td style="width: 50%; text-align: center;">POSTERIOR</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>				ANTERIOR	POSTERIOR																		
	ANTERIOR	POSTERIOR																						
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																							
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																							
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																								
Comments: _____																								

# NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



## DAY SHIFT

<b>GU</b>	<b>Voiding:</b> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ <b>Urine:</b> <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ <b>Genitalia (appearance/drainage/flow):</b> <input type="checkbox"/> N/A _____ <b>Comments:</b> <u>bedside urinal</u>		
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>D.A.T.</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis <u>BILIOUS</u> <input type="checkbox"/> Calorie Counts <b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ <b>Flatus:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Last bowel movement:</b> <u>2 dx AgA</u> Colour _____ Consistency/Size _____ <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> <b>Stoma:</b> Type <u>COLOSTOMY</u> Site _____ Colour _____ <input type="checkbox"/> Bridge <input type="checkbox"/> <b>Tube(s):</b> <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> <b>Tube Feed:</b> Formula <u>Peptamen 1.5</u> Rate <u>45ml</u> mL/hr Tube Site Appearance: _____ <b>Comments:</b>		
<b>INTEGUMENTARY</b>	<b>Colour:</b> <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ <b>Oral Mucosa:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <b>Pressure Injury:</b> <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg <b>Therapy type:</b> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
	<b>Wound/Incision/Drain Location</b>	<b>Dressing Type</b>	<b>Drainage</b>
	MIDLINZ	MKPILEX	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	C. OCCY X	MKPILEX	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	. O. LOST.	APPLIANCE	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Ⓜ BILI DRAIN	STAT LOCK + ALBATEXIN	BILIOUS <input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Ⓟ PERC DRAIN	STAT LOCK + ALBATEXIN	PURULENT. <input type="checkbox"/> Intact <input type="checkbox"/> Changed*	
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL <b>Comments:</b> <u>GAIN RESK TO ARM PYES - ZINC CREAM ORDERED.</u>			

PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/PA signature: [Signature]

Assessment time: 0700

Time charted: 1150





RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

Page 3 of 6

NIGHT SHIFT Date: Feb 18, 2022

The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic  <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile  <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p>Pain: Score (e.g. 0-10) <u>"10/10"</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Abdo</u></p> <p>Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>PRN Dilaudid 10 given</u></p> <p>Comments: _____</p>																			
	<p>Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p>Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1"> <tr> <td>Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(6) arm</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D+E</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1 RLC 50</u> <u>2 TPNC 50</u></td> <td></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>HR 122 other vs WDL chest pain</u> <u>BP 107/70 C metoprolol held as SBP &lt; 110</u></p>	Access type:	<u>PICC</u>				Site/Condition:	<u>(6) arm</u>				Dressing:	<u>D+E</u>				Infusion(s): (solution/rate)	<u>1 RLC 50</u> <u>2 TPNC 50</u>		
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Infusion(s): (solution/rate)	<u>1 RLC 50</u> <u>2 TPNC 50</u>																			
CVS	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion  <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency <u>8 seen</u></p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="text-align: center;"> <p><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input checked="" type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="text-align: center;"> <p>ANTERIOR</p> <p>R L</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> <p>L R</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input checked="" type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min  <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____  <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>SpO2 WNL</u> <u>resp distress</u></p>																			
	<p>RESPIRATORY</p>																			

# NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

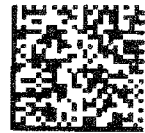
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN,FAMILY



## NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>voids per urinal at bedside</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>Reg</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis <u>green</u> <input type="checkbox"/> Calorie Counts Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>ku</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per colost</u> Colour <u>brown</u> Consistency/Size <u>thick</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>(R) Abdo</u> Colour _____ <input type="checkbox"/> Bridge <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input checked="" type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>105</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>Peptamen LIS</u> Rate <u>45</u> mL/hr Tube Site Appearance: <u>intact</u> Comments: <u>had emesis / nausea at shift onset - given IV lorazepam, effective PO med taken orally</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>coccyx / catheter / sacrum</u></td> <td><u>Raish</u></td> <td><u>crecun applied to cath</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(L) PERC</u></td> <td><u>Starlock Tegaderm</u></td> <td><u>paralen's yellow</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(R) bili drain</u></td> <td><u>Starlock Tegaderm</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Rt colost</u></td> <td><u>appliance</u></td> <td><u>in bag</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>midline</u></td> <td><u>mephet</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>coccyx / catheter / sacrum</u>	<u>Raish</u>	<u>crecun applied to cath</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(L) PERC</u>	<u>Starlock Tegaderm</u>	<u>paralen's yellow</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(R) bili drain</u>	<u>Starlock Tegaderm</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Rt colost</u>	<u>appliance</u>	<u>in bag</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>midline</u>	<u>mephet</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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PRESSURE INJURY ASSESSMENT (see staging below):			
<b>Stage 1:</b> Non blanching, localized, reddened area <b>Stage 2:</b> Blister or partial-thickness loss of skin with exposed dermis <b>Stage 3:</b> Full-thickness skin loss, subcutaneous fat may be visible <b>Stage 4:</b> Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	<b>Unstageable:</b> Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. <b>Deep Tissue:</b> Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: Phenning RN Assessment time: 2030 Time charted: 2155



RUH  SCH  SPH  Other \_\_\_\_\_

**NURSING RECORD**

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**Mobility section must be filled out every 24 hours and/or with any changes in mobility.**

<b>MOBILITY</b>	Date: _____ Time: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
<b>MOBILITY</b>	Date Reassessed: _____ Time Reassessed: _____ Initials: _____
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)

**BRADEN SCALE - PRESSURE INJURY RISK ASSESSMENT (Complete per unit Protocol)**

<b>SENSORY PERCEPTION:</b> Ability to respond meaningfully to pressure-related discomfort.				
<b>1. Completely Limited</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment, which limits the ability to feel pain or discomfort over 1/2 of body.	<b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	<b>Score</b>
<b>MOISTURE:</b> Degree to which skin is exposed to moisture.				
<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>ACTIVITY:</b> Degree of physical activity.				
<b>1. Bedfast</b> Confined to bed.	<b>2. Chair fast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>MOBILITY:</b> Ability to change and control body position.				
<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>NUTRITION:</b> Usual food intake pattern.				
<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	<b>3. Adequate</b> Eats over 1/2 of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on tube feeding or TPN regimen, which probably meets most of nutritional needs.	<b>4. Excellent</b> Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>FRICION AND SHEAR</b>				
<b>1. Problem</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	<b>2. Potential Problem</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	<b>3. No Apparent Problem</b> Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	<b>Total Score Indicators:</b> 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
				<b>TOTAL SCORE =</b>

<b>Implemented Pressure Risk Interventions</b>	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	<b>Time:</b> _____ <b>Initials:</b> _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

**NURSING RECORD**

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5038

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10521726 M

ATN: HARRIMAN, SUZANNE

FAM: UNKNOWN, FAMILY



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Feb 18/20 @1045	Pt rec'd into care at 20740 on initial rounds pt <del>still</del> laying in bed, awake. Requesting analgesic for 10/10 abdo pain. Primary nurse gave analgesic pt A tox3. Pleasant and cooperative with staff. Denies tingling or numbness. S1 and S2 heard, no extra heart sounds. Clear air entry throughout lung fields. Denies chest pain or shortness of breath. Abdo not distended. Bili drain intact, draining bile. Dsg dry and intact, small amt of pleurulent drainage from same. Perc drain intact. Dsg dry and intact, draining pleurulent drainage. Dsg to midline incision intact. Denies nausea at present. TD. PO meds. Colostomy bag opened. Light brown stool from same did not require a new appliance. NS infusing at 45mls, RL infusing as per orders, TPN infusing into PICC to Lt arm. Dsg dry and intact. wife at bed side. Denies concerns at present. <span style="float: right;">KRN5058SK</span>
e1130	NRS ASSESSMENT & BOND - 1.5ml IV ORLAVERO + BUSCOBAN PO ADMIN'D FOR ↑ ABDO. PAIN PER REQUEST. RESTING IN BED w/ WIFE & BROSKE. <span style="float: right;">reel</span>
@1300	pt agreeable to go down to physio. Pain is at a manageable level. wife with pt. <span style="float: right;">KRN5058SK</span>
e1410	1.5ml IV ORLAVERO ADMIN'D FOR PAIN PER REQUEST. <span style="float: right;">reel</span>
e1520	BILIBL & PERC DRAIN REMOVED. STIK CLEANSED & RECONNECTED.

Continued on Progress Record - Nursing (form #101434)