

Richard Neil Fehr
RUH Patient Records

Dec. 2 - Dec. 31,
2021



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

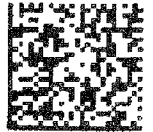
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



CCU
FLOW SHEET

Page 1 of 8

DATE: DEC 02 2021 Weight: _____ CrCl _____

CNS	NURSING ASSESSMENT @ <u>11:30</u>					RESPIRATIONS: <input type="checkbox"/> NO DISTRESS <input checked="" type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT				
	RASS: <u>3</u> <input type="checkbox"/> SEDATED <input type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input type="checkbox"/> BEDSIDE EEG					CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL				
	GCS: <u>3</u> RESTRAINTS <input type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> BRONCHIAL BREATHING				
	EYES OPEN: <u>4</u> SPONT <u>3</u> TO SPEECH <u>2</u> TO PAIN <u>1</u> NONE					<input checked="" type="checkbox"/> CRACKLES				
	BEST VERBAL: <u>5</u> ORIENTED <u>4</u> CONFUSED <u>3</u> INAPPROP WORDS					INSPIRED / EXPIRED: FINE / COARSE				
	<u>2</u> INCOMPREHENSIBLE SOUNDS <u>1</u> NONE/ETT/TRACH					ANTERIOR POSTERIOR				
	BEST MOTOR:					<input type="checkbox"/> WHEEZE				
	<u>6</u> OBEY'S COMMANDS <u>5</u> LOCALIZE PAIN					<input type="checkbox"/> DECREASED AIR ENTRY				
	<u>4</u> SEMI-PURPOSEFUL/WITHDRAWS <u>3</u> FLEXOR RESPONSE					<input type="checkbox"/> ABSENT AIR ENTRY				
	<u>2</u> EXTENSOR RESPONSE <u>1</u> FLACCID/NO RESPONSE					<input type="checkbox"/> EQUAL AIR ENTRY				
PUPILS: LT <input type="checkbox"/> BRISK <input checked="" type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input type="checkbox"/> BRISK <input checked="" type="checkbox"/> SLUG <input type="checkbox"/> FIXED					COUGH: <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE					
PUPIL SIZE: LT- <u>3</u> RT- <u>3</u>					COLOUR: _____ AMT _____ CONSISTENCY _____					
SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●					<input type="checkbox"/> ETT # <u>8</u> Type <u>EVAL</u> <input checked="" type="checkbox"/> VENTILATED					
MUSCLE STRENGTH: (Normal/Weak/Absent) RA <u>A</u> RL <u>A</u> LA <u>A</u> LL <u>A</u>					<input type="checkbox"/> TAPES <input type="checkbox"/> TIES <input type="checkbox"/> ETT HOLDER <input checked="" type="checkbox"/> PLACEMENT CONFIRMED					
EMOTIONAL STATUS: <input type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input type="checkbox"/> SEDATED					TAPED @ <u>24</u> cm (eet)/lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline					
<input type="checkbox"/> OTHER - DESCRIBE <u>propol 30 mg/lyl</u>					<input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP <u>Sats 95%</u>					
COMMENTS:					<input type="checkbox"/> HOB <u>30</u> <input type="checkbox"/> REVERSE TRENDELENBURG					
ARTERIAL PULSE					COMMENTS: <u>RVL-RA-24/TVSP, Fo/Eto</u>					
0-ABSENT 3-BOUNTING					ABDOMEN: <input type="checkbox"/> OBESE <input type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED					
1-WEAK D-DOPPLER LT					BOWEL SOUNDS: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT					
2-NORMAL RI					<input type="checkbox"/> NG <input type="checkbox"/> OG TUBE FD. <input type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION					
CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED					DRNG: COLOUR _____ CONSISTENCY _____					
SKIN: <input type="checkbox"/> HOT <input type="checkbox"/> WARM <input checked="" type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input type="checkbox"/> NORMAL					PLACEMENT CONFIRMED: <input type="checkbox"/> ASPIRATE <input type="checkbox"/> CXR <input type="checkbox"/> AUSCULTATION					
COMMENTS: <u>30</u>					TUBE DEPTH <input checked="" type="checkbox"/> MARKED <input type="checkbox"/> TAPED @ <u>52</u> CM					
EDEMA: <input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input type="checkbox"/> GENERALIZED					DIET: <u>NPO</u> TUBE FEED: TYPE _____ RATE _____ ml/hr					
<input type="checkbox"/> PITTING AREA _____					LAST BM <u>Dec 2</u> COLOR _____ CONSISTENCY _____					
HFART SOUNDS: <input type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4					COMMENTS: <u>Clotted Brown</u>					
<input type="checkbox"/> RUB <input type="checkbox"/> MURMUR					URINE: COLOUR <u>Amber</u> <input type="checkbox"/> CLOUDY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> ODOR					
CARDIAC RHYTHM: <u>SA/ST 90-100's</u>					VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input checked="" type="checkbox"/> CATHETER					
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____					GENITALIA: APPEARANCE <u>without</u> DRNG: _____					
MODE _____ RATE _____ MA _____					<input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS					
SENSING _____ CAPTURE _____ ICD _____					COMMENTS:					
<input type="checkbox"/> IABP <u>E-1</u> SITE <u>LT</u> <input type="checkbox"/> PLACEMENT CHECK					SKIN Turgor: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY					
VASC. CATH					COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC					
SITE					MUC. MEM: <input checked="" type="checkbox"/> MOIST <input type="checkbox"/> DRY <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> INTACT					
WAVEFORM					<input type="checkbox"/> PCD <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: <u>0/whd</u>					
DRESSING					COMMENTS: <u>Schp elevat completed see progress 18/12</u>					
Peripheral					COMMENTS: <u>propol 30 + vprn 950-16</u>					
Peripheral					SIGNATURE/TITLE: _____					
Peripheral										
Peripheral										
<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE <u>VITD</u>										
DESCRIPTION:										
PCI ACCESS SITE <input type="checkbox"/> N/A <input type="checkbox"/> RADIAL R/L <input checked="" type="checkbox"/> FEM R/L										
<input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input checked="" type="checkbox"/> INTACT										
COMMENTS:										

RESPIRATORY

GI

GU

INTEGUMENTARY

FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

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

ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



DEC 02 2021

Date: _____

NURSING ASSESSMENT @ 2000					RESPIRATIONS: <input checked="" type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES- <input type="checkbox"/> AIRWAY ALERT				
RASS: <input checked="" type="checkbox"/> 1 SEDATED <input type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input checked="" type="checkbox"/> BEDSIDE EEG					CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL				
GCS: <u>3/11</u> RESTRAINTS <input type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					<input checked="" type="checkbox"/> BRONCHIAL BREATHING				
EYES OPEN: <input checked="" type="checkbox"/> 4 SPONT <input type="checkbox"/> 3 TO SPEECH <input type="checkbox"/> 2 TO PAIN <input checked="" type="checkbox"/> NONE					<input type="checkbox"/> CRACKLES				
BEST VERBAL: <input checked="" type="checkbox"/> 5 ORIENTED <input type="checkbox"/> 4 CONFUSED <input type="checkbox"/> 3 INAPPROP WORDS					<input type="checkbox"/> WHEEZE ANTERIOR: FINE / COARSE POSTERIOR:				
<input type="checkbox"/> 2 INCOMPREHENSIBLE SOUNDS <input checked="" type="checkbox"/> NONE/ETT/TRACH					<input type="checkbox"/> DECREASED AIR ENTRY				
BEST MOTOR:					<input checked="" type="checkbox"/> ABSENT AIR ENTRY				
<input checked="" type="checkbox"/> 6 OBEY'S COMMANDS					<input type="checkbox"/> EQUAL AIR ENTRY				
<input checked="" type="checkbox"/> 4 SEMI-PURPOSEFUL/WITHDRAWS					<input type="checkbox"/> COUGH: <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE COLOUR: <u>sans</u> AMT: <u>scant</u> CONSISTENCY: <u>thin</u>				
<input checked="" type="checkbox"/> 2 EXTENSOR RESPONSE					<input type="checkbox"/> ETT # <u>800</u> Type <u>BRAC</u> <input checked="" type="checkbox"/> VENTILATED				
PUPILS: LT <input type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED					<input type="checkbox"/> PAPES <input type="checkbox"/> TIES <input type="checkbox"/> ETT HOLDER <input type="checkbox"/> PLACEMENT CONFIRMED				
PUPIL SIZE: LT- <u>2</u> RT- <u>2</u>					TAPED @ <u>24</u> cm Teeth <input checked="" type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline				
SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●					<input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP				
MUSCLE STRENGTH: (Normal/Weak/Absent) RA <u>A</u> RL <u>A</u> AL <u>A</u> LL <u>A</u>					<input type="checkbox"/> HOB* <input type="checkbox"/> REVERSE TRENDELENBURG				
EMOTIONAL STATUS: <input checked="" type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input type="checkbox"/> SEDATED					COMMENTS: <u>SpO2 99-100%. PRUC RR 24 VT 520 Flow 30L.</u>				
<input type="checkbox"/> OTHER - DESCRIBE _____					ABDOMEN: <input checked="" type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED				
COMMENTS: <u>hypertension a protocol 1-86</u>					BOWEL SOUNDS: <input type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input checked="" type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT				
ARTERIAL PULSE					<input type="checkbox"/> NG <input type="checkbox"/> OG TUBE FD. <input type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION				
0-ABSENT 3-BOUNDED					DRNG: COLOUR _____ CONSISTENCY _____				
1-WEAK 0-DOPPLER LT					PLACEMENT CONFIRMED: <input type="checkbox"/> ASPIRATE <input checked="" type="checkbox"/> CXR <input type="checkbox"/> AUSCULTATION				
2-NORMAL RT					TUBE DEPTH <input type="checkbox"/> MARKED <input checked="" type="checkbox"/> TAPED @ <u>52</u> CM				
CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED					DIET: _____ TUBE FEED: TYPE <u>Proneal</u> RATE <u>10</u> ml/hr				
SKIN: <input type="checkbox"/> HOT <input checked="" type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input type="checkbox"/> NORMAL					LAST BM <u>PRAC Dec 2</u> COLOR _____ CONSISTENCY _____				
COMMENTS: _____					COMMENTS: _____				
EDEMA: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input type="checkbox"/> GENERALIZED					URINE: COLOUR <u>amber</u> <input type="checkbox"/> CLOUDY <input type="checkbox"/> CLEAR <input type="checkbox"/> ODOR				
<input type="checkbox"/> PITTING AREA _____					VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input type="checkbox"/> CATHETER				
HEART SOUNDS: <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4					GENITALIA: APPEARANCE <u>B</u> DRNG: _____				
<input type="checkbox"/> RUB <input type="checkbox"/> MURMUR					<input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS				
CARDIAC RHYTHM: <u>SR & PVCs</u>					COMMENTS: _____				
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____					SKIN TURGOR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY				
MODE _____ RATE _____ M A _____					COLOUR: <input type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC				
SENSING _____ CAPTURE _____ <input type="checkbox"/> ICD					MUC. MEM.: <input type="checkbox"/> MOIST <input type="checkbox"/> DRY <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input checked="" type="checkbox"/> INTACT				
<input checked="" type="checkbox"/> IABP L 1 SITE <u>Distal</u> <input checked="" type="checkbox"/> PLACEMENT CHECK					<input type="checkbox"/> PCD <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN _____				
VASC. CATH					COMMENTS: <u>Bradycardia soft, contracted & shiny</u>				
ART IABP <u>R fem</u>					<u>meiglex harder to bilat heels PPT</u>				
ART <u>R fem</u>					<u>for protection</u>				
CVC <u>R fem</u>					<u>R & L fem sites soft, dry old scars</u>				
Peripheral <u>R fem</u>					<u>interact</u>				
Peripheral <u>Distal #20 patient</u>					<u>stroke burn to chest - open to air</u>				
Peripheral <u>Distal #20 patient</u>					<u>meiglex to coccyx p. 5</u>				
<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE _____					SIGNATURE/TITLE: <u>Jill Fraser</u>				
DESCRIPTION: <u>UTA</u>									
PCI ACCESS SITE <input type="checkbox"/> N/A <input type="checkbox"/> RADIAL R/L <input type="checkbox"/> FEM R/L									
<input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input type="checkbox"/> INTACT									
COMMENTS: <u>propofol 50 mcg/min</u>									
<u>Propofol 50 mcg/min Hepatin 9500/hr</u>									
<u>Desflurane 0.28 mcg/kg/min</u>									
<u>Dabigatran 200 mg q 12h</u>									



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Saskatoon, Saskatchewan

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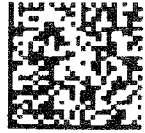
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CU
FLOW SHEET

DEC 02 2021

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Date: _____

SAFETY
 PRECAUTIONS DROPLET CONTACT
 EMERGENCY EQUIPMENT
 SUCTION BVM LIFT SHEET CALL LIGHT
 ID BAND

VIE PROTOCOL YES NO
 ALARM LIMITS SET DAYS NIGHTS
 RESP RATE LIMITS _____ N/A
 TRANSDUCERS ZEROED / LEVELED
 DAYS NIGHTS *off*
 ST SEGMENT ALARMS DAYS NIGHTS N/A

LEGEND:	OXYGEN THERAPY																															
	NASAL PRONGS - NP		MASK - M		HIGH FLOW MASK - HF				OPTIFLOW - OF				ENDOTRACHIAL TUBE - ET																			
	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
RR VENT/SPONT					24	24			25	24	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
SpO2					91	100			100	100	100				100	100	100			100	100	100	100	100	100	100	98	100	98	99	100	
O2 DELIVERY METHOD					ET	ET			ET	ET	ET				ET	ET	ET			ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	
FiO2					.70	.7			.80	.80	.70				.70	.70	.70			.70	.50	.5	.50	.40	.40	.40	.40	.40	.40	.40	.40	
ETT PLACEMENT CM					24				24	24	24				24	24	24			24	24	24	24	24	24	24	24	24	24	24	24	
VENT MODE					PRVC	PRVC			PRVC	PRVC	PRVC				PRVC	PRVC	PRVC			PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	
ETCO2					26	26			23	23	24				28	25	26			26	26	26	26	26	26	26	26	26	26	26	26	
L VOL/IME VENT / SPONT					50	50			50	50	50				50	50	50			50	50	50	50	50	50	50	50	50	50	50	50	
PEAK INSP. PRESSURE					25	25			25	25	25				23	25	25			25	24	24	24	24	24	24	23	23	23	23	23	
PRESSURE SUPPORT																																
PEEP / CPAP / BIPAP					10	10			10	10	10				10	10	10			10	10	10	10	10	10	10	10	10	10	10	10	
ETT / TRACH SECRETIONS SUCTIONED																																
RASS <input type="checkbox"/> N/A									0	0	0									-4												

RASS: +4 Combative, +3 Very Agitated, +2 Agitated, +1 restless, 0 alert & calm, -1 drowsy, -2 light sedation, -3 moderate sedation, -4 deep sedation, -5 Uncroustable

GASTRIC PLACEMENT CONFIRMED																																
GASTRIC RESIDUALS																																

LEGEND: (✓) CARE GIVEN BATH: C - COMPLETE S - SELF P - PARTIAL PC - PERICARE ORALCARE: B - BRUSH T - TOOTHETTE
 ACTIVITY: B - BEDREST C - CHAIR A - AMBULATE D - DANGLE I - INDEPENDENT R - RIGHT L - LEFT

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
ORAL CARE													✓		✓		✓		✓		✓		✓	
EYE CARE													✓		✓		✓		✓		✓		✓	
I / SKIN CARE															✓									✓
ACTIVITY / POSITIONED													(D)				(R)				(L)		R	

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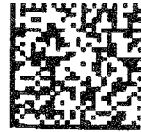
Date: _____

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
VITAL SIGNS	IABP AUG * B/L fume														
	BLOOD PRESSURE				120	129	130	130	130	130	130	130	130	130	
	HEART RATE				80	80	80	80	80	80	80	80	80	80	
	INVASIVE MONITORING IN RED														
MAP					106	111	124	136	137	138	138	138	138	138	
TEMP					36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
R/L					34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	34.2	
CVP					35	35	35	35	35	35	35	35	35	35	
RESP <input type="checkbox"/> SEE O2 RECORD					24	25	25	25	25	25	25	25	25	25	
SPO2 <input type="checkbox"/> SEE O2 RECORD					99	99	100	100	100	100	100	100	100	100	
R/L INVASIVE LINE <input checked="" type="checkbox"/>															
CSM TO DISTAL SITE															
INTAKE / OUTPUT	SITE	SOL'N/MED													
		Propofol													
		Leup													
		Fentanyl													
		Propofol													
		R/L tubes													
							29	6	11				14		
							21	9	20				46		
							3	2	3				5		
							53	12					57		
										500		500			
	BLOOD PRODUCTS	Albumin													
	PO / ENTERAL														
	FLUSHES														
	RUNNING TOTAL						146	175	709			1431			
	PERICARDIAL DRAINS														
	NG / EMESIS														
	BOWEL														
	URINE				1300	100	100	40	60	25		20			
	RUNNING TOTAL				1400	1500	1590	1650	1675	1675		1695			
	INITIAL														
CUMULATIVE BALANCE TO DATE		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	12 HR CUMULATIVE	



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Date: _____

		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700		
(mmHg) IABP AUG V * # N BLOOD PRESSURE V 92.5 ^ HEART RATE INVASIVE MONITORING IN RED	MAP	73	74	74	73	72	74	71	67	75	65.6	69	75	78	MAP	
	Rectal TEMP	36.1	36.1	36.3	36.1	36	36.1	36	36.0	36.0	36.0	36.0	36.1	36.1	TEMP	
	Zoll	36	36	36.2	36.0	36	36.1	36	36.0	36.0	36.0	36.1	36.0	36.1		
	CVP	11	11	11	11	12	11	11	12	12	12	11	11	11	CVP	
RESP SEE O2 RECORD	24	24	24	24	22	22	22	22	22	22	20	20	20	20	RESP	
SPO2 SEE O2 RECORD	99	100	100	100	100	100	98	100	100	99	99	99	100	SPO2		
R/L INVASIVE LINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	R/L INVASIVE LINE	✓	
CSM TO DISTAL SITE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	CSM TO DISTAL SITE	✓	
SITE	SOL'N/MED															
U+V	Propofol	20	15	13	10	12	12	11	0	19	0	12	14			
U+V	Fentanyl	12	10	8	6	8	8	7	8	13	4	2	9			
REV	Hebephin	32	—	1	10	13	10	12	13	17	7	15	18			
REV	Levo	42	24	20	14	13	16	15	14	22	7	15	18			
REV	Propofol	3	12	10	8	10	9	9	9	15	5	10	12			
	IV meds								50							
BLOOD PRODUCTS																
	PO / ENTERAL	10	10	10	20	20	20	20	30	30	30	30	38			
	FLUSHES	30				30				30						
1491	RUNNING TOTAL	1585	1680	1718	1786	1896	1977	2051	2187	2333	2392	2482	2591			
PERICARDIAL DRAINS																
	NG / EMESIS															
	BOWEL															
	URINE	40	140	20	30	25	15	20	15	75	30	20	25			
1605	RUNNING TOTAL	1735	1875	1895	1925	1950	1965	1985	2000	2075	2105	2125	2150			
	INITIAL	1735	1875	1895	1925	1950	1965	1985	2000	2075	2105	2125	2150			

VITAL SIGNS

INTAKE / OUTPUT

↑ 441

FLOW SHEET

Page 6 of 8

DEC 02 2021

Date: _____

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: FERGUSON, JANET

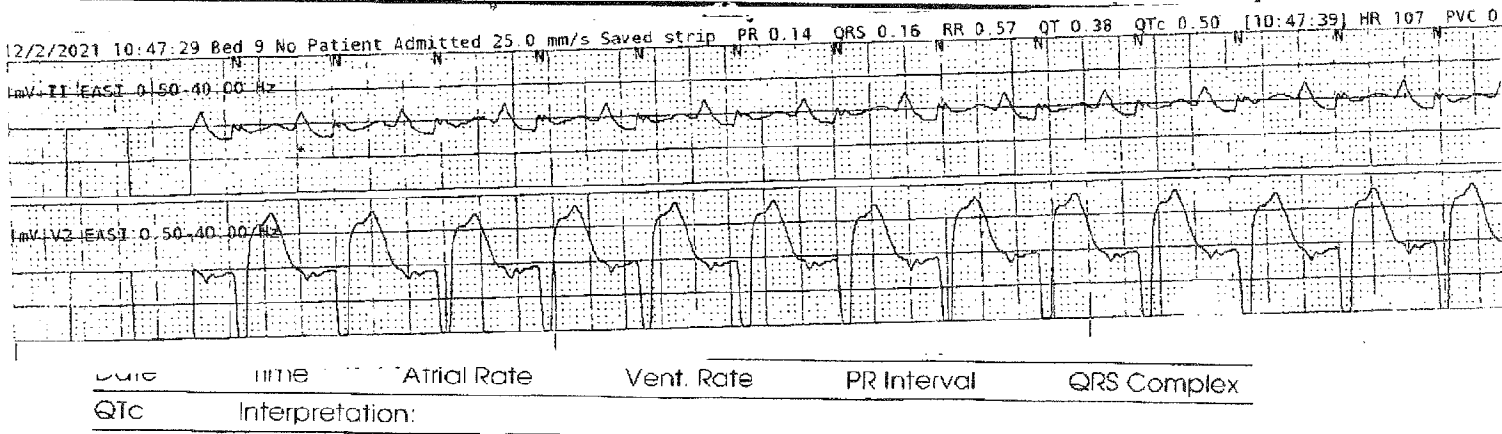
FAM: FRASER, JILLIAN



BRADEN SCALE RISK SCORE INDICATORS

KEY: 19-23= no risk, 15-18 = low risk, 13-14 = mod risk, 10-12 = high risk < 9 = very high risk	Sensory perception score	Moisture	Activity	Mobility	Nutrition	Friction & shear
	1 - Completely limited	1 - Completely moist	1 - Bedfast	1 - Completely immobile	1 - Very poor	1 - Problem
	2 - Very limited	2 - Very moist	2 - Chair fast	2 - Very limited	2 - Probably inadequate	2 - Potential problem
	3 - Slightly limited	3 - Occasionally moist	3 - Walks occasionally	3 - Slightly limited	3 - Adequate	3 - No apparent problem
	4 - No impairment	4 - Rarely moist	4 - Walks frequently	4 - No limitations	4 - Excellent	
Score 2	Score 4	Score 1	Score 1	Score 3	Score 3	
Total score:						
<input type="checkbox"/> Turns <input type="checkbox"/> pressure management	<input type="checkbox"/> moisture barrier protection	<input type="checkbox"/> physio / OT <input type="checkbox"/> mobilization	<input type="checkbox"/> turns <input type="checkbox"/> physio	<input type="checkbox"/> feeds <input type="checkbox"/> dietary consult	<input type="checkbox"/> bed surface <input type="checkbox"/> heel boot <input type="checkbox"/> sacrum protect	

REASON FOR RESTRAINT		ON @														OFF @											
□ N/A		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07		
RESTRAINT RECORD	RESTRAINTS - TYPE					Zu	Uz								U	U	U	U	U	U	U	U	U	U	U		
	CIRCULATION					G	F								G	F	G	F	G	F	G	F	G	F	G		
	CARE GIVEN					C	C								C	C	C	C	C	C	C	C	C	C	C		
	BEHAVIOUR					C	S								C	C	C	C	C	C	C	C	C	C	C		
	INITIAL					C	S								n	n	n	n	n	n	n	n	n	n	n		
KEY	RESTRAINTS TYPE: V - Vest L - LIMB X - P - PINEL	CIRCULATION: G - GOOD F - FAIR P - POOR																									
	CARE GIVEN: NC - NO CARE S - SKIN CARE A - AMBULATED R - REPOSITION RS - REPOSITION SELF CC - CONSTANT CARE M - ROM																										
	BEHAVIOUR: C - CALM A - AGITATED R - RESTLESS S - SLEEPING CD - CONFUSED I - IMPULSIVE MP - MEMORY PROBLEMS																										





SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



RUH SCH SPH Other _____

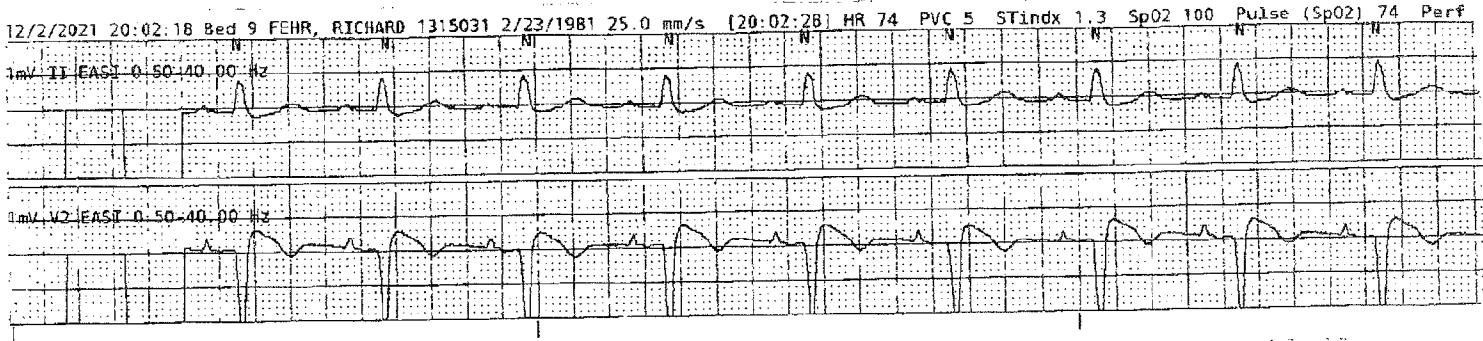
CCU
FLOW SHEET

Page 7 of 8

DEC 02 2021

Date: _____

ECG RECORD



Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTC	Interpretation:				

DATE / TIME SIGNATURE / TITLE	NURSING PROGRESS NOTES NARRATIVE
DEC 2 1030	Admitted pt to CCU bed 9. Intubated ventilated w/ only sedation on SR #103
1040-1300	- Pt admitted to CCU bed 9 post arrest 3 days intubated approx 30 minutes + (CPR + shocks) + EPI + Lidocaine + Amio. Post arrest X2 LAD. Pt intubated + EABP + Endotracheal tube inserted + (R) fem art + LT fem CVL + Io to (R) fem Pt GCS 3/11, AASS-4 vently well. S.R. VST. 90-110's, 140's/100's, sat's 93% + EVAC - AB, PRUE 27cm at the teeth - X-ray confirmed to low - R.T. to bring ET back 3cm to 27cm OB in place 52cm taped. Pt lungs

FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

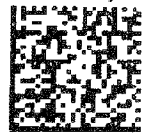
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

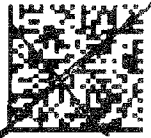
ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



DEC 02 2021

DATE / TIME SIGNATURE/TITLE	NURSING PROGRESS NOTES NARRATIVE
	<p>Clear. - Rt Int with site for pulmonary edema - clear post. pt BSK4 norm. - pt 1/2 large clear - post laser Foley 14Fr removed - New 16Fr Foley inserted per sterile technique per RN Keri - Foley with target temp attached to Zell. pt initiated on Target Temp Cooly to T-34°C, T-35°. Pt cleared for Secret Bm + urine + cultures - Sacral drsg applied, heel drsg x2 applied. Resident in to Room (Rt) TSBm To - 4x4 applied applied per worker (Rt) FA, 18g IV reat for infiltrated swelling - 4x4 + tape applied. Pt wife in to see pt. given update on pt condition + V/S + Lab lab report. Resident in to (Rt) Rad Act in insert & Success. (Rt) for outline removal insert + patient - ABG, CBC, Utes drawn + sent to lab - <u>Cglw</u></p>
1040-1330	<p>pt Levo stable 0.03 → 0.14, pt stable on Mg 2g IV, pt Kcl 40mg found from lab. pt weight 30mg/kg. Pt stable on 40mg 950 units/hr. pt stable on fentanyl 25mg/hr, pt IV Amiodarone stopped see MAR - <u>Cglw</u></p>
1340	<p>ECG tech in for Admission ECG - Dr. Shaulkman aware of perfusion visit + X-ray to confirm IABP placement + timing accuracy - <u>Cglw</u></p>
1345	<p>Echocardiogram tech in for Echocardiogram <u>Cglw</u></p>
1400-1445	<p>pt Move in to see pt - pt further next in to see pt - Both given V/S update + plan + CCR machine + redirection education. pt stable on CWP nursing Summary. ECG completed - <u>Cglw</u></p>
1445	<p>LABS: UPR 1300-1430 Levo ↑ 0.12 → 0.15 to 0.18 MAR IABP - 70 ↓ 64 ↑ 66 - <u>Cglw</u></p>
1500-1600	<p>Dr Shaulkman + Resident in for Radial Act (inc) Success on Right + left radial art lines Success (Rt) Radial Act (inc). (Rt) AC IV</p>



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
	Renamed pt (B) from St Act d/sg record, changed discharge x4 - New Tegaderm applied. - CBL, ABB + Lyks sent to lab - CBL
1600-1620	Levo 1 0.15 to 0.20 to 0.3 to 0.35 Dr Standa came off to Blood pressure - CBL
1630	Propofol 1 to 30 mg/kg/hr per Dr Standa's order. Pt asynchronous with vent' at 30mg/kg/hr RT. 1 80% to 70%. FIO2 - CBL
1650-1700	Dr Standa in room to R/A Pt had to face with water - GCS 3/4, RASS -4 + sedated, pupils 2mm sluggish x2, lungs clear as previous. Ventrally well - O6 clamped. Dried bloody or bloody head to face noted. few spots x4 dry + intact BP 1 70's/40's MAPS (60's) - Pt urine output 1 40ml/hr. CUP - (7). VBG drawn + sent to lab. Dr Standa aware of VBG mixed venous Gas. Pt with consent from Albinson - CBL
1752	Pt started on IV 20ml R/L bolus of Albumin 25% 100ml. See Flochart - CBL
1753	Pt had 15 beads ABIT - slow ~100bpm - CBL
1835	Pt APPT drawn + sent to lab. Pt appropriate with hand to palm Pt Propofol 1 30 to 50mg/kg/hr. Pt factors 1 30 to 80 mg/hr - CBL
1845	Pt given Tylenol 60mg for fever prophylaxis. ZOLL working to cool Pt - Pt T-36' on ZOLL - CBL
1910	Rounds held see new orders - CBL
1942	Deload report given to NK RN - CBL handed over - CBL
1930	Dobutamine 2mg/kg/min infusion started as per Dr Shavachia



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

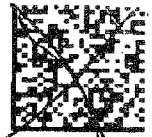
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Dec 2/21 2020	System assessment completed as directed (see flow sheet for details) - map at the bedside
2010	P TI 7150 : Heparin infusion put on hold x 2hrs as per heparin management. JR
2035	IABP 95/65 (75) ↓ Sleuphed to 0.20mg/kg/min. Repeat ABG + lytas sent JR
2100 - 2130	RT in. ↓ FiO2 to 50%. New ABG results seen + reviewed. JR
2130	System drsg Ad for old + fresh sony drainage not currently ongoing. Site sept. PT washed skin integrity intact. JR
2200	VBle sent. Dr. Stawacka in - updates system IABP 81/62 (84) ↓ Sleuphed to 0.24mg/kg/min. Heparin infusion restarted @ 650 u/hr. P TI to 20ml/hr JR
2325	IABP 65/52 (68) ↓ Sleuphed to 0.22mg/kg/min JR
0000 - 0015	RT in. VBle result earlier seen. ↓ FiO2 to 40%. ↑ Tidal volume to 950 and RR ↓ 22 SpO2 remains 99-100%. System no hemocord. PASS - 5, GCS 3/11 PT settled. Pupils 2mm bilat briskly reactive. O2 flow VT 70c - 80c, SR Lung sounds clear, heart sounds unchanged. Femoral sites sept, P TI. IABP augmenting well, waveform unchanged. Repeat ABG + lytas sent JR
0112	IABP 76/65 (73) ↓ Sleuphed to 0.2mg/kg/min JR
0120	Frequent slow ^{error} NVT 6.2 - 7.5 secs Dr. Sathyan notified. MgSO4 2g Given for Mg = 0.85. Resident gave order to restart amio infusion if NVT doesn't settle down to MgSO4 JR



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

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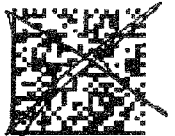
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHAVADIA, JAY

FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
0335	DABP = 74/62 (75) ↓ developed to 0.18 mg/kg/min
0400	Am bloodwork drawn - System on Alarmed - Status unchanged. NSVT settled down. SpO ₂ 80s-90s. Lung sounds clear - equal. Heart sounds unchanged. PASS - 5 (AS 3/11)
0420	Pupils diam bilat equal + reactive. Femoral sites soft, P@I = 10 augmenting med. RT m. Able seen. PO ₂ = 78; HR = 20
0430	↓ FiO ₂ to 35% 02
0445	APTT = 45 ∴ ↑ Heparin infusions to 750 units/hr 02
0553	DABP = 78/63 (72) ↓ developed to 0.18 mg/kg/min
0615	ABP = 92/51 (77) 02
	12L ECG done 02
	CXR Portable done 02
	Rectal thermometer probe changed.
	↑ Intefeed to 38ml/hr (goal rate 50 achieved) + prepupal infusing @ 50mg/kg/min 12ml/hr. Lung sounds clear ant + postero.
0724	Femoral sites soft, P@I 02
0730	Dr. Shavadia in updates patient: + fluid balance 441 & episodes of runs NSVT overnight, last one earlier
	System assessment error. Report given to morning AM 02

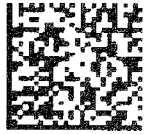


SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN
MRN: RUH 1315031

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



CCU
FLOW SHEET

Page 1 of 8

DATE: DEC 03 2021 Weight: 79.7kg CrCl _____

bed sores

CNS	NURSING ASSESSMENT @					RESPIRATIONS: <input type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT				
	RASS: <u>5</u> <input type="checkbox"/> SEDATED <input type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input type="checkbox"/> BEDSIDE EEG					CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL				
	GCS: <u>3/11</u> RESTRAINTS <input type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> BRONCHIAL BREATHING				
	EYES OPEN: <u>4</u> SPONT <u>3</u> TO SPEECH <u>2</u> TO PAIN <input checked="" type="checkbox"/> NONE					<input checked="" type="checkbox"/> CRACKLES				
	BEST VERBAL: <u>5</u> ORIENTED <u>4</u> CONFUSED <u>3</u> INAPPROP WORDS					INSPIRED / EXPIRED FINE / COARSE				
	<u>2</u> INCOMPREHENSIBLE SOUNDS <input checked="" type="checkbox"/> NONE/ETT/TRACH					ANTERIOR POSTERIOR				
	BEST MOTION:					<input checked="" type="checkbox"/> DECREASED AIR ENTRY				
	<input checked="" type="checkbox"/> OBEYS COMMANDS <input type="checkbox"/> LOCALIZE PAIN					<input checked="" type="checkbox"/> ABSENT AIR ENTRY				
	<input checked="" type="checkbox"/> SEMI-PURPOSEFUL/WITHDRAWS <input type="checkbox"/> FLEXOR RESPONSE					<input type="checkbox"/> EQUAL AIR ENTRY				
	<input checked="" type="checkbox"/> EXTENSOR RESPONSE <input checked="" type="checkbox"/> FLACCID/NO RESPONSE					COUGH: <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE				
PUPILS: LT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED					COLOUR: _____ AMT _____ CONSISTENCY _____					
PUPIL SIZE: LT- <u>2</u> RT- <u>2</u>					<input checked="" type="checkbox"/> ETT # <u>6</u> Type <u>E tube</u> <input type="checkbox"/> VENTILATED					
SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●					<input type="checkbox"/> TAPES <input checked="" type="checkbox"/> TIES <input checked="" type="checkbox"/> ETT HOLDER <input type="checkbox"/> PLACEMENT CONFIRMED					
MUSCLE STRENGTH: (Normal/Weak/Absent) RA <u>A</u> RL <u>A</u> LA <u>A</u> LL <u>A</u>					TAPED @ <u>24</u> cm (Ett) /lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline					
EMOTIONAL STATUS: <input checked="" type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input type="checkbox"/> SEDATED					<input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP					
OTHER - DESCRIBE <u>can hypothermia protocol</u>					<input type="checkbox"/> HOB° _____ <input checked="" type="checkbox"/> REVERSE TRENDELEBURG					
COMMENTS: <u>goal temp of 36.0</u>					COMMENTS:					
ARTERIAL PULSE					ABDOMEN: <input type="checkbox"/> OBESE <input type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> HARD <input checked="" type="checkbox"/> DISTENDED					
0-ABSENT 3-BOUNCING					BOWEL SOUNDS: <input type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT					
1-WEAK 0-DOPPLER LT					<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG TUBE FD. <input type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION					
2-NORMAL RT					DRNG: COLOUR _____ CONSISTENCY _____					
CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED					PLACEMENT CONFIRMED: <input type="checkbox"/> ASPIRATE <input checked="" type="checkbox"/> CXR <input type="checkbox"/> AUSCULTATION					
SKIN: <input type="checkbox"/> HOT <input type="checkbox"/> WARM <input checked="" type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHRETIC <input type="checkbox"/> NORMAL					TUBE DEPTH <input type="checkbox"/> MARKED <input type="checkbox"/> TAPED @ <u>50</u> CM					
COMMENTS: <u>active hypotension protocol</u>					DIET: <u>TF</u> TUBE FEED: TYPE <u>protek</u> RATE <u>38</u> ml/hr					
EDEMA: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input type="checkbox"/> GENERALIZED					LAST BM <u>PTA</u> COLOR _____ CONSISTENCY _____					
<input type="checkbox"/> PITTING AREA _____					COMMENTS: <u>coccyx dem</u>					
HEART SOUNDS: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4					URINE: COLOUR <u>amber</u> <input type="checkbox"/> CLOUDY <input type="checkbox"/> CLEAR <input type="checkbox"/> ODOR					
<input type="checkbox"/> RUB <input type="checkbox"/> MURMUR <u>SR</u>					VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input type="checkbox"/> CATHETER					
CARDIAC RHYTHM: _____					GENITALIA: APPEARANCE <u>(D) male</u> DRNG: _____					
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____					<input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS					
MODE _____ RATE _____ MA _____					COMMENTS:					
SENSING _____ CAPTURE _____ <input type="checkbox"/> ICD					SKIN Turgor: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY					
<input checked="" type="checkbox"/> TABP _____ SITE <u>(L) fem</u> <input type="checkbox"/> PLACEMENT CHECK					COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC					
VASC. CATH					MUC. MEM.: <input type="checkbox"/> MOIST <input type="checkbox"/> DRY <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> INTACT					
ART					<input type="checkbox"/> PCU <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: _____					
ART					COMMENTS: <u>heel dressing on T9P auto Q 30 mins 70% on exact site</u>					
CVC					PCI ACCESS SITE <input type="checkbox"/> N/A <input checked="" type="checkbox"/> RADIA <u>(D)</u> <input checked="" type="checkbox"/> FEM <u>(D)</u>					
Peripheral					<input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input type="checkbox"/> INTACT					
Peripheral					COMMENTS: <u>on heparin, dabigatran, Legam proloph, fentanyl and amoxicillin</u>					
Peripheral					SIGNATURE/TITLE: <u>Jaw</u>					

FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

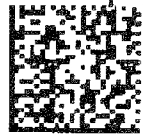
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



Date: DEC 03 2021

CNS	NURSING ASSESSMENT @ 2000				RESPIRATIONS: <input checked="" type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT			
	RASS: <u>4</u> <input type="checkbox"/> SEDATED <input checked="" type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input checked="" type="checkbox"/> BEDSIDE EEG GCS: <u>3</u> RESTRAINTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL <input type="checkbox"/> BRONCHIAL BREATHING <input type="checkbox"/> CRACKLES _____ INSPIRED / EXPIRED FINE / COARSE <input type="checkbox"/> WHEEZE _____ ANTERIOR POSTERIOR <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY			
	EYES OPEN: <input checked="" type="checkbox"/> SPONT <input type="checkbox"/> TO SPEECH <input type="checkbox"/> TO PAIN <input type="checkbox"/> NONE BEST VERBAL: <input checked="" type="checkbox"/> ORIENTED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INAPPROP WORDS <input type="checkbox"/> INCOMPREHENSIBLE SOUNDS <input type="checkbox"/> NONE/ETT/TRACH:				COUGH: <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE COLOUR: _____ AMT _____ CONSISTENCY _____ <input type="checkbox"/> ETT # <u>8</u> Type <u>CVAL</u> <input checked="" type="checkbox"/> VENTILATED <input type="checkbox"/> TAPES <input type="checkbox"/> TIES <input checked="" type="checkbox"/> ETT HOLDER <input type="checkbox"/> PLACEMENT CONFIRMED TAPED @ <u>24</u> cm Teeth/Lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline Sets 80% <input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP <input type="checkbox"/> HOB° <u>20</u> <input type="checkbox"/> REVERSE TRENDELEBURG P.T.2			
	BEST MOTOR: <input checked="" type="checkbox"/> OBEY'S COMMANDS <input type="checkbox"/> LOCALIZE PAIN <input checked="" type="checkbox"/> SEMI-PURPOSEFUL/WITHDRAWS <input type="checkbox"/> FLEXOR RESPONSE <input checked="" type="checkbox"/> EXTENSOR RESPONSE <input type="checkbox"/> FLACCID/NO RESPONSE				PUPILS: LT <input type="checkbox"/> BRISK <input checked="" type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input type="checkbox"/> BRISK <input checked="" type="checkbox"/> SLUG <input type="checkbox"/> FIXED PUPIL SIZE: LT- <u>2</u> RT- <u>2</u> SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●			
	MUSCLE STRENGTH: (Normal/Weak/Absent) RA <u>4</u> RL <u>4</u> LA <u>4</u> LL <u>4</u>				COMMENTS: <u>PRUC - R-20, TVSS0, Peep to 85%</u>			
	EMOTIONAL STATUS: <input type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input checked="" type="checkbox"/> SEDATED <input type="checkbox"/> OTHER - DESCRIBE <u>Agitated + tachycardic</u>				ABDOMEN: <input type="checkbox"/> OBES <input checked="" type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED BOWEL SOUNDS: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT <input type="checkbox"/> NG <input checked="" type="checkbox"/> OG TUBE FD. <input type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION			
	COMMENTS:				DRNG: COLOUR <u>tan</u> CONSISTENCY <u>firm</u> PLACEMENT CONFIRMED: <input type="checkbox"/> ASPIRATE <input type="checkbox"/> CXR <input checked="" type="checkbox"/> AUSCULTATION			
	ARTERIAL PULSE 0-ABSENT 3-BOUNDING 1-WEAK D-DOPPLER LT 2-NORMAL RT				URINE: COLOUR <u>Amber/straw</u> CLOUDY <input type="checkbox"/> CLEAR <input type="checkbox"/> ODOR _____ VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input checked="" type="checkbox"/> CATHETER GENITALIA: APPEARANCE <u>WNL rate</u> DRNG: _____ <input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS			
	CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED SKIN: <input type="checkbox"/> HOT <input checked="" type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input checked="" type="checkbox"/> NORMAL COMMENTS: <u>30/36 - Tm - Goal 37C</u>				TUBE DEPTH <input type="checkbox"/> MARKED <input type="checkbox"/> TAPED @ <u>62</u> CM DIET: <u>Pronota</u> TUBE FEED: TYPE <u>Goal 85ml/hr</u> LAST BM <u>Dec 2nd</u> COLOR _____ CONSISTENCY _____ COMMENTS:			
	EDEMA: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input type="checkbox"/> GENERALIZED <input type="checkbox"/> PITTING AREA _____				VASC. CATH			
HEART SOUNDS: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> RUB <input type="checkbox"/> MURMUR CARDIAC RHYTHM: <u>SR/ST 90-100's</u>				SITE WAVEFORM DRESSING ART <u>LT brach</u> ✓ <u>D FIS</u> ART <u>RT br</u> ✓ <u>D FI</u> CVC <u>RT br</u> ✓ <u>DTI 5 plat</u> Peripheral <u>LT br</u> - <u>DTI</u> Peripheral <u>RT, LT wrist</u> - <u>DTI</u>				
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____ MODE _____ RATE _____ MA _____ SENSING _____ CAPTURE _____ <input type="checkbox"/> ICD <input checked="" type="checkbox"/> IABP <u>2</u> SITE <u>LT</u> <input checked="" type="checkbox"/> PLACEMENT CHECK				COMMENTS: <u>Safety x death completed - wife at bedside 1st monitoring</u>				
VASC. CATH				COMMENTS:				
ART <u>LT brach</u> ✓ <u>D FIS</u> ART <u>RT br</u> ✓ <u>D FI</u> CVC <u>RT br</u> ✓ <u>DTI 5 plat</u> Peripheral <u>LT br</u> - <u>DTI</u> Peripheral <u>RT, LT wrist</u> - <u>DTI</u>				SKIN TURGOR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC MUC. MEM.: <input type="checkbox"/> MOIST <input type="checkbox"/> DRY <input checked="" type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> INTACT <input type="checkbox"/> PCD <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: <u>none</u>				
<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE <u>WTD</u>				COMMENTS:				
DESCRIPTION:				SIGNATURE/TITLE: <u>CRN</u>				
PCI ACCESS SITE <input type="checkbox"/> N/A <input type="checkbox"/> RADIAL R/L <input checked="" type="checkbox"/> FEMORAL <input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input checked="" type="checkbox"/> INTACT				COMMENTS: <u>Agitated + tachycardic, lower Anx, Dobutamine 10ug/min full sedation see MAR.</u>				



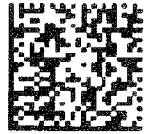
SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

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



ICU
FLOW SHEET
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DEC 03 2021

Date: _____

SAFETY
PRECAUTIONS DROPLET CONTACT
EMERGENCY EQUIPMENT
 SUCTION BVM LIFT SHEET CALL LIGHT
 ID BAND

VTE PROTOCOL YES NO
ALARM LIMITS SET DAYS NIGHTS
RESP RATE LIMITS _____ N/A
TRANSDUCERS ZEROED / LEVELED
 DAYS NIGHTS **X3**
ST SEGMENT ALARMS DAYS NIGHTS N/A

LEGEND: OXYGEN THERAPY
NASAL PRONGS - NP MASK - M HIGH FLOW MASK - HF OPTIFLOW - OF ENDOTRACHIAL TUBE - ET

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
RR VENT/SPONT	20	20	20	20	20	20	20	20	20	20	21	21	21	20	22	21	22	21	21	20	20	21	20	
SpO2	98	96	96	96	96	98	97	97	97	95	90	97	96	96	97	96	97	97	98	94	98	93	94	99
O2 DELIVERY METHOD	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	
FiO2	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	
ETT PLACEMENT CM	24				24				24				24				24				24			
VENT MODE	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	
ETCO2	28	27	27	27	27	29	23	29	30	31	30	31	30	32	31		29	29	32	32	32	31	32	
L VOLUME VENT / SPONT	544	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	520	
PEAK INSP. PRESSURE	24	22	22	22	22	22	23	23	23	23	23	22	21	21	21		23	22	22	23	23	25	22	
PRESSURE SUPPORT																								
PEEP / CPAP / BIPAP	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
ETT / TRACH SECRETIONS SUCTIONED	φ							X	X1	φ							X1			X2				
RASS <input type="checkbox"/> N/A	-3				-4				-4					-4			-4				-4			

RASS: +4 Combative, +3 Very Agitated, +2 Agitated, +1 restless, 0 alert & calm, -1 drowsy, -2 light sedation, -3 moderate sedation, -4 deep sedation, -5 Unarousable

GASTRIC PLACEMENT CONFIRMED	TF				TF				TF				TF				TF				TF		
GASTRIC RESIDUALS	0				0				0				0				0				0		

LEGEND: (✓) CARE GIVEN BATH: C - COMPLETE S - SELF P - PARTIAL PC - PERICARE ORALCARE: B - BRUSH T - TOOTHETTE
ACTIVITY: B - BEDREST C - CHAIR A - AMBULATE D - DANGLE I - INDEPENDENT R - RIGHT L - LEFT

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
ORAL CARE	✓	✓			✓			✓	✓		✓		✓				✓							✓
EYE CARE	✓				✓			✓	✓		✓		✓				✓							✓
H / SKIN CARE																								✓
ACTIVITY / POSITIONED	(L)	(P)	(L)	(P)	(B)	(D)	(B)	(L)	(I)	(R)														✓

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MRN: RUH 1315031

Admit Date: DEC-2-2021

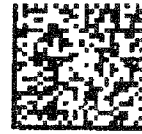
FEHR, RICHARD NEIL

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

ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN

Δ and tie ready for (B) for to (C) (K) (K) (K)



Date: DEC 03 2021

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	MAP	76	80	74	72	70	58	64	73	88	78	83	84	
	TEMP Rectal	36.6	36.1	36.1	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.1	36.7	
	Temp Zell	36.1	36.0	36.1	36.1	36.1	36.0	36.1	36.1	36.1	36.1	36.1	36.3	
	CVP	10	8	9	9	8	6	8	7	7	6	8		
	RESP <input type="checkbox"/> SEE O2 RECORD	20	20	20	20	20	20	20	20	20	20	20	20	20
SPO2 <input type="checkbox"/> SEE O2 RECORD	98.1	99.1	98.1	96.1	96.1	96	97	97	97	96.7				
R/L INVASIVE LINE <input checked="" type="checkbox"/>	/	/	/	/	/	/	/	/	/	/	/	/	/	
CSM TO DISTAL SITE	/	/	/	/	/	/	/	/	/	/	/	/	/	
INTAKE / OUTPUT	SITE	SOL / N / MED												
	Amiodarone	37	34	38	12	39	24	7	16	19	20	6	20	
	Heptan	18	15	16	5	18	25	9	18	22	23	14	23	
	Levofloxacin	16	13	17	6	20	24	8	17	19	20	12	18	
	Dobutamine	12	10	11	3	11	14	4	17	13	11	7	18	
	Propofol	16	14	14	4	14	17	5	12	13	14	9	14	
	Fentanyl	10	10	11	4	12	14	4	11	11	12	8	12	
	BLOOD PRODUCTS											250	250	
	PO / ENTERAL	38	38	38	40	40	40	40	50	50	50	50	60	
	FLUSHES	30	60		30									
RUNNING TOTAL	177	371	516	590	744	1434	1511	1644	1789	2160	2527	2685		
PERICARDIAL DRAINS														
NG / EMESIS														
BOWEL														
URINE	10	30	35	13	10	40	25	30	13	75	18	100		
RUNNING TOTAL		40	75	88	98	138	163	193	206	281	298	399		
INITIAL	(+441)	2	4	1	7	2	4	4	2	2	2	2		

CUMULATIVE BALANCE TO DATE	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	12 HR CUMULATIVE
									450				3266



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

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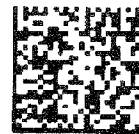
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Flow SHEET
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Date: DEC 03 2021

	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	
IABP AUG <i>IABP</i>														
Art BLOOD PRESSURE V ^		150 (16)		150 (14)	150 (15)	150 (16)	150 (15)	150 (14)	150 (15)	150 (14)	150 (15)	150 (14)	150 (15)	
HEART RATE		80	80	90	90	90	90	90	90	90	90	90	90	
INVASIVE MONITORING IN RED		50	50	50	50	50	50	50	50	50	50	50	50	
MAP	65	70	71	73	77	72	80	80	83	87	90	90	90	MAP
Rect TEMP	37	36.9	37.1	37	37	37	37	37	37	37	37	37	37	TEMP
Esoph TEMP	36.7	36.9	37.1	37.1	37.0	37.0	37.1	37.0	37.0	37	37.0	37.0	37.1	TEMP
CVP	-	-		(9)			(10)				(9)			CVP
RESP SEE O2 RECORD	26	20	18	21	22	21	22	20	20	20	20	20	20	RESP
SPO2 SEE O2 RECORD	96	96	97	98	97	96	97	94	95	95	94	94	98	SPO2
R/L INVASIVE LINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	R/L INVASIVE LINE
CSM TO DISTAL SITE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	CSM TO DISTAL SITE
SITE	SOL'N/MED	RL (237) (257)												
Any	→	27	17	17	17	16	16	15	17	13	20	15		
Dob	→	16	10	10	10	9	9	9	12	7	17	9		
Ureter	→	27	21	21	20	19	19	8	12	7	17	9		
Heard over heart	→	38	25	24	23	19	22	21	24	18	28	21		
over heart weds	→	17/16	13/11	12/10	13/10	12/10	11/10	11/9	15/12	10/8	15/12	10/9		
BLOOD PRODUCTS			460											BLOOD PROD
PO / ENTERAL	60	60	60	72	72	72	72	72	72	72				PO/ENTERAL
FLUSHES														FLUSHES
RUNNING TOTAL	→	2148				4155					4825	4825		
PERICARDIAL DRAINS														PERICARDIAL DRAIN
NG / EMESIS														NG / EMESIS
BOWEL														BOWEL
URINE	→	80	20	106	110	100	60	15	40	25	40	40		URINE
RUNNING TOTAL		479				89					989	1034		
INITIAL	Cs	Cs	9	Cs	Cs	Cs	ke	Cs	Cs	Cs	9	Cs		

+3336 / +3336 / +3855

FLOW SHEET

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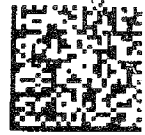
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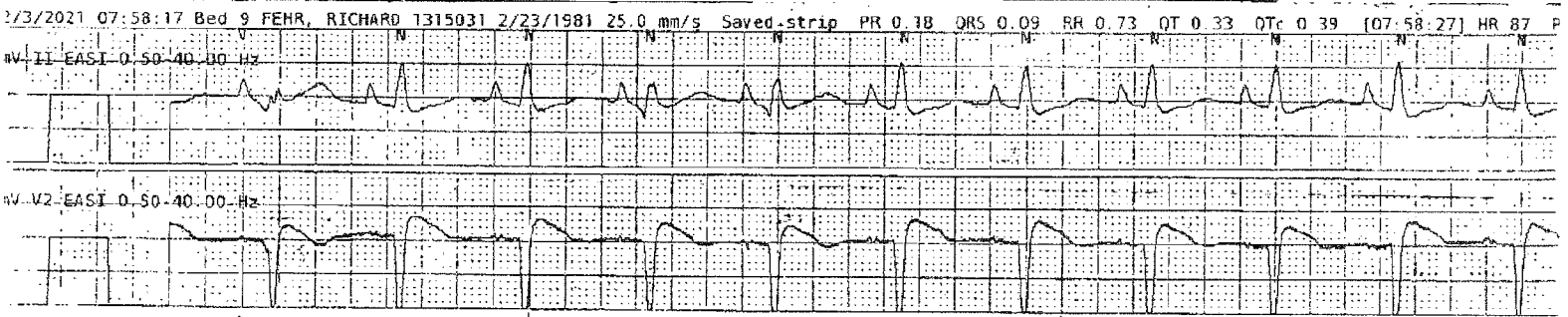


Date: **DEC 03 2021**

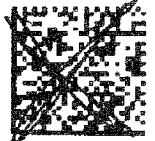
BRADEN SCALE RISK SCORE INDICATORS

KEY: 19-23 = no risk, 15-18 = low risk, 13-14 = mod risk, 10-12 = high risk < 9 = very high risk	Sensory perception score	Moisture	Activity	Mobility	Nutrition	Friction & shear
	1 - Completely limited	1 - Completely moist	1 - Bedfast	1 - Completely immobile	1 - Very poor	1 - Problem
	2 - Very limited	2 - Very moist	2 - Chair fast	2 - Very limited	2 - Probably inadequate	2 - Potential problem
	3 - Slightly limited	3 - Occasionally moist	3 - Walks occasionally	3 - Slightly limited	3 - Adequate	3 - No apparent problem
	4 - No impairment	4 - Rarely moist	4 - Walks frequently	4 - No limitations	4 - Excellent	
Score	Score 4	Score 1	Score 1	Score 2	Score 3	Total score: 12
<input checked="" type="checkbox"/> Turns <input checked="" type="checkbox"/> pressure management	<input type="checkbox"/> moisture barrier protection	<input type="checkbox"/> physio / OT <input type="checkbox"/> mobilization	<input type="checkbox"/> turns <input type="checkbox"/> physio	<input checked="" type="checkbox"/> feeds <input checked="" type="checkbox"/> dietary consult	<input type="checkbox"/> bed surface <input type="checkbox"/> heel boot <input checked="" type="checkbox"/> sacrum protect	

REASON FOR RESTRAINT		RISK OF SELF INJURY														PHYSICAL THREAT TO OTHERS														OTHER													
ON @		OFF @																																									
□ N/A		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07																		
RESTRAINT RECORD	RESTRAINTS - TYPE	L2	→	→	→	→	→	→	→																																		
	CIRCULATION	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S																		
	CARE GIVEN	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C																		
	BEHAVIOUR	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C																		
	INITIAL	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R																		
KEY	RESTRAINTS TYPE: V - Vest L - LIMB X - PINEL CIRCULATION: G - GOOD F - FAIR P - POOR CARE GIVEN: NC - NO CARE S - SKIN CARE A - AMBULATED R - REPOSITION RS - REPOSITION SELF CC - CONSTANT CARE M - ROM BEHAVIOUR: C - CALM A - AGITATED R - RESTLESS S - SLEEPING CD - CONFUSED I - IMPULSIVE MP - MEMORY PROBLEMS																																										



Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTC	Interpretation: sin E				



NURSING
PROGRESS RECORD

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DEC 03 2021

DATE/TIME	REMARKS
Dec 3/21 1940-2005	Delivered report received from DX RV. Pt assessed head to toe. See Clu Handout. Pt intubated & sedated. Verty well, IABP 1:1 + TTM 37°C goal. Pt GCS 3/11, RASS -4, SR/ST 90-100's, MAP MAP (65-70) Pt lungs clear, Sitsz with BS x4 norms, I&T normal. ABB + Cxtes drawn + sent to Lab. While at bed side - Plan: continue current TX over night. <u>CGW</u>
2315	Pt less 9.2 to 0.27 MAP 60 <u>CGW</u> IABP - Pt started on second RL Bolus per Dr. Abdallah's orders - <u>CGW</u>
2315	Pt R/A head to toe - GCS 3/11, RASS -4, Pupils 4/4 equal for light. Pt receiving Less 0.27 mg/kg/hr. Pt finished second Bolus MAP IABP (65-74) Dr. Abdallah aware. Pt lungs clear to top of bed. SR - 80-102. Pt w/o ~ 20-40% hr. Pt tolerating tube feeds well. Pt given good 4 Fre can. Pt repositioned. Pt Verty well. No Δ from prior head to toe assessments. Fingers x4 DIZ - <u>CGW</u>
Dec 4/21 0635	Pt Ck + APFT drawn + sent to Lab - <u>CGW</u>
0205-0214	Pt HR 90 to 80-82 IABP MAP (92) Less 0.27 to 0.22 to 0.20 to 0.15 mg/kg/hr MAP (82) - <u>CGW</u>
0220-0231	Pt Less 0.15 to hold to 0.05 to Start by MAP (88) + MAP (80) <u>CGW</u>
0547	Pt R/A head to toe GCS 3/11, RASS -4, Pupils 2mm sluggish x2, Pt Verty well Lungs clear throughout Sitsz SR 80's Sxsbx IABP 1:1. Pt BS x4 norms Tube feed held at this time. Pt U/S well. No Δ from prior assessment except BP improved per self levopted reports on stand by. ABB, UBB, CBC + Cxtes drawn + sent to Lab <u>CGW</u>



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

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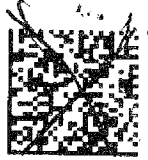
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NURSING
PROGRESS RECORD

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DEC 03 2021

DATE/TIME	REMARKS
Dec 2 06:00	Karyn took in for Ann CXR - Cglw
06:20	ECG tech in for Ann ECG - Cglw
07:40	Urgent report given to DR Pw - Cane
	hand over - Cglw



SASKATOON HEALTH REGION
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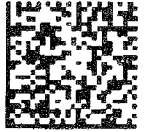
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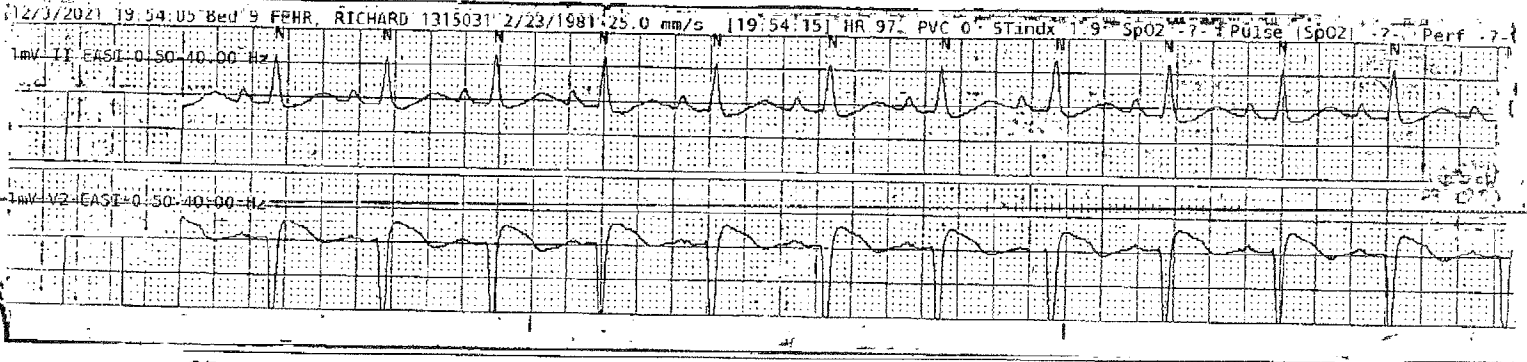
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CCU
FLOW SHEET
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DEC 03 2021

Date:



QTc Interpretation:

Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTc	Interpretation:				

DATE / TIME SIGNATURE / TITLE	NURSING PROGRESS NOTES NARRATIVE
DEC 3/21 0750	Recall pt to care for night shift, pt vented on PVC FIO2 30%, PEEP 10, ECG B/11, PASS-3 pt had some muscle resistance when unvented to do oral care, a fenhyd for 80 to 100 mg and progred to 60 for 80, system amount done, VS checked, central lines patent per RT care, to assess pt, I FIO2 to 25%, placed pt on auto rotation
0830	Review w Dr Ecker, all continue to amount managed, all review @ 1900, confirm and per protocol, will consult distal

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SK UNKNOWN

MRN: RUH 1315031

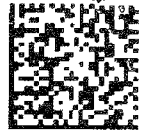
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

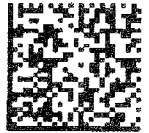
ATN: FERGUSON, JANET

FAM: FRASER, JILLIAN



DEC 03 2021

DATE / TIME SIGNATURE/TITLE	NURSING PROGRESS NOTES NARRATIVE
0845	↓ prepmed to 50 mg/kg/len Low ↑ 0.18 mg/kg/len
0910	give medz, TF rechecked \emptyset — <i>Jan</i>
0925	↑ low to 0.2 mg/kg/len MAP 58-62 — <i>Jan</i>
0930	Perfusions stop by and admin 1AABP, \emptyset change med — <i>Jan</i>
1000	↑ low to 0.22 mg/kg/len to keep MAP > 65 — <i>Jan</i>
1100	Dr Eckstein come in to room to give pt's vitals and update — <i>Jan</i>
1130	vital block placed on per PT — <i>Jan</i>
1200	pt received GCS 3/11 RASS - 4, central lines patent, BW down at 1150 — <i>Jan</i>
1300	Respirators attempted to insert \emptyset produced attempted x 3, was able to insert successfully a bronchial cut line at 1320. in \emptyset UA, pt also give RL 500 ml as per Dr Eckstein unless of ↑ heuristics need and lower output — <i>Jan</i>
1430	↑ TF to 50 as per dietitian suggest — <i>Jan</i>
1442	↓ low fluid to 0.22 mg/kg/len MAP 75 — <i>Jan</i>
1530	PT come to assess level, \emptyset change med — <i>Jan</i>
1600	blood drawn from \emptyset radial cut line and sent to lab — <i>Jan</i>
1630	PT seen ABG \emptyset change to vent settings — <i>Jan</i>
1700	Records \emptyset Dr Eckstein to Dr Abdullah, called 500 RL over 2 hrs, well start receiving PT @ 1900 to goal temp of 37°C, replaced K — <i>Jan</i>
1852	1AABP 79/59 (61) ↓ low 0.21 mg/kg/len: ↑ chvray paw typhoid 65/25/12/86 gram: — <i>Jan</i>
1823	MAP 57/57 (82) ↓ low 0.20 mg/kg/len — <i>Jan</i>
1837	Myoclonic movements \emptyset key x 10 second: paw proprioception NP gm: for score — <i>Jan</i>
1830	appt drawn for \emptyset found at the vet time — <i>Jan</i>
1915	give 25mg morphine for chvray, temp to \emptyset — <i>Jan</i>



RUH SCH SPH Other

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FLOW SHEET

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DEC 04 2021

DATE: _____ Weight: _____ CrCl _____

CNS	NURSING ASSESSMENT @ 0800					RESPIRATIONS: <input checked="" type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT				
	RASS: -5 <input checked="" type="checkbox"/> SEDATED <input checked="" type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input checked="" type="checkbox"/> BEDSIDE EEG					CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL				
	GCS: 3/4 RESTRAINTS <input type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input type="checkbox"/> YES <input type="checkbox"/> NO					B BRONCHIAL BREATHING				
	EYES OPEN: 4 SPONT 3 TO SPEECH 2 TO PAIN 1 NONE					CRACKLES <input type="checkbox"/> INSPIRED / EXPIRED FINE / COARSE WHEEZE <input type="checkbox"/> ANTERIOR POSTERIOR				
	BEST VERBAL: 5 ORIENTED 4 CONFUSED 3 INAPPROP WORDS					DECREASED AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY <input type="checkbox"/>				
	2 INCOMPREHENSIBLE SOUNDS 1 NONE (ETT) TRACH					ABSENT AIR ENTRY <input type="checkbox"/>				
	BEST MOTOR:					COUGH: <input type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input checked="" type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE				
	6 OBEY'S COMMANDS 5 LOCALIZE PAIN					COLOUR: _____ AMT _____ CONSISTENCY _____				
	4 SEMI-PURPOSEFUL/WITHDRAWS 3 FLEXOR RESPONSE					ETT # B Type EVAC. <input checked="" type="checkbox"/> VENTILATED				
	2 EXTENSOR RESPONSE 1 FLACCID/NO RESPONSE					TAPES <input type="checkbox"/> TIES <input checked="" type="checkbox"/> ETT HOLDER <input type="checkbox"/> PLACEMENT CONFIRMED				
PUPILS: LT <input type="checkbox"/> BRISK <input checked="" type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input type="checkbox"/> BRISK <input checked="" type="checkbox"/> SLUG <input type="checkbox"/> FIXED					TAPED @ 24 cm each / Lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline					
PUPIL SIZE: LT-4 RT-4					NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP Bite guard in place					
SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●					HOB* <input checked="" type="checkbox"/> REVERSE TRENDLELENBURG					
MUSCLE STRENGTH: (Normal/Weak/Absent) RA A RL A LA A LL A					COMMENTS: See 02 reports. RT in to see pt @ 0800 hrs. Suctioned clear small amt.					
EMOTIONAL STATUS: <input type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input checked="" type="checkbox"/> SEDATED					ABDOMEN: <input type="checkbox"/> OBSE <input checked="" type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED					
OTHER - DESCRIBE: Proposed info some, halmin					BOWEL SOUNDS: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT					
COMMENTS: Fenbryl info @ 100 mg/hr.					NG <input checked="" type="checkbox"/> OG TUBE FD. <input checked="" type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION					
ARTERIAL PULSE					DRNG: COLOUR _____ CONSISTENCY _____					
0-ABSENT 3-BOUNTING					PLACEMENT CONFIRMED: <input checked="" type="checkbox"/> ASPIRATE <input type="checkbox"/> CXR <input type="checkbox"/> AUSCULTATION					
1-WEAK 0-DOPPLER LT					TUBE DEPTH <input type="checkbox"/> MARKED <input checked="" type="checkbox"/> TAPED @ 50 CM					
2-NORMAL RT					DIET: NPO TUBE FEED: TYPE held RATE _____ ml/hr					
CAPILLARY REFILL: <input type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED					LAST BM Dec 3/21 COLOR _____ CONSISTENCY _____					
SKIN: <input type="checkbox"/> HOT <input checked="" type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input checked="" type="checkbox"/> NORMAL					COMMENTS: Tube feeds on hold.					
COMMENTS: Zolt Foley temp 37.1					URINE: COLOUR dark amber <input type="checkbox"/> CLOUDY <input type="checkbox"/> CLEAR <input type="checkbox"/> ODOR					
EDEMA: <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MILD <input type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input checked="" type="checkbox"/> GENERALIZED					VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input checked="" type="checkbox"/> CATHETER					
<input type="checkbox"/> PITTING AREA					GENITALIA: APPEARANCE (None) DRNG: _____					
HEART SOUNDS: <input type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4					<input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS					
<input type="checkbox"/> RUB <input type="checkbox"/> MURMUR					COMMENTS: Urine output adequate.					
CARDIAC RHYTHM: SP. 90					SKIN TURGOR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOST <input type="checkbox"/> SHINY					
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____					COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC					
MODE _____ RATE _____ MA _____					MUC. MEM.: <input checked="" type="checkbox"/> MOIST <input type="checkbox"/> DRY <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> INTACT					
SENSING _____ CAPTURE _____ ICD					<input type="checkbox"/> PCD <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: _____					
<input type="checkbox"/> IABP 1: 1 SITE (L) Fem <input type="checkbox"/> PLACEMENT CHECK					COMMENTS: Burns to skin where quick combo patches on.					
VASC. CATH					SIGNATURE/TITLE: _____					
SITE										
WAVEFORM										
DRESSING										
ART										
ART										
CVC										
Peripheral										
Peripheral										
Peripheral										
<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE UTA.										
DESCRIPTION:										
PCI ACCESS SITE <input type="checkbox"/> N/A <input type="checkbox"/> RADIAL R/L <input type="checkbox"/> FEM R/L										
<input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input type="checkbox"/> INTACT										
COMMENTS: Amoxicillin info @ 0.5mg/min										
Dobutamine info @ 2mg/min.										

RESPIRATORY

GI

GU

INTEGUMENTARY

FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

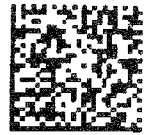
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

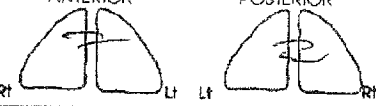
FEB-23-1981 40y IP V#10521726 M

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



Date: DEC 04 2021

CNS	NURSING ASSESSMENT @ <u>1945</u> RASS: <input checked="" type="checkbox"/> SEDATED <input type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input type="checkbox"/> BEDSIDE EEG GCS: RESTRAINTS <input type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input type="checkbox"/> YES <input type="checkbox"/> NO EYES OPEN: <input checked="" type="checkbox"/> 4 SPONT <input checked="" type="checkbox"/> 3 TO SPEECH <input type="checkbox"/> 2 TO PAIN <input type="checkbox"/> 1 NONE BEST VERBAL: <input checked="" type="checkbox"/> 5 ORIENTED <input checked="" type="checkbox"/> 4 CONFUSED <input checked="" type="checkbox"/> 3 INAPPROP WORDS <input checked="" type="checkbox"/> 2 INCOMPREHENSIBLE SOUNDS <input type="checkbox"/> 1 NONE/ETT/TRACH					RESPIRATIONS: <input checked="" type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL <input checked="" type="checkbox"/> BRONCHIAL BREATHING CRACKLES: _____ INSPIRED / EXPIRED FINE / COARSE WHEEZE: _____ ANTERIOR POSTERIOR <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY <input checked="" type="checkbox"/> EQUAL AIR ENTRY 				
	BEST MOTOR: <input checked="" type="checkbox"/> 6 OBEY'S COMMANDS <input checked="" type="checkbox"/> 5 LOCALIZE PAIN <input checked="" type="checkbox"/> 4 SEMI-PURPOSEFUL/WITHDRAWS <input checked="" type="checkbox"/> 3 FLEXOR RESPONSE <input checked="" type="checkbox"/> 2 EXTENSOR RESPONSE <input type="checkbox"/> 1 FLACCID/NO RESPONSE					COUGH: <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE COLOUR: _____ AMT _____ CONSISTENCY _____ <input type="checkbox"/> ETT # <u>8</u> Type <u>EVAC</u> <input checked="" type="checkbox"/> VENTILATED <input type="checkbox"/> TAPES <input type="checkbox"/> TIES <input checked="" type="checkbox"/> ETT HOLDER <input checked="" type="checkbox"/> PLACEMENT CONFIRMED TAPED @ <u>24</u> cm <input checked="" type="checkbox"/> Mouth/Lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline <input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP <input checked="" type="checkbox"/> HOB° <u>35°</u> <input type="checkbox"/> REVERSE TRENDELENBURG				
	PUPILS: LT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED PUPIL SIZE: LT- <u>3</u> RT- <u>3</u> SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●					COMMENTS: <u>Spont 26% pup 10</u> ABDOMEN: <input type="checkbox"/> OBESE <input checked="" type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED BOWEL SOUNDS: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT <input type="checkbox"/> NG <input checked="" type="checkbox"/> OG TUBE FD. <input type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION DRNG: COLOUR <u>tan</u> CONSISTENCY <u>firm</u> PLACEMENT CONFIRMED: <input checked="" type="checkbox"/> ASPIRATE <input type="checkbox"/> CXR <input checked="" type="checkbox"/> AUSCULTATION				
	EMOTIONAL STATUS: <input type="checkbox"/> CALM <input checked="" type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input type="checkbox"/> SEDATED <input type="checkbox"/> OTHER - DESCRIBE <u>At 0800h rest P 25 to 60</u>					TUBE DEPTH <input type="checkbox"/> MARKED <input type="checkbox"/> TAPED @ <u>52</u> DIET: _____ TUBE FEED: TYPE <u>Prank</u> RATE <u>85</u> mL/hr LAST BM <u>Dec 2/21</u> COLOR _____ CONSISTENCY <u>1/1 RSV</u>				
	COMMENTS: <u>Prank @ 20 to 60</u> CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED SKIN: <input type="checkbox"/> HOT <input checked="" type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input checked="" type="checkbox"/> NORMAL COMMENTS: <u>37°</u> EDEMA: <input type="checkbox"/> NONE <input type="checkbox"/> MILD <input checked="" type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input type="checkbox"/> GENERALIZED <input type="checkbox"/> PITTING AREA _____ HEART SOUNDS: <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> RUB <input type="checkbox"/> MURMUR CARDIAC RHYTHM: <u>SR - 90's</u>					PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____ MODE _____ RATE _____ M A SENSING _____ CAPTURE _____ <input type="checkbox"/> ICD <input type="checkbox"/> IABP _____ SITE _____ <input type="checkbox"/> PLACEMENT CHECK				
	VASC CATH SITE _____ WAVEFORM _____ DRESSING _____ ART <u>LT brach</u> ✓ <u>D+I</u> ART _____ ✓ <u>D+I</u> CVC <u>RTES</u> ✓ <u>D+I</u> Peripheral <u>RTEN</u> - <u>D+I</u> Peripheral <u>RTAL</u> - <u>D+I</u> Peripheral <u>LT uole</u> - <u>D+I</u>					URINE: COLOUR <u>Dark amber</u> <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> CLEAR <input type="checkbox"/> ODOR _____ VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input checked="" type="checkbox"/> CATHETER GENITALIA: APPEARANCE <u>WNL</u> DRNG: _____ <input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS				
	<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE <u>U/D</u> DESCRIPTION: <u>Prank @ 20 to 60</u> <u>5# obs + post CPR</u>					SKIN TURGOR: <input type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC MUC. MEM.: <input type="checkbox"/> MOIST <input checked="" type="checkbox"/> DRY <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input type="checkbox"/> INTACT <input type="checkbox"/> PCD <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: <u>Clavicle Bruise</u>				
	PCI ACCESS SITE <input type="checkbox"/> N/A <input checked="" type="checkbox"/> BRACHIAL <input type="checkbox"/> FEMORAL <input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input type="checkbox"/> INTACT COMMENTS: <u>Ampl, Hepatob, Kentomy,</u> <u>Prank, Daburum IV Sic</u> <u>MAR.</u>					COMMENTS: <u>+ Chest burn marks from quick cardio</u> <u>shocks. - Secord + lead disj xr D+I</u> <u>Safety checks completed U/S</u> <u>WNL, with out GCS</u>				
	SIGNATURE/TITLE: <u>[Signature]</u>					SIGNATURE/TITLE: <u>[Signature]</u>				



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

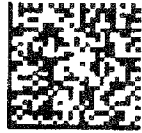
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



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FLOW SHEET

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Date:

DEC 04 2021

SAFETY
 PRECAUTIONS DROPLET CONTACT
 EMERGENCY EQUIPMENT
 SUCTION BVM LIFT SHEET CALL LIGHT
 ID BAND

VTE PROTOCOL YES NO int-
 ALARM LIMITS SET DAYS NIGHTS
 RESP RATE LIMITS _____ N/A
 TRANSDUCERS ZEROED / LEVELED
 DAYS NIGHTS
 ST SEGMENT ALARMS DAYS NIGHTS N/A

LEGEND: NASAL PRONGS - NP MASK - M HIGH FLOW MASK - HF OPTIFLOW - OF ENDOTRACHIAL TUBE - ET

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
RR VENT/SPONT	20/20	21/20	21/20	20/20	23/20	21/20	22/20	22/20	20/20	20/20	16	18	12	15	18	17	16	16	14	13	14	12	16	15	15
SpO2	99	95	97	94	97	97	96	97	96	96	94	97	96	96	97	97	97	97	97	97	97	96	95	95	92
O2 DELIVERY METHOD	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT
FIO2	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
ETT PLACEMENT CM	24 ATT				24 ATT				24 ATT					24 ATT			24				24				
VENT MODE	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc	prvc
ETCO2	31	29	28	28	28	28	28	29	31	31	30	30	37	34	40	41	41	42	44	44	44	44	44	44	43
VOLUME VENT / SPONT	202 550	216 550	237 550	237 550	246 550	248 550	254 550	254 550	259 550	264 550	268 550	273 550	278 550	283 550	288 550	293 550	298 550	303 550	308 550	313 550	318 550	323 550	328 550	333 550	338 550
PEAK INSP. PRESSURE	23	23	23	23	24	25	24	24	24	23	23	23	23	22	23	23	22	23	23	22	23	23	21	21	21
PRESSURE SUPPORT																									
PEEP / CPAP / BIPAP	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
ETT / TRACH SECRETIONS SUCTIONED																									
RASS <input type="checkbox"/> N/A	-5				-5				-2				(+1)	-2	-2		-3					-4			

RASS: +4 Combative, +3 Very Agitated, +2 Agitated, +1 restless, 0 alert & calm, -1 drowsy, -2 light sedation, -3 moderate sedation, -4 deep sedation, -5 Unarousable

GASTRIC PLACEMENT CONFIRMED	prvc				prvc				prvc																
GASTRIC RESIDUALS	N/A				N/A				2								60								

LEGEND: (✓) CARE GIVEN BATH: C - COMPLETE S - SELF P - PARTIAL PC - PERICARE ORALCARE: B - BRUSH T - TOOTHETTE
 ACTIVITY: B - BEDREST C - CHAIR A - AMBULATE D - DANGLE I - INDEPENDENT R - RIGHT L - LEFT

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
ORAL CARE	✓				✓				✓				✓				✓					✓		✓	
EYE CARE	✓		✓		✓				✓				✓				✓					✓		✓	
I / SKIN CARE																									
ACTIVITY / POSITIONED			✓																						

FLOW SHEET

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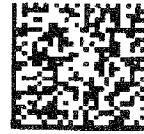
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ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



DEC 04 2021

Date: _____

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900					
VITAL SIGNS	IABP AUG * IABP																		
	Art BLOOD PRESSURE V ^																		
	HEART RATE																		
	INVASIVE MONITORING IN RED																		
MAP		86	87	77	75	77	76	87	85	77	83	67	73	65	70	69	70	77	77
TEMP		37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1	37.1
CVP		10					16		11	14		16							
RESP ✓ SEE O2 RECORD		20	21	21	20	23	22	20	20	20	15	20	19	17	17	17	17	17	17
SPO2 ✓ SEE O2 RECORD		99	95	92	96	97	95	96	97	95	96	92	97	97	97	97	97	97	97
R/L INVASIVE LINE ✓		✓																	
CSM TO DISTAL SITE ✓		✓																	
INTAKE / OUTPUT	SITE	SOL N/MED																	
	Armo	18	16	16	19	19	17	19	17	14	18	17	17	17					
	Isoperin	25	12	12	12	10	7	11	10	8	10	10	10	15					
	Dob	10	9	9	12	10	7	11	10	8	10	10	10	10					
	Propofol	13	12	11	14	13	9	13	11	8	6	9	5	5					
	Fent	11	9	9	12	11	9	9	5	6	5	2	2	3					
	RL				65	415	250	250				500							
	BLOOD PRODUCTS																		
	PO / ENTERAL		30	60			120			209		130		158					
	FLUSHES											60							
	RUNNING TOTAL		107	205	270	392	479	1063	1315	1587	1699	1878	2381	2565					
	PERICARDIAL DRAINS																		
NG / EMESIS																			
BOWEL																			
URINE		34	30	28	31	32	25	28	20	22	18	20	23						
RUNNING TOTAL			564	92	63	155	180	208	228	250	268	288	321						
INITIAL		Jan	Jan	Jan	Jan	Jan	Jan	Jan	Jan	Jan	Jan	Jan	Jan						
CUMULATIVE BALANCE TO DATE		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	12 HR CUMULATIVE					
Form #100986 04/2014		(+23835 ml 24hr) (+4326 ml cumulative) +1580 +2244																	



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

SK UNKNOWN

MRN: RUH 1315031

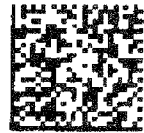
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



RUH SCH SPH Other _____

DEC 04 2021

Date: _____

FLOW SHEET

Page 5 of 8

	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	
IABP AUG														
ART														
BLOOD PRESSURE														
HEART RATE														
INVASIVE MONITORING IN RED														
MAP	75	71	70	69	68	72	69	66	68	63	63	72	MAP	
TEMP	37.1	37.0	37.0	37.1	37.1	37.1	36.8	37.1	37.1	37.1	37.0	37.0	TEMP	
CVP	(11)	(10)	(6)	(5)							(6)	(6)	CVP	
RESP <input type="checkbox"/> SEE O2 RECORD	17	16	17	18	16	15	13	14	16	16	16	15	RESP	
SPO2 <input type="checkbox"/> SEE O2 RECORD	96	96	97	97	97	97	97	97	97	95	95	92	SPO2	
R/L INVASIVE LINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	R/L INVASIVE LINE	
CSM TO DISTAL SITE													CSM TO DISTAL SITE	
SITE	SOL'N/MED													
Amib	17	16	17	17	20	13	16	17	15	18	18	16		
Reat	4	6	6	5	7	5	6	6	5	7	5	5		
Dob	9	6	10	10	12	7	10	10	8	11	10	10		
Propyl	23	22	23	24	26	17	23	22	21	25	24	22		
Propyl	8	14	15	15	17	11	15	14	13	16	12	9		
reals	6		500	75	180	112	150	150	133	164	158	146		
BLOOD PRODUCTS													BLOOD PROD	
PO / ENTERAL	78	78	78	78	78	78	78	78	78	78	78	78	PO/ENTERAL	
FLUSHES	0												FLUSHES	
RUNNING TOTAL	2784	2924			425			5073				6263		
PERICARDIAL DRAINS													PERICARDIAL DRAIN	
NG / EMESIS													NG / EMESIS	
BOWEL													BOWEL	
URINE	20	25	60	60	50	25	30	35	25	25	20	20	URINE	
RUNNING TOTAL	341	366			536			626				716		
INITIAL	5	5	5	5	5	5	5	5	5	11	6	5		

VITAL SIGNS

INTAKE / OUTPUT

Form #100986 04/2014 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 24 HR CUMULATIVE BALANCE
 -72493 / -72563 / +3699 / +4447 / +5547

FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

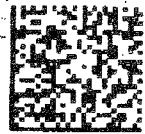
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



Date:

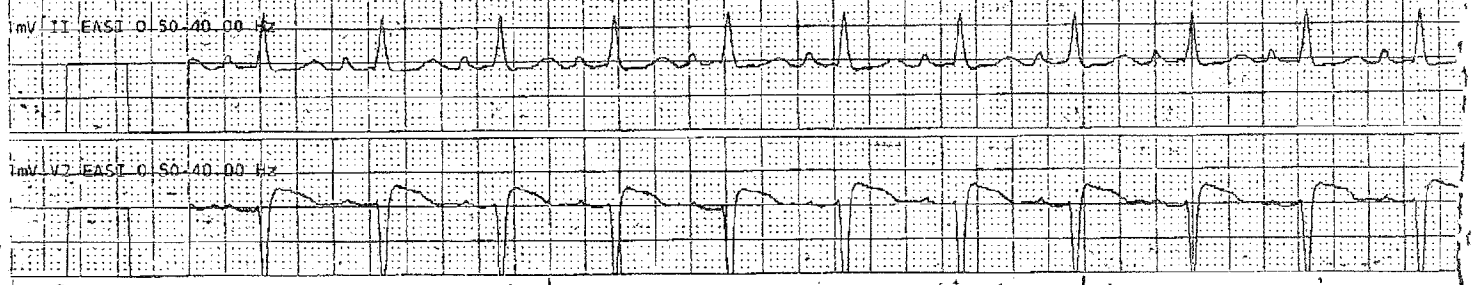
DEC 04 2021

BRADEN SCALE RISK SCORE INDICATORS

Sensory perception score --	Moisture	Activity	Mobility	Nutrition	Friction & shear
1 - Completely limited	1 - Completely moist	1 - Bedfast	1 - Completely immobile	1 - Very poor	1 - Problem
2 - Very limited	2 - Very moist	2 - Chair fast	2 - Very limited	2 - Probably inadequate	2 - Potential problem
3 - Slightly limited	3 - Occasionally moist	3 - Walks occasionally	3 - Slightly limited	3 - Adequate	3 - No apparent problem
4 - No impairment	4 - Rarely moist	4 - Walks frequently	4 - No limitations	4 - Excellent	
Score 1	Score 3	Score 1	Score 1	Score 3	Score 2
Total score: 11					
<input checked="" type="checkbox"/> Turns <input checked="" type="checkbox"/> Pressure management	<input checked="" type="checkbox"/> moisture barrier protection	<input type="checkbox"/> physio / OT <input type="checkbox"/> mobilization	<input checked="" type="checkbox"/> Turns <input checked="" type="checkbox"/> physio	<input checked="" type="checkbox"/> feeds <input type="checkbox"/> dietary consult	<input checked="" type="checkbox"/> bed surface <input checked="" type="checkbox"/> heel boot <input checked="" type="checkbox"/> acorn protect

REASON FOR RESTRAINT		RISK OF SELF INJURY														PHYSICAL THREAT TO OTHERS														OTHER													
		ON @														OFF @																											
N/A		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07																		
RESTRAINT RECORD	RESTRAINTS - TYPE	/																																									
	CIRCULATION																																										
	CARE GIVEN																																										
	BEHAVIOUR																																										
	INITIAL																																										
KEY	RESTRAINTS TYPE: V - Vest L - LIMB X - P - PINEL CIRCULATION: G - GOOD F - FAIR P - POOR CARE GIVEN: NC - NO CARE S - SKIN CARE A - AMBULATED R - REPOSITION RS - REPOSITION SELF CC - CONSTANT CARE M - ROM BEHAVIOUR: C - CALM A - AGITATED R - RESTLESS S - SLEEPING CD - CONFUSED I - IMPULSIVE MP - MEMORY PROBLEMS																																										

12/4/2021 07:53:55 Bed 9-FEHR, RICHARD 1315031 2/23/1981 25.0 mm/s HR 90 Sinus Rhythm PVC 0 STindx 2.3 SpO2 100 Pulse (SpO2) 251 Perf



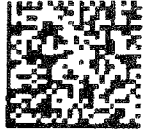
Date Time Atrial Rate Vent. Rate PR Interval QRS Complex

QTc Interpretation: *SR*



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

SK UNKNOWN
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Admit Date: DEC-2-2021
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FEB-23-1981 40y IP V#10521726 M
ATN: ECKSTEIN, JANINE
FAM. FRASER, JILLIAN

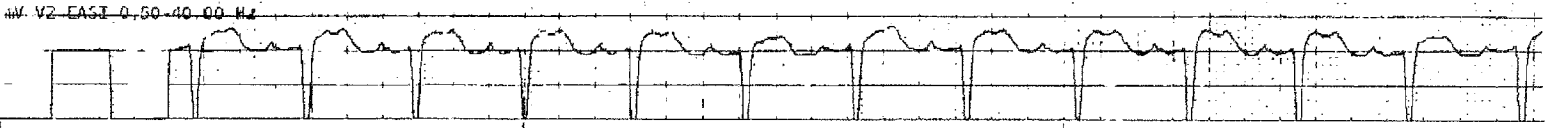
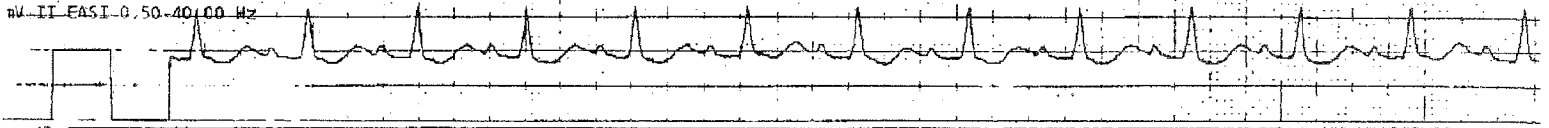
RUH SCH SPH Other _____

CCU
FLOW SHEET

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DEC 04 2021

2/4/2021 20:16:48 Bed 9 FEHR, RICHARD 1315031 2/23/1981 25.0 mm/s HR 97 Sinus Rhythm PVC 0 STindx 2.1 SpO2 96 Pulse (SpO2) 96 Perf 0.3 ABP 103/



Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTC	Interpretation:				

Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTC	Interpretation:				

DATE / TIME SIGNATURE / TITLE	NURSING PROGRESS NOTES NARRATIVE
0858	Pt received into care @ 0730 hrs. Report received from night RN. Writer in to see pt @ 0750 hrs. Assessment completed. See flow sheet for data. RT in to see pt. @ 1's to settings. Pt have hiccuping. RT and Dr Bare made aware. Dr Bare in to see pt @ 0830 to discuss plan for pt. TADP settings changed to 1:2 to see if pt can tolerate @ 0835 hrs. Diprin put on hold @ that time as well. @ 0845 hrs Dr Bare in to perform bedside echo. Another RN in to attempt peripheral IV on (L) FA but unable to

FLOW SHEET

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DEC 04 2021

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

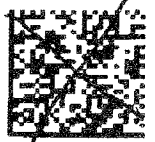
FEB-23-1981 40Y IP V#10521726 M

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



DATE / TIME SIGNATURE/TITLE	NURSING PROGRESS NOTES NARRATIVE
	Thread. Pt's main care home and switched at with pt's wife, who is now @ bedside. — <i>Fun</i>
0925	meds given as per MAR. — <i>Fun</i>
0937	Dr Eckstein in to talk with pt's wife — <i>Fun</i>
1115	@ 1000 new #18 gauge Sr inserted to (R) Ar. on 1st attempt. Rounds done with cardiology team @ 1055 hrs. Dr Eckstein in to talk with pt's wife. @ 1058 hrs RL fluid bolus started to infuse over 1 hour as per orders. Pt prepped for (R) IJ CVC insertion. Wife wanting to stay in a pt @ bedside. @ 1110 hrs RL fluid bolus increased to 99cc/ml/hr — <i>Fun</i>
1220	(R) IJ CVC insertion completed and CTR done @ 1140 hrs. Tylenol scheduled given @ 1150 hrs as per MAR. Tube feeds restarted @ previous rate 72mls/hr @ 1155 hrs. Dilaudid 2mg/IR given to start for pain management @ 1200 hrs. Another assessment done. Data unchanged @ this time. (R) IJ oozing, when dressing taken off. clot had formed. #18 gauge applied and new Opsite. Mouthcare and eye care done. RT in briefly to see pt. @ changes. — <i>Fun</i>
1235	Fentanyl infusion ↓ 80mcg/hr. Pt repositioned on to (L) side. — <i>Fun</i>
1350	@ 1250 hrs another 250mls RL fluid bolus started. Dr Eckstein in to remove (R) Fem art line @ 1255 hrs. @ 1315 IABP to (L) arm removed. via Dr Eckstein — <i>Fun</i>
1411	RL fluid bolus 250mls started now as per Dr Bare to infuse over 30 mins — <i>Fun</i> Fentanyl inf ↓ 50mcg/hr — <i>Fun</i>
1441	(L) fem CVC cath removed as per protocol @ 1430 hrs. Pt tolerated this procedure well. Pressure held x 10 mins until hemostasis.



NURSING
PROGRESS RECORD

DEC 04 2021

DATE/TIME	REMARKS
Dec 4/21 1411 cont.	Op-site applied to site. (L) fem IABP site soft to some sang ooze per sized to op-site. (L) foot intact. (R) fem site from previous + line has some small sharding to op-site but intact. (R) foot intact. Will continue to monitor.
1515	Propofol inf ↓ 40mcg/kg/min. Pt repositioned onto back. Wife @ bedside.
1633	Bloodwork drawn and sent @ 1600hrs for ABG + lyts. Pt repositioned onto (R) side. Another assessment completed. GCS 6/11. Pt opens eyes to pain (when moved + repositioned) but not to voice. Pt not tracking or following commands when asked. Propofol inf ↓ 20mcg/kg/min. Pt moving legs + bending @ knee. Dilaudid 2mg IV given via OG for pain management. S1 S2 heart sounds heard. Peripheral pulses palpable. (L) fem site Op sites + 2 d.i. + continued ooze to sites. Area soft on palpation. (R) fem Dextro dressing d.i. (R) fem old ant line dressing intact. Continued ooze. Amiodarone and Dobutamine infusions unchanged throughout the day. A/E clear. RT in to see pt to change vent settings. Pt changed to spontaneous FiO2 still 25% and PEEP 10. SpO2 95-100% on these settings. Abd soft. Residual only 2mls. OG checked via auscultation.



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

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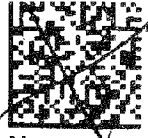
Admit Date: DEC-2-2021

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**NURSING
PROGRESS RECORD**

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DEC 04 2021

DATE/TIME	REMARKS
	Tube feed @ 30mls/hr 1:1 with Propofol infusion. Urine output continues to be between 20-30ml's dark tea colored urine. Rectal temp remains set @ 37.0 °C. Will continue to monitor.
1745	RL tubes 500mls started as per Dr Bone after being made aware of ↑ creatinine and ↓ urine output.
1831	Scheduled Tylenol given as per MAR. Morphine restarted @ 115mcg/hr.
1940	Report given to incoming RN.
Dec 4/21 1940-2000	Pt report absent from DR RN - Pt noticeably only x4 limbs in bed, tries to sit up. Pt RAS +1 → +2. Pt intubated + TTM-yeastho + OG inserted. Pt propofol ↑ 20 → 60mg/hr. Pt fentanyl ↑ 25 → 60mcg/hr. Pt not following motor commands appropriately but moving all limbs and neck. Pupils 3mm x 2 sluggish + PERRLA. Pt ↓ motor activity with ↑ analgesia + sedation. Pt lungs clear: Intubated. ET #8, very well on Spontaneous 25% resp. Pt SpO2 90's. Pt BSL 4 mm. Pt pulses 20/2 x2 + (1E) Dorsal ped x2. Pt given scheduled PO + IV meds. Pt repositioned + oral + eye care. CPE.
2010	R.T. in for assess pt. NO Vent Settings Δ - CPE.
2110	Pt started on 800ml RL tubes as Dr Bone's order.
2140	Pt TFI P 150ml RL per hour.
Dec 4/21 0005	Pt given scheduled PO Meds. Pt ABG, Cates + APPT drawn + sent to Lab. Pt RA had to be GCs #11, RAS -4. Pt scheduled analgesia →



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

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

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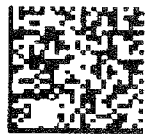
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 5/4 0005 Caldwell	Pt lungs clear throughout, ventywell. SK. 90's. BS x4 rams, V/S well, 1:1 rambly Pt Mother in Room, given update on test V/S. & visual concerns. NO Δ from previous head to toe assessment. Pt appears comfortable - G/W
0516-0526	Pt Report & G to 40 mg/hr MRP (60) 87/4a. Pt R/A head to toe GCs 3/11, RAS - 4. Pt R/L 2mm shagreen? Pt lungs clear throughout ventywell. At 5:50 am with S.R. 90's. Pt BS x4 hypoxemia + ABD mild distension + Tympany. Pt skin dry + intact with Ulnar bruising. Pt appears comfortable. Pt Feinted & G to 40 mg/hr at 0525 - G/W
0600-0710	Pt given bubble & gas change. Ruchel tube was removed. Pt given large amount of Suctra 5-60 for thick old blood & phlegm. Sats 89% 93% post. Pt chest ⊕ ⊕ rales post. Pt given break for Suctra. Pt Repositioned. Higher in bed. Pt Abdom noted to be ⊕ ⊕ distended? unable to pass gas - will discuss with MRP - G/W
0736	Pt report given to DR RN - Care handed over - G/W



CCU
FLOW SHEET
Page 1 of 8

DATE: DEC 05 2021 Weight: _____ CrCl _____

CNS	NURSING ASSESSMENT @					RESPIRATIONS: <input checked="" type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT				
	RASS: <u>4</u> <input type="checkbox"/> SEDATED <input checked="" type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input type="checkbox"/> BEDSIDE EEG					CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL				
	GCS: _____ RESTRAINTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> BRONCHIAL BREATHING				
	EYES OPEN: <u>4</u> SPONT <u>3</u> TO SPEECH <u>2</u> TO PAIN <input checked="" type="checkbox"/> NONE					<input checked="" type="checkbox"/> CRACKLES				
	BEST VERBAL: <u>5</u> ORIENTED <u>4</u> CONFUSED <u>3</u> INAPPROP WORDS					INSPIRED / EXPIRED FINE / COARSE				
	<u>2</u> INCOMPREHENSIBLE SOUNDS <u>1</u> NONE (ET) TRACH					ANTERIOR POSTERIOR				
	BEST MOTOR:					<input type="checkbox"/> WHEEZE				
	<u>6</u> OBEY'S COMMANDS <u>5</u> LOCALIZE PAIN					<input type="checkbox"/> DECREASED AIR ENTRY				
	<u>4</u> SEMI-PURPOSEFUL/WITHDRAWS <u>3</u> FLEXOR RESPONSE					<input type="checkbox"/> ABSENT AIR ENTRY				
	<u>2</u> EXTENSOR RESPONSE <u>1</u> FLACCID/NO RESPONSE					<input type="checkbox"/> EQUAL AIR ENTRY				
PUPILS: LT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED					COUGH: <input type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input checked="" type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input checked="" type="checkbox"/> PRODUCTIVE					
PUPIL SIZE: LT- <u>3</u> RT- <u>3</u>					COLOUR: <u>pink</u> AMT <u>small</u> CONSISTENCY <u>thick</u>					
SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●					<input type="checkbox"/> ETT # <u>8</u> Type <u>EVAC</u> <input checked="" type="checkbox"/> VENTILATED					
MUSCLE STRENGTH: (Normal/Weak/Absent) RA <u>A</u> RL <u>A</u> LA <u>A</u> LL <u>A</u>					<input type="checkbox"/> TAPES <input type="checkbox"/> TIES <input checked="" type="checkbox"/> ETT HOLDER <input type="checkbox"/> PLACEMENT CONFIRMED					
EMOTIONAL STATUS: <input type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input checked="" type="checkbox"/> SEDATED					TAPED @ <u>24</u> cr Teeth Lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline					
<input type="checkbox"/> OTHER - DESCRIBE <u>Propofol ↓ 30mcg/kg/min</u>					<input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP					
COMMENTS: <u>Fentanyl inf</u>					<input type="checkbox"/> HOB° <u>15</u> <input checked="" type="checkbox"/> REVERSE TRENDELENBURG					
ARTERIAL PULSE					COMMENTS: <u>SpO2 93-94%</u>					
0-ABSENT 3-BOUNDI NG					ABDOMEN: <input type="checkbox"/> OBES E <input type="checkbox"/> SOFT <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED					
1-WEAK D-DOPPLER LI					BOWEL SOUNDS: <input type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input checked="" type="checkbox"/> HYPOACTIVE <input type="checkbox"/> ABSENT					
2-NORMAL RI					<input type="checkbox"/> NG <input checked="" type="checkbox"/> TUBE FD. <input type="checkbox"/> CLAMPED <input type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION					
CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED					DRNG: COLOUR _____ CONSISTENCY _____					
SKIN: <input type="checkbox"/> HOT <input type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input checked="" type="checkbox"/> NORMAL					PLACEMENT CONFIRMED: <input type="checkbox"/> ASPIRATE <input type="checkbox"/> CXR <input checked="" type="checkbox"/> ASCUSCULATION					
COMMENTS: <u>Quattro cath set to 37°</u>					TUBE DEPTH <input type="checkbox"/> MARKED <input checked="" type="checkbox"/> TAPED @ <u>52</u> CM					
EDEMA: <input type="checkbox"/> NONE <input type="checkbox"/> MILD <input checked="" type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input checked="" type="checkbox"/> GENERALIZED					DIET: _____ TUBE FEED: TYPE _____ RATE _____ ml/hr					
<input type="checkbox"/> PITTING AREA _____					LAST BM <u>Dec 3</u> COLOR _____ CONSISTENCY _____					
HEART SOUNDS: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4					COMMENTS: <u>Not distended & firm. Hacked go to low cont. suction - 395mls light brown (TF) suctioned at.</u>					
<input type="checkbox"/> RUB <input type="checkbox"/> MURMUR					URINE: COLOUR <u>tec.</u> <input type="checkbox"/> CLOUDY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> ODOR					
CARDIAC RHYTHM: <u>SR - ST</u>					VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input type="checkbox"/> CATHETER					
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____					GENITALIA: APPEARANCE <u>Unclear</u> DRNG: _____					
MODE _____ RATE _____ MA _____					<input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS					
SENSING _____ CAPTURE _____ ICD _____					COMMENTS: <u>Urine output low.</u>					
<input type="checkbox"/> ABB _____ SITE _____ <input type="checkbox"/> PLACEMENT CHECK					SKIN TURGOR: <input type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY					
VASC. CATH					COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC					
ART <u>① Brach</u>					MUC. MEM.: <input checked="" type="checkbox"/> MOIST <input type="checkbox"/> DRY <input type="checkbox"/> PINK <input type="checkbox"/> PALE <input checked="" type="checkbox"/> INTACT					
RT CVC <u>② R</u>					<input type="checkbox"/> PCD <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: _____					
CVC <u>③ Fem Quattro</u>					COMMENTS: <u>Math core done. Quik combs patches on feet</u>					
Peripheral <u>④ AC</u>										
Peripheral <u>⑤ wrist</u>										
Peripheral										
<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE <u>U/A</u>										
DESCRIPTION:										
PCI ACCESS SITE <input type="checkbox"/> N/A <input checked="" type="checkbox"/> RADIAL R/L <input type="checkbox"/> FEM R/L										
<input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input checked="" type="checkbox"/> INTACT <u>GTA</u>										
COMMENTS: <u>Amiodarone 0.5mcg/kg/min</u>										
<u>Dobutamine 0.2mcg/kg/min</u>										
					SIGNATURE/TITLE: <u>[Signature]</u>					

FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



DEC 05 2021

Date: _____

CNS	NURSING ASSESSMENT @ 200				RESPIRATIONS: <input checked="" type="checkbox"/> NO DISTRESS <input type="checkbox"/> LABORED <input type="checkbox"/> SOB <input type="checkbox"/> USE ACCESSORY MUSCLES <input type="checkbox"/> AIRWAY ALERT																														
	RASS: <u>1</u> <input type="checkbox"/> SEDATED <input type="checkbox"/> ANALGESIC <input type="checkbox"/> N/A <input type="checkbox"/> BEDSIDE EEG				CHEST EXCURSION: <input checked="" type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL																														
	GCS: <u>15</u> RESTRAINTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIDERAILS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input checked="" type="checkbox"/> BRONCHIAL BREATHING <input type="checkbox"/> CRACKLES <input type="checkbox"/> WHEEZE <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY																														
	EYES OPEN: <u>4</u> SPONT <input checked="" type="checkbox"/> TO SPEECH <u>2</u> TO PAIN <u>1</u> NONE BEST VERBAL: <u>5</u> ORIENTED <u>4</u> CONFUSED <u>3</u> INAPPROP WORDS <u>2</u> INCOMPREHENSIBLE SOUNDS <input checked="" type="checkbox"/> NONE/EIT/TRACH				INSPIRED / EXPIRED FINE / COARSE ANTERIOR POSTERIOR 																														
BEST MOTOR: <input checked="" type="checkbox"/> OBEY'S COMMANDS <input type="checkbox"/> LOCALIZE PAIN <input checked="" type="checkbox"/> SEMI-PURPOSEFUL/WITHDRAWS <input type="checkbox"/> FLEXOR RESPONSE <input checked="" type="checkbox"/> EXTENSOR RESPONSE <input type="checkbox"/> FLACCID/NO RESPONSE				COUGH: <input type="checkbox"/> ABSENT <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NONPRODUCTIVE <input type="checkbox"/> PRODUCTIVE COLOUR: <u>yellow, clear</u> AMT: _____ CONSISTENCY: <u>thick</u>																															
PUPILS: LT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED RT <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> SLUG <input type="checkbox"/> FIXED				EIT # <u>8</u> Type <u>EWAL</u> <input type="checkbox"/> VENTILATED <input type="checkbox"/> TAPES <input type="checkbox"/> TIES <input checked="" type="checkbox"/> EIT HOLDER <input type="checkbox"/> PLACEMENT CONFIRMED TAPED @ _____ cm Teeth / Lips <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Midline <input type="checkbox"/> NON VENTILATED <input type="checkbox"/> BIPAP <input type="checkbox"/> CPAP <input type="checkbox"/> HOB° _____ <input type="checkbox"/> REVERSE TRENDELENBURG																															
PUPIL SIZE: LT- <u>3</u> RT- <u>3</u>				COMMENTS:																															
SCALE 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●				ABDOMEN: <input type="checkbox"/> OBESSE <input type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> HARD <input type="checkbox"/> DISTENDED BOWEL SOUNDS: <input type="checkbox"/> NORMAL <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> NG <input type="checkbox"/> OG TUBE FD. <input type="checkbox"/> CLAMPED <input checked="" type="checkbox"/> INTERMITTENT/CONTINUOUS SUCTION																															
MUSCLE STRENGTH: (Normal/Weak/Absent) RA <u>A</u> RL <u>W</u> LA <u>B</u> LL <u>W</u>				DRNG: COLOUR <u>yellow-lighter</u> CONSISTENCY <u>thick</u>																															
EMOTIONAL STATUS: <input type="checkbox"/> CALM <input type="checkbox"/> RESTLESS <input type="checkbox"/> ANXIOUS <input checked="" type="checkbox"/> SEDATED <input type="checkbox"/> OTHER - DESCRIBE _____				PLACEMENT CONFIRMED: <input type="checkbox"/> ASPIRATE <input type="checkbox"/> CXR <input type="checkbox"/> AUSCULTATION																															
COMMENTS:				TUBE DEPTH <input type="checkbox"/> MARKED <input checked="" type="checkbox"/> TAPED @ <u>52</u> _____ CM DIET: <u>NPO</u> TUBE FEED: TYPE _____ RATE _____ ml/hr LAST BM <u>Dec 3</u> COLOR _____ CONSISTENCY _____ COMMENTS: <u>Abd. tender during feed</u>																															
ARTERIAL PULSE				URINE: COLOUR <u>amber</u> <input type="checkbox"/> CLOUDY <input type="checkbox"/> CLEAR <input type="checkbox"/> ODOR																															
<table border="1"> <tr> <td></td> <td>RAD</td> <td>FEM</td> <td>DP</td> <td>PT</td> </tr> <tr> <td>0-ABSENT 3-BOUNDED</td> <td>1</td> <td></td> <td>2</td> <td>1</td> </tr> <tr> <td>1-WEAK D-DOPPLER LT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-NORMAL RT</td> <td>1</td> <td></td> <td>1</td> <td>1</td> </tr> </table>					RAD	FEM	DP	PT	0-ABSENT 3-BOUNDED	1		2	1	1-WEAK D-DOPPLER LT					2-NORMAL RT	1		1	1	VOIDING: <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input checked="" type="checkbox"/> CATHETER											
	RAD	FEM	DP	PT																															
0-ABSENT 3-BOUNDED	1		2	1																															
1-WEAK D-DOPPLER LT																																			
2-NORMAL RT	1		1	1																															
CAPILLARY REFILL: <input checked="" type="checkbox"/> BRISK <input type="checkbox"/> PROLONGED				GENTALIA: APPEARANCE <u>well</u> DRNG: _____																															
SKIN: <input type="checkbox"/> HOT <input type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> CLAMMY <input type="checkbox"/> DIAPHORETIC <input type="checkbox"/> NORMAL				<input type="checkbox"/> INTERMITTENT DIALYSIS <input type="checkbox"/> PERITONEAL DIALYSIS COMMENTS: <u>Mucousy strands in tubing</u>																															
COMMENTS:				SKIN TURGOR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT <input type="checkbox"/> MOIST <input type="checkbox"/> SHINY																															
EDEMA: <input type="checkbox"/> NONE <input type="checkbox"/> MILD <input checked="" type="checkbox"/> MOD <input type="checkbox"/> SEVERE <input checked="" type="checkbox"/> GENERALIZED <input type="checkbox"/> PITTING AREA _____				COLOUR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUDDY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC																															
HEART SOUNDS: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4				MUC. MEM.: <input type="checkbox"/> MOIST <input type="checkbox"/> DRY <input checked="" type="checkbox"/> PINK <input type="checkbox"/> PALE <input checked="" type="checkbox"/> INTACT																															
<input type="checkbox"/> RUB <input type="checkbox"/> MURMUR				<input type="checkbox"/> PCO <input type="checkbox"/> AES DECUBITUS / SKIN BREAKDOWN: _____																															
CARDIAC RHYTHM: <u>SR - Sinus tach</u>				COMMENTS:																															
PACEMAKER: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY (CM: _____) SITE: _____ MODE _____ RATE _____ MA _____ SENSING _____ CAPTURE _____ <input type="checkbox"/> ICD _____ <input type="checkbox"/> IABP _____ SITE _____ <input type="checkbox"/> PLACEMENT CHECK _____				SIGNATURE/TITLE: <u>J. H. H. H.</u>																															
VASC. CATH				<table border="1"> <tr> <td></td> <td>SITE</td> <td>WAVEFORM</td> <td>DRESSING</td> </tr> <tr> <td>ART</td> <td><u>Biaxial</u></td> <td><input checked="" type="checkbox"/></td> <td><u>D+1</u></td> </tr> <tr> <td>ART</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CVC</td> <td><u>RIS</u></td> <td><u>Infusing</u></td> <td><u>D+1</u></td> </tr> <tr> <td>Peripheral</td> <td><u>R AC</u></td> <td><u>Flushed</u></td> <td><u>D+1</u></td> </tr> <tr> <td>Peripheral</td> <td><u>Wrist</u></td> <td><u>Flushed</u></td> <td><u>D+1</u></td> </tr> <tr> <td>Peripheral</td> <td></td> <td></td> <td></td> </tr> </table>					SITE	WAVEFORM	DRESSING	ART	<u>Biaxial</u>	<input checked="" type="checkbox"/>	<u>D+1</u>	ART				CVC	<u>RIS</u>	<u>Infusing</u>	<u>D+1</u>	Peripheral	<u>R AC</u>	<u>Flushed</u>	<u>D+1</u>	Peripheral	<u>Wrist</u>	<u>Flushed</u>	<u>D+1</u>	Peripheral			
	SITE	WAVEFORM	DRESSING																																
ART	<u>Biaxial</u>	<input checked="" type="checkbox"/>	<u>D+1</u>																																
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Peripheral	<u>R AC</u>	<u>Flushed</u>	<u>D+1</u>																																
Peripheral	<u>Wrist</u>	<u>Flushed</u>	<u>D+1</u>																																
Peripheral																																			
<input type="checkbox"/> CHEST PAIN SCALE 1 MILD - 10 SEVERE <u>1-2</u>				DESCRIPTION: <u>Pt grimace on abd. assessment</u> PCI ACCESS SITE <input type="checkbox"/> N/A <input type="checkbox"/> RADIAL R/L <input type="checkbox"/> FEM R/L <input type="checkbox"/> HEMATOMA <input type="checkbox"/> BRUISE <input type="checkbox"/> OOZE <input type="checkbox"/> CLAM <input type="checkbox"/> INTACT COMMENTS:																															

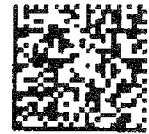


SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

SK UNKNOWN

MRN: RUH 1315031

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



RUH SCH SPH Other _____

U
FLOW SHEET

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Date: **DEC 05 2021**

SAFETY
 PRECAUTIONS DROPLET CONTACT
 EMERGENCY EQUIPMENT
 SUCTION BVM ETT SHEET CALL LIGHT
 ID BAND

VTE PROTOCOL YES NO *do not*
 ALARM LIMITS SET DAYS NIGHTS
 RESP RATE LIMITS N/A
 TRANSDUCERS ZEROED / LEVELED
 DAYS NIGHTS
 ST SEGMENT ALARMS DAYS NIGHTS N/A

LEGEND: OXYGEN THERAPY
 NASAL PRONGS - NP MASK - M HIGH FLOW MASK - HF OPTIFLOW - OF ENDOTRACHIAL TUBE - ET

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
RR VENT/SPONT	13	14	18	19	20	17	19	21	28	24	18		19	19										
SpO2	94	94	94	91	94	93	95	92	90	94			94	94										
O2 DELIVERY METHOD	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT			ETT											
FiO2	05	05	05	05	30	30	30	30	30	30			30	30										
ETT PLACEMENT CM	24 ATT				24 ATT				24 ATT				24 ATT											
VENT MODE	PS CPAP	PS CPAP	PS CPAP	PS CPAP	PS CPAP	PS CPAP	PS CPAP	PS CPAP	PS CPAP	PS CPAP			PS CPAP	PS CPAP										
ETCO2	43	42	43	40	39	40	40	41	40	41	44		45	45										
L VOLUME VENT / SPONT	680	609	655	597	546	587		650	623	576	588		451	506										
PEAK INSP. PRESSURE	21	21	21	20	21	21	21	21	19	18	19		19	19										
PRESSURE SUPPORT	10	10	10	10	10	10	10	10	8	8	8		8	8										
PEEP CPAP / BIPAP	10	10	10	10	10	10	10	10	10	10	10		10	10										
ETT / TRACH SECRETIONS SUCTIONED	200 200 200			200 200					200 200															
RASS <input type="checkbox"/> N/A	-4				-2				-1					-2										

RASS: +4 Combative, +3 Very Agitated, +2 Agitated, +1 restless, 0 alert & calm, -1 drowsy, -2 light sedation, -3 moderate sedation, -4 deep sedation, -5 Unarousable

GASTRIC PLACEMENT CONFIRMED	NSC				NSC				NSC															
GASTRIC RESIDUALS	375 NSC	fed			200 NSC				16 NSC															

LEGEND: (✓) CARE GIVEN BATH: C - COMPLETE S - SELF P - PARTIAL PC - PERICARE ORALCARE: B - BRUSH T - TOOTHETTE
 ACTIVITY: B - BEDREST C - CHAIR A - AMBULATE D - DANGLE I - INDEPENDENT RT - RIGHT LI - LEFT

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
ORAL CARE	✓				✓				✓															
EYE CARE	✓		✓		✓		✓		✓															
I / SKIN CARE																								
ACTIVITY / POSITIONED			L4		B4		A				B4													

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ATN: ECKSTEIN, JANINE

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Date: _____

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	IABP AUG *													
	BLOOD PRESSURE V Λ													
	HEART RATE •													
	INVASIVE MONITORING IN RED													
MAP		65	67	75	76	80	80	77	80	76	70	79	79	
TEMP		37.1	37.1	37.0	37.1	37.1					37.0			
CVP														
RESP <input type="checkbox"/> SEE O2 RECORD		13	16	17	22	20	17	17	16	21	24			
SPO2 <input type="checkbox"/> SEE O2 RECORD		94	94	94	91	94	95	93	92	92	92	93		
R/L INVASIVE LINE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CSM TO DISTAL SITE		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SITE	SOL'N/MED													
	Amio	15	17	17	18	13	✓	✓	✓	✓	✓	✓	✓	✓
	RL	134	186	477	158	151	135	157	147	435	179	174		
	Beprin	21	24	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Fent	4	4	3	3	3	2	3	2	3	2	3	12	12
	Dab	9	10	10	10	10	9	10	2	3	2	3	11	11
	Propofol	9	8	7	7	4	2	3	2	12	8	11		
	BLOOD PRODUCTS mds					95								
	PO / ENTERAL	60				74	80	148	120/61	85	60/86	85		
	FLUSHES													
	RUNNING TOTAL	253	495	1023	1219	1569	1797	2118	2459	2994	3237	3616		
	PERICARDIAL DRAINS													
	NG / EMESIS		375											
	BOWEL													
	URINE	24	33	70	60	55	38	60	60	310	395	250		
	RUNNING TOTAL		57	127	509	584	622	682	742	1052	1447	1697		
	INITIAL	Jm	Jm	Jm	Jm	Jm	Jm	Jm	Jm	Jm	Jm	Jm	Jm	

CUMULATIVE BALANCE TO DATE	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	12 HR CUMULATIVE
Form #100986 04/2014		(+5547-112hr)		+9873	Cumulative			+1117					+1918



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

SK UNKNOWN

MRN: RUH 1315031

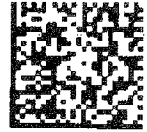
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RUH SCH SPH Other _____

DEC 05 2021

Date: _____

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		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700		
VITAL SIGNS	IABP AUG *															
	BLOOD PRESSURE V ^															
	HEART RATE •															
	INVASIVE MONITORING IN RED															
	MAP		76	86												MAP
	TEMP			37.4												TEMP
	CVP															CVP
	RESP <input type="checkbox"/> SEE O2 RECORD		19	19												RESP
	SPO2 <input type="checkbox"/> SEE O2 RECORD		94%	93%												SPO2
	R/L INVASIVE LINE <input checked="" type="checkbox"/>															R/L INVASIVE LINE <input checked="" type="checkbox"/>
CSM TO DISTAL SITE															CSM TO DISTAL SITE <input checked="" type="checkbox"/>	
SITE	SOL'N/MED															
	IV Fluid	277	139													
	Heparin	43	8													
	Fentanyl	5	2													
	Dob	18	9													
	BLOOD PRODUCTS															BLOOD PROD
	PO / ENTERAL															PO/ENTERAL
	FLUSHES															FLUSHES
	RUNNING TOTAL	343	501													
	PERICARDIAL DRAINS															PERICARDIAL DRAIN
	NG / EMESIS															NG / EMESIS
	BOWEL															BOWEL
	URINE	325	190													URINE
	RUNNING TOTAL		515													
	INITIAL	34	54													
														24 HR CUMULATIVE BALANCE		

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DEC 05 2021

Date: _____

SK UNKNOWN

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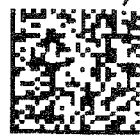
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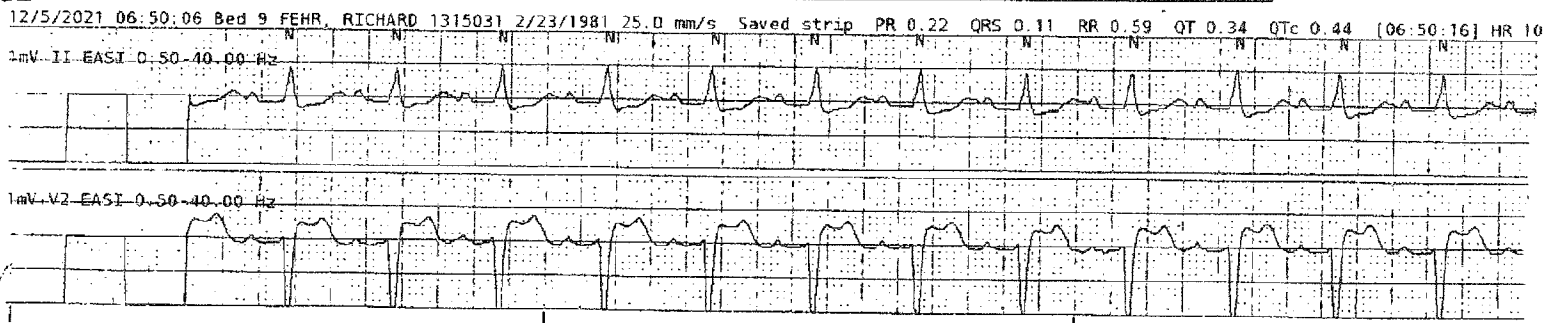
FAM: FRASER, JILLIAN



BRADEN SCALE RISK SCORE INDICATORS

KEY: 19-23 = no risk, 15-18 = low risk, 13-14 = mod risk, 10-12 = high risk < 9 = very high risk	Sensory perception score	Moisture	Activity	Mobility	Nutrition	Friction & shear
	1 - Completely limited	1 - Completely moist	1 - Bedfast	1 - Completely immobile	1 - Very poor	1 - Problem
	2 - Very limited	2 - Very moist	2 - Chair fast	2 - Very limited	2 - Probably inadequate	2 - Potential problem
	3 - Slightly limited	3 - Occasionally moist	3 - Walks occasionally	3 - Slightly limited	3 - Adequate	3 - No apparent problem
	4 - No Impairment	4 - Rarely moist	4 - Walks frequently	4 - No limitations	4 - Excellent	
	Score	Score	Score	Score	Score	Score
Total score:						
<input type="checkbox"/> Turns pressure management	<input type="checkbox"/> moisture barrier protection	<input type="checkbox"/> physio / OT <input type="checkbox"/> mobilization	<input type="checkbox"/> turns <input type="checkbox"/> physio	<input type="checkbox"/> feeds <input type="checkbox"/> dietary consult	<input type="checkbox"/> bed surface <input type="checkbox"/> heel boot <input type="checkbox"/> sacrum protect	

REASON FOR RESTRAINT		<input type="checkbox"/> RISK OF SELF INJURY	<input type="checkbox"/> PHYSICAL THREAT TO OTHERS	<input type="checkbox"/> OTHER	ON @ _____	OFF @ _____																			
<input type="checkbox"/> N/A	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
RESTRAINT RECORD	RESTRAINTS - TYPE																								
	CIRCULATION	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	CARE GIVEN	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	BEHAVIOUR	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	INITIAL																								
KEY	RESTRAINTS TYPE: V - Vest L - LIMB X _____ P - PINEL CIRCULATION: G - GOOD F - FAIR P - POOR CARE GIVEN: NC - NO CARE S - SKIN CARE A - AMBULATED R - REPOSITION RS - REPOSITION SELF CC - CONSTANT CARE M - ROM BEHAVIOUR: C - CALM A - AGITATED R - RESTLESS S - SLEEPING CD - CONFUSED I - IMPULSIVE MP - MEMORY PROBLEMS																								



Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTc	Interpretation:				

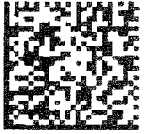


SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

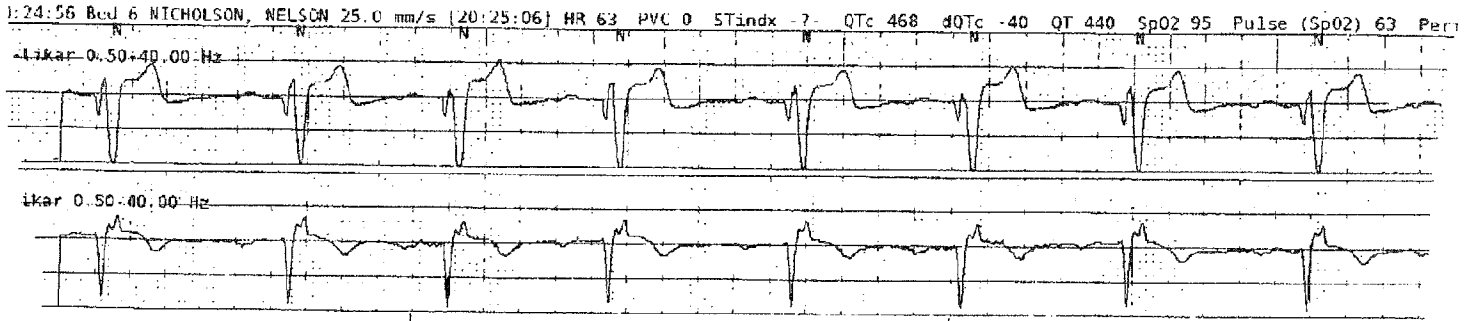
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FLOW SHEET
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Date: **DEC 05 2021**



QTc Interpretation: _____

Date	Time	Atrial Rate	Vent. Rate	PR Interval	QRS Complex
QTc	Interpretation:				

DATE / TIME SIGNATURE / TITLE	NURSING PROGRESS NOTES NARRATIVE
0730-0905	pt received into care @ 0730 hrs. Report received from night RN. Writer in to see pt @ 0750 hrs. Assessment completed. See flow sheet for data. Resident and Dr Bere made aware of ↑ creatinine, ↓ urine output + ↓ BP. RT in to see pt & changes made to vent settings. @ 0840 Meds given as per MAR. @ 0850 Resident in to see pt. New orders written. RL toler samps started to infuse over 1 hour. Resident spoke with pt's man re: plan of care. @ 0915 hrs

FLOW SHEET

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SK UNKNOWN

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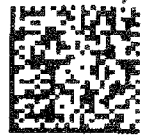
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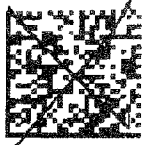
ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



DEC 05 2021

DATE / TIME SIGNATURE/TITLE	NURSING PROGRESS NOTES NARRATIVE
Dec 5/21	Hem R 10units IV; D50 some amp oral Calcium gluconate 1gram started. as per MAR. Pt's wife now @ bedside - <i>JM</i>
0939	Pre D50 + 14hr R BGM 8.3 and BGM now 11.0 post. <i>JM</i> . Heparin infusion held as per Dr Haddad for possible Quattro line removal. - <i>JM</i>
1016	SpO2 ↓ @ 1005 hrs to 89% when pt turned on to (L) side. Pt suctioned for scant sang tinged. SpO2 now only 91%. A/E coarse crackles noted to (R) base; clear to (L). Propofol ↓ 20mcg/kg/min and Fentanyl ↓ 25mcg/hr. <i>JM</i>
1057	SpO2 remains 91%. ABG drawn and sent <i>JM</i>
1152	@ 1055 hrs tube feed restarted @ 80ml/hr. 1:1 of propofol inf. Rounds done with Cardiology team @ 1120 hrs. New orders written. @ 1135 hrs Dr Eckstein into assess pt. and speak with pt's wife. Propofol inf ↓ 10mcg/kg/min to continue to wean propofol inf. @ 1145 hrs Amio inf stopped. as per orders. @ 1147 RT in to see pt after being paged about ABG result. Eos ↑ 30. Next bloodwork @ 1300 - <i>JM</i>
1245	Another assessment done @ 1200 hrs RASS-2. Pt not following commands. but opens eyes to voice. All other assessment data unchanged. Meds given as per MAR. Metoran given @ 1235 hrs as per MAR <i>JM</i>
1411	(R) Fem Quattro cath removed as per protocol @ 1340 hrs. Dr Shavadia @ bedside while this removed. Pt tolerated procedure well. Wife @ bedside. Bloodwork drawn and



NURSING
PROGRESS RECORD

DEC 05 2021

Page 1 of 2

DATE/TIME	REMARKS
Dec 5/21 1411 cont.	sent for ABG + lytes
1446.	Pt repositioned onto (R) side. (R) fem site soft. Dose. CSM (R) foot intact. (L) brachial artline positioned but flushes well. NBP stable 121/61 (70). Propofol infusion now on hold.
1500	PEG given as per MAR
1535.	Dr Haddad made aware of results of lytes. New orders written to shift pt. item R 10 units IV and D50 amp same given @ 1520 hrs. Dr Eckstein in to see pt to assess neuro status and speak with wife. New orders written for hourly and fluid bolus. These started @ 1530 hrs. Will continue to monitor.
1652	@ 1615 another assessment started. GCS 10/11. Pt following simple commands when asked to squeeze hands on both sides and wiggle toes. Pt coughing and gagging on ETT. Pt suctioned for mod-lq amt old sng tinged. Pt trying to sit up in bed. Pt diaphoretic and pale. Dr Eckstein in to see pt to assess. Pt tired out ++ Gastric residual due but only 10mls. Abd firm and pt unres to pain and (R) hand up to push your hand away. Bowel sound ++ hyperactive and quiet. S1 & S2 heart sounds heart. A/E coarse @ bases. SpO2 ↓ 91% on current vent settings. RT in @ 1600 to ↓ PEEP to 8. Urine output ↑ 300+ and responds



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: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN

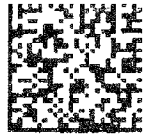


**NURSING
PROGRESS RECORD**

DEC 05 2021

Page 2 of 2

DATE/TIME	REMARKS
	well to Lasix. Dilaudid dose given via OG. <i>flm</i>
1700-1930	@ 17 bloodwork drawn and sent for ABG as per Dr Eckstein. Dr Haddad ordered to hook pt up to low continuous suction and stop tube feed. (L) brachial artline not transducing or flushing. Dr Haddad in to receive CS per protocol. Versed drug IV given for pt agitation prior to this procedure. See MAR. Following procedure. Pt washed in bed. All bed linens changed. Versed drug IV given prior to turning pt. See MAR. Pt prepared for trip to CT for CT abd/pelvis and CT head. Pt to CT @ 1800. Versed given @ CT @ 1900hrs. Pt also given Versed drug IV when returned to CW @ 1930hrs. Pt agitated. <i>flm</i>
2000	Pt rec'd into care following report from ^{ERTP} night duty RN. Pt returned from CT @ shift change. Pt settled. OG hooked up to low continuous suction. Safely checked & nursing assessment complete. Please see flowchart.
2030	Dr Eckstein, Dr Haddad & gen surg team is to discuss CT findings & prognosis to pt's wife Andrea. <i>J Marshall</i>
2100	POC sample collected. Heparin @ standby @ 2027.
2130	Pt to OR accompanied by writer, patient RN & pt via air bed. <i>J Marshall</i>
2330	Report given to UIC RN. <i>J Marshall</i>



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: _____ kg Isolation precautions: _____
Date: DEC 05 2021 Weight: _____ kg Family presence on rounds # hrs HOB greater than 30°: _____

CVS	Nursing assessment at: _____								Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert																																																																				
	RASS: CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized								Chest excursion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																																																																				
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____								Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																																																																				
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____								<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Inspired/Expired Anterior</p> </div> <div style="text-align: center;"> <p>Fine/Coarse Posterior</p> </div> </div>																																																																				
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	GCS: _____ Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No								<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>B Bronchial broathing</p> <p>wh Crackles</p> <p>↓ Wheeze</p> <p>Decreased air entry</p> </div> </div>																																																																				
	Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain 1 - None																																																																												
	Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate								<p>Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive</p> <p>Colour _____ Amount _____ Consistency _____</p>																																																																				
	2 - Incomprehensible sounds 1 - None/ETT/Trach.																																																																												
	Best motor: 6 - Obeys commands 5 - Localize pain								<p>Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal</p> <p><input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____</p> <p><input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalng Dressing _____</p>																																																																				
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HOB: _____° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions								<p>Comments:</p> <p>Urine - Colour: _____ <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour</p> <p>Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter</p> <p>Genitalia: Appearance _____ Drainage _____</p> <p><input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____</p>																																																																					
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Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized								<p>Wounds:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Site</th> <th>Colour</th> <th>Dressing</th> <th>Drainage</th> <th>Drains</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								Site	Colour	Dressing	Drainage	Drains																																																									
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INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

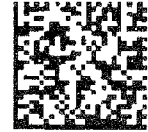
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



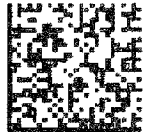
DEC 8 5 2021

Date: _____

Isolation precautions: Universal

Nursing assessment at: <u>2300</u> RASS: CAM ICU: <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural <input type="checkbox"/> Dermatome level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																																											
GCS: <u>3/11</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain <input checked="" type="checkbox"/> None Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds <input checked="" type="checkbox"/> None <input type="checkbox"/> Trach.		B Bronchial breathing <u>Inspired/Expired</u> Anterior <u>Fluor/Coarse</u> Posterior wh Wheeze ↓ Decreased air entry																																											
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<table border="1"> <tr> <th>Arterial pulse:</th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> <tr> <td>0 - Absent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 - Weak</td> <td>LT 2</td> <td>ART</td> <td></td> <td></td> <td>1</td> <td>1</td> </tr> <tr> <td>2 - Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Bounding</td> <td>RT 2</td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> </tr> <tr> <td>0 - Doppler</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Arterial pulse:	RAD	BRACH	FEM	POP	DP	PT	0 - Absent							1 - Weak	LT 2	ART			1	1	2 - Normal							3 - Bounding	RT 2				1	1	0 - Doppler							Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>55</u> cm Diet: <u>NPO</u> Tube feed: Type <u>D</u> Rate _____ mL/hr <input type="checkbox"/> Stoma Type _____ Site _____ <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
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Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Genitalia: Appearance <u>normal</u> Drainage <u>normal</u> <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																																											
Vasc. Cath. Art. - CVC Other Peripheral Site: <u>L brachial</u> <input checked="" type="checkbox"/> <u>U</u> Waveform: <input checked="" type="checkbox"/> <u>D</u> Dressing: <u>D+t</u> <u>D+t</u> <u>#20</u> <u>OTC</u>		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: _____ <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																																											
Total fluid intake goal: IV Rate/hr Site BL Return <u>Ringer's @ 50 ml/hr</u> <u>Dobutamine @ 2 mcg/kg/min</u> <u>Nitroglycerine infused @ 0.03 mcg/kg/min</u> <u>Dilaudid @ 1 mg/hr</u> <u>Propofol @ 30 mcg/kg/min #20</u> <u>Cloud</u>		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input checked="" type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional <u>20</u> mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																																											
Comments: <u>Sinus Tach 100's</u>		Wounds: Site Colour Dressing Drainage Drains <u>MOOREX wound on Rt hip</u> <u>Abthera vac/dress midline abd</u> <u>intact, sang to</u> <u>lesion scars to sternum, blister to</u>																																											

Signature/Title: Uthman

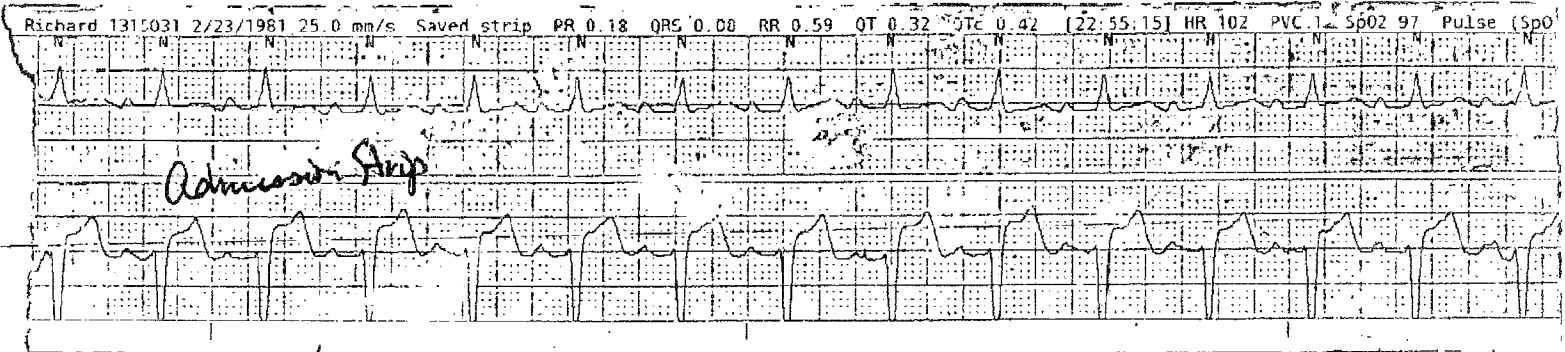


RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: DEC 5 2021 ECG Monitor Record



Date: Dec 5/21 Time: 22:55 Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
QT interval: _____ QTc: _____ Interpretation: _____

Date: _____ Time: _____ Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
QT interval: _____ QTc: _____ Interpretation: _____

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given																								
Oral care																								
Eye care																								
Bath/Skin assessment																								
Activity/Repositioned																								
Mobility step																								
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (I/S) Chest percussion (C) Percs. & vibs. (PV)																								
Restraint Record	Restraints Type																							
	Circulation																							
	Care given																							
	Behaviour																							
Initial																								
Legend	Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toohette Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back Restraints type: V - Vest L - Limb x P - Pinel On at _____ Off at _____ Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor																							

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 4 of 8

SK UNKNOWN

MRN: RUH 1315031

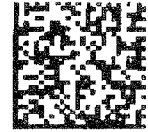
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



Date: DEC 05 2021

TIME		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900		
VITAL SIGNS	Blood pressure	230														
	^	220														
	v	210														
		200														
	Heart rate	190														
		180														
		170														
	Invasive monitoring	160														
	in red	150														
		140														
	<input type="checkbox"/> Alarms set/checked	130														
		120														
	<input type="checkbox"/> Levelled	110														
		100														
	<input type="checkbox"/> Zeroed	90														
	80															
<input type="checkbox"/> Resp. rate alarm limits:	70															
	60															
	50															
	40															
	30															
MAP																
Temperature																
CVP																
ICP/ CPP																
RASS/Goal																
INTAKE	Site															
	Sol'n/Med															
	Blood products															
	PO/Enteral															
	Flushes															
Running total																
OUTPUT	Chest tube															
	Drains															
	NG/Emesis															
	Bowel															
	Urine															
	Running total															
Initial																
Previous 24 hour balance:								Cumulative balance to date:								



RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 05 2021

TIME 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 0700

VITAL SIGNS	TIME												
	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
Blood pressure	230												
^	220												
v	210												
200													
Heart rate	190												
•	180												
Invasive monitoring in red	170												
160													
150													
140													
Alarms set/checked	130												
Levelled	120												
Zeroed	110												
Resp. rate alarm limits:	100												
vent	90												
	80												
	70												
	60												
	50												
	40												
	30												

MAP													
Temperature													
GVP WTP													
ICP/ CPP													
RASS/Goal													

INTAKE	Site	Sol'n/Med																
		Ringers																
	Ebolutz mite																	
	Norepi.																	
	Dilaudid																	
	Maxdo/NS																	
	Propofol																	
	Ringers																	
	OR																	
	Blood products																	
	PO/Enteral																	
	Flushes																	
	Running total																	

OUTPUT																		
	Chest tube																	
Drains VAC																		
NG/Emesis LCS																		
Bowel Rochul/Mel																		
Urine																		
Urine																		
Running total																		

Initial																		
24 hour balance:																		
Cumulative balance:																		

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

SK UNKNOWN

MRN: RUH 1315031

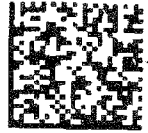
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



Date: DEC 05 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)												
Mask/Nasal prong												
Resp. rate												
SpO ₂												
ETCO ₂												
FiO ₂												
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions <small>C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious</small>												
HOB at _____°												
Gastric placement confirmed												
Gastric residual												
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal												
Dorsalis pedis												
RT												
LT												
Posterior tibialis												
RT												
LT												

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 05 2021

Did the patient meet criteria for SBT? Yes No

Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)				24 24	24				24			
Mask/Nasal prong												
Resp. rate												
SpO ₂				95	98	100	100	97	96	96	97	96
ETCO ₂				45	47	43	39	40	41	38	42	42
FiO ₂				.4	.40			.4	.40	.40		.40
Vent. mode				PRVC	PRVC			PRVC	PRVC			
RR vent./spont.				16	16	17	19	16	18	19	18	21
Tidal volume vent./spont.				500	500	354	415	500	500	350	442	339
% minute volume				8.3	8.1			9.5				
Peak insp. Pressure				24	23	24	27	26	24	23	23	26
Pressure support												
PEEP/CPAP				10	10	10		10	10			0
ETT/Trach. secretions C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious												
HOB at _____°					31				31			
Gastric placement confirmed				UCS	cap/UCS				UCS			
Gastric residual									50			
Pedal pulses: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler												
Dorsalis pedis Posterior tibialis												
RT LT												
RT LT												

Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec 5/21 2250-00	Pt transferred to OR report received from OR team, pt on morphine, vent, dexatrimine & D methylgluc... on animal. Pt was stable HR 105, SpO2 97%. ABP 119/53 (76) next pt turned off by anesthesia on animal BVM + suction available at bedside. High alert infusions verified + started, OR infusions added. Pt assessment completed & documented, see ICU flow

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

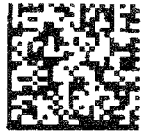
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



Date: DEC 05 2021

Date/Time	NURSING PROGRESS NOTES (Narrative)
(cont)	sheet pt washed, urethra subs d/d. Pt mexplex coccyx in place skin underneath intact, breakdown noted. Dry to mid-line abd / vac intact + vac, on draining sing. Blister noted to p/b (2) FIA. Healing scars to p/b sternum. — Off
Dec 6 0000	D/s wife at the bedside, with provided update regarding current infusion, v/l and plan arranged. P/s wife concerned pt not receiving enough analgesia, states "he was in pain" in ICU" with reassured wife pt will be kept comfortable + isolated via pupal + butandied infusions unless v/s terminated. Warrant may be not adequate, p/s wife states "you know he has a bunch of broken ribs right". Writer reassured p/s wife assessment indicated like pt heart rate, blood pressure + tidal vol. level are what to assess need for analgesia, wife seemed understanding of same + left by bedside. — Off
0035	CXR completed — Off
0040	ECG completed — Off
0045	Bladder pressure measured per physician request, see paper record — Off
0100	P/s mother at the bedside of v/s stable, writer relieved resident pt MBP 60 mm
0045	0.15 mg/kg/min norepinephrine 50mg RL ordered + inhaled — Off
0140	Culmed versus gas drawn + sent to lab
0320	RL 500 ml bolus (2nd) inhaled — Off
0400	RL 500ml bolus (3rd) ordered + inhaled — Off
	Repeat labs drawn ure + msa subs tube + sent to micro, report in to assess + made assure if pt fluid status, RL 1L bolus ordered + inhaled, pt reassured, alebutc 30" RASS -4, GCS 3/11. Pupils 3mm bilat + bilat ale' clear bilat + to bases, heart sounds regular —> cont —> <small>Continued on Progress Record - Nursing (form #101434)</small>



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
(cont)	BS absent, abthera drug intact to 125mmHg suction. PPP x 4 lumps
	State entry for 0320. Pts mother remains at bedside, charge nurse re to speak to her re: no visitors to stay evening, mother left the bedside - Off
01230	Pts mother at the bedside for 15 min, nurse provided update re: no charges since she left ca 0320
01040	AM labs drawn + sent to lab by unit
01220	Cardiology by 10 am
01250	Repeat qn to oncology RN, care transferred

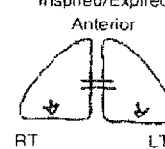
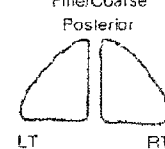
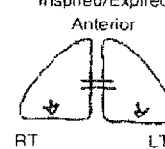
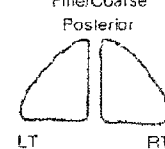
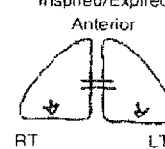
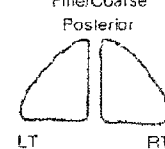



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: _____ kg Isolation precautions: _____
Date: DEC 06 2021 Weight: 90.7 kg Family presence on rounds # hrs HOB greater than 30°: _____

CNS	Nursing assessment at: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath																																				
	RASS: <u>-5</u> CAM ICU: <u>UFD</u> <input type="checkbox"/> Drug induced paralysis <input checked="" type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert																																				
	Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																																				
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: <u>0</u>		Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																																				
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		<table border="0"> <tr> <td></td> <td colspan="2">Inspired/Expired</td> <td colspan="2">Fine/Coarse</td> </tr> <tr> <td></td> <td colspan="2">Anterior</td> <td colspan="2">Posterior</td> </tr> <tr> <td>B</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>wh</td> <td colspan="4">Bronchial breathing</td> </tr> <tr> <td>↓</td> <td colspan="4">Crackles</td> </tr> <tr> <td></td> <td colspan="4">Wheeze</td> </tr> <tr> <td></td> <td colspan="4">Decreased air entry</td> </tr> </table>			Inspired/Expired		Fine/Coarse			Anterior		Posterior		B					wh	Bronchial breathing				↓	Crackles					Wheeze					Decreased air entry			
		Inspired/Expired			Fine/Coarse																																		
		Anterior		Posterior																																			
	B																																						
	wh	Bronchial breathing																																					
	↓	Crackles																																					
	Wheeze																																						
	Decreased air entry																																						
GCS: <u>S1E5</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive																																					
Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain <u>1</u> - None		Colour: _____ Amount _____ Consistency _____																																					
Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal																																					
Best motor: 6 - Obeys commands 5 - Localize pain		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity _____ Drainage colour _____																																					
4 - Semi-purposeful/Withdraws 3 - Flexor response		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling _____ Dressing _____																																					
2 - Extensor response <u>1</u> - Flaccid/No response		<input checked="" type="checkbox"/> ETT # <u>#8</u> Type <u>EVAC</u> <input type="checkbox"/> Trach. # _____ Type _____																																					
Pupils: LT - <input type="checkbox"/> Brisk <input checked="" type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input type="checkbox"/> Brisk <input checked="" type="checkbox"/> Slug <input type="checkbox"/> Fixed		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated																																					
Pupil size: LT <u>2</u> RT <u>2</u>		Taped at <u>24</u> cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input checked="" type="checkbox"/> Midline																																					
Scale: 		<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____																																					
Muscle strength (Normal/Weak/Absent): RA <u>A</u> RL <u>A</u> LA <u>A</u> LL <u>A</u>		Comments: <u>PVC FIO2 40%, PEEP 10, RR 16, TV 500</u>																																					
EEG monitoring: <input checked="" type="checkbox"/> Bedside <input type="checkbox"/> Portable		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input checked="" type="checkbox"/> Disended <u>SI Firm</u>																																					
HOB: <u>35-40°</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																																					
<input type="checkbox"/> Spinal cord assessment _____ <input type="checkbox"/> Log-roll		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ																																					
EVD: Levelled at _____ cm H2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Continuous suction <u>e 60</u>																																					
CSPF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Drainage: Colour <u>Green/yellow</u> Consistency _____																																					
Comments: <u>T-36 (oral)</u>		Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray																																					
Arterial pulse:		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51 to 52 cm</u>																																					
		Diet: <u>NPO</u> Tube feed: Type _____ Rate _____ mL/hr																																					
		<input type="checkbox"/> Stoma Type _____ Site _____ <input type="checkbox"/> Edema																																					
		<input type="checkbox"/> EMS Last BM _____ Colour _____ Consistency _____																																					
		Comments: <u>output same so far</u>																																					
		Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour																																					
		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																																					
		Genitalia: Appearance <u>(N)</u> Drainage _____																																					
		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																																					
		Comments: <u>Rectal tube insert</u>																																					
		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny																																					
		Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic																																					
		Mucous membranes: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact																																					
		Bed surface: <u>411 PCM</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Split																																					
		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record																																					
		NPWT: <input type="checkbox"/> Wound <input checked="" type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional <u>125</u> mmHg suction																																					
		<input checked="" type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																																					
		Wounds:																																					
		Site _____ Colour _____ Dressing _____ Drainage _____ Drains _____																																					
		<u>Abthera Vac Drug insert to ABD, Dry & intact to 125 mmHg of suction</u>																																					
		<u>abrasion / Scabbed to chest / sternum</u>																																					
		Comments: <u>Sinus Tach</u>																																					

Signature/Title: [Signature]

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



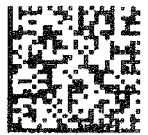
DEC 06 2021

Date: _____

Isolation precautions: Universal

Nursing assessment at: <u>2000</u> RASS: <u>-5</u> CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatomy level: _____ GCS: <u>3/11</u> Restraints: <u>only</u> Yes <input type="checkbox"/> No Side rails: <u>only</u> Yes <input type="checkbox"/> No Eyes open: 4 - Spontaneously <u>3</u> - To speech <u>2</u> - To pain <u>1</u> - None Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds <u>None</u> (ETT) / Trach.		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation Inspired/Expired Anterior Posterior Fine/Coarse B Bronchial breathing Crackles wh Wheeze ↓ Decreased air entry	
Best motor: 6 - Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response <u>Flaccid/No response</u>		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour _____ Amount _____ Consistency _____ Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding Dressing _____	
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>3</u> RT <u>3</u> Scale:		Comments: <u>PVC 40% refill to 500 peep 10</u> Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Disended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent	
Muscle strength (Normal/Weak/Absent): RA <u>A</u> RL <u>A</u> LA <u>A</u> LLA <u>A</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>31</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <u>PRNC 40% refill to 500 peep 10</u> NG: <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u> Drainage: Colour <u>bile</u> Consistency <u>thin</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm Diet: <u>strict NPO</u> Tube feed: Type <u>0</u> Rate _____ mL/hr	
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Comments: <u>PRNC 40% refill to 500 peep 10</u> Arterial pulse: _____ 0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input checked="" type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area _____ Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Comments: <u>PRNC 40% refill to 500 peep 10</u> NG: <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u> Drainage: Colour <u>bile</u> Consistency <u>thin</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm Diet: <u>strict NPO</u> Tube feed: Type <u>0</u> Rate _____ mL/hr	
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP Site _____ <input type="checkbox"/> Epicardial wires # _____		Comments: <u>PRNC 40% refill to 500 peep 10</u> NG: <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u> Drainage: Colour <u>bile</u> Consistency <u>thin</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm Diet: <u>strict NPO</u> Tube feed: Type <u>0</u> Rate _____ mL/hr	
Vasc. Cath. Site _____ Ar. _____ CVC _____ Other _____ Peripheral _____ Site <u>Obturator (R) U</u> # <u>100 MC</u> Wavelorm <u>✓</u> # <u>150 MC</u> Dressing <u>D+I</u> # <u>200 MC</u>		Comments: <u>PRNC 40% refill to 500 peep 10</u> NG: <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u> Drainage: Colour <u>bile</u> Consistency <u>thin</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm Diet: <u>strict NPO</u> Tube feed: Type <u>0</u> Rate _____ mL/hr	
Total fluid intake goal: _____ IV Rate/hr Site BL Return <u>Ringer's @ 120 mL/hr to subcutaneous @ 2 mg/kg/min</u> <u>NIPO @ 0.38 mg/kg/min to peripheral @ 10 mg/kg/min</u> <u>2mL/hr vasopressin @ 0.04 units/hr</u> <u>TAN @ 74 mL/hr to peripheral @ U</u> <u>epifibatid @ 2mg/kg/min to medial port @ U</u> <u>propofol @ 45 mg/kg/min # 200 MC</u>		Comments: <u>PRNC 40% refill to 500 peep 10</u> NG: <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u> Drainage: Colour <u>bile</u> Consistency <u>thin</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm Diet: <u>strict NPO</u> Tube feed: Type <u>0</u> Rate _____ mL/hr	
Comments: <u>Sinus 80's</u>		Comments: <u>PRNC 40% refill to 500 peep 10</u> NG: <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u> Drainage: Colour <u>bile</u> Consistency <u>thin</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm Diet: <u>strict NPO</u> Tube feed: Type <u>0</u> Rate _____ mL/hr	

Signature/Title: W. Munk



RUH SCH SPH Other _____

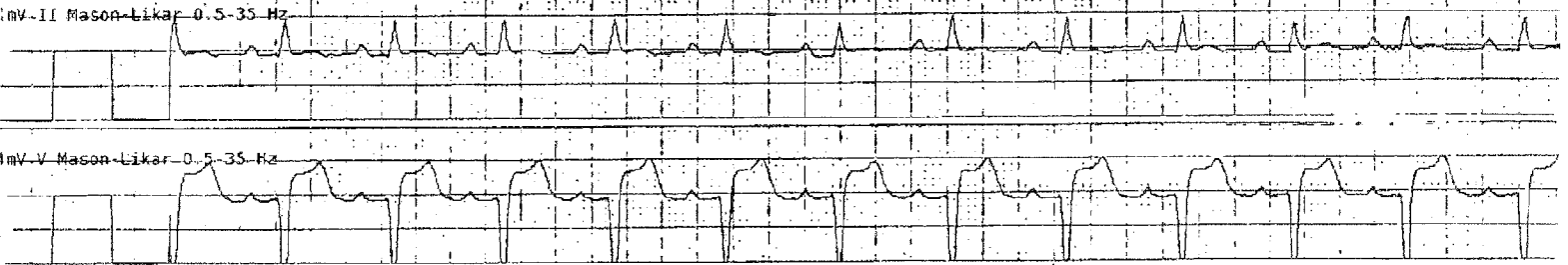
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: DEC 06 2021

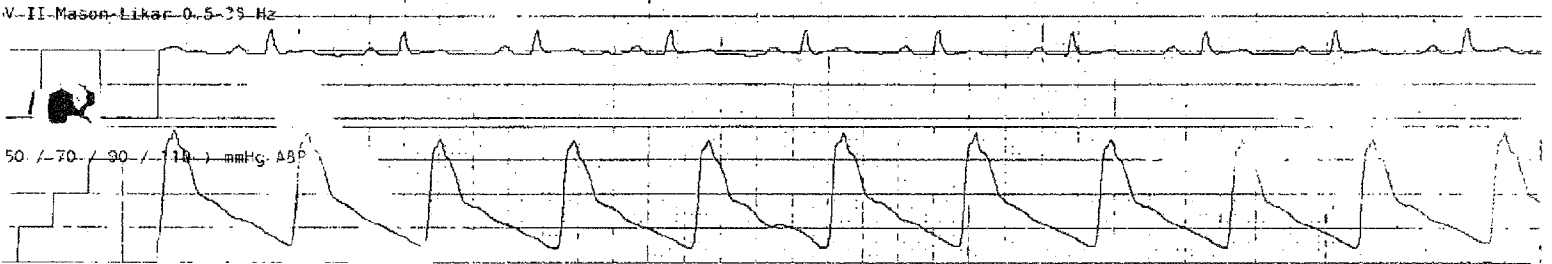
ECG Monitor Record

2/6/2021 07:59:50 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s [08:00:00] HR 95 PVC 0 SpO2 97 Pulse (SpO2) 95 Perf 1.7 ABP 94/48 (61) UA



Date: 6/12/21 Time: 0800 Atrial rate: 94 Vent. Rate: 94 PR interval: .16 ORS complex: .08
QT interval: .28 QTc Interpretation: Sinus Tach

12/6/2021 19:58:46 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s Saved strip PM PR 0.20 QRS 0.10 RR 0.76 QT 0.31 QTc 0.35 [19:58:56] HR



Date: 12/6/21 Time: 1958 Atrial rate: 80 Vent. Rate: PR interval: 0.20 QRS complex: 0.10
QT interval: 0.31 QTc Interpretation: Sinus brady

✓ - Care given	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
Oral care	✓			✓			✓			✓			✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	
Eye care																									
Bath/Skin assessment																									
Activity/Repositioned														BK	LT	RT	LT		BK	RT	BK	LT	RT	BK	LT
Mobility step														(1)											
Rotation therapy: % rotation																									
ROM splint/boot (On/Off - R/L)																									
DB&C (D) (VS)																									
Chest percussion (C) Percs. & vibs. (PV)																									
Restraint Record	Restrains Type	BK		BK			BK			BK			SPL												
	Circulation	✓		✓			✓			✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Care given	✓		✓			✓			✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Behaviour	S		S			S			S			S	S	S	S	S	S	S	S	S	S	S	S	
Initial	PH		EW			EW				EW			EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	
Legend	Bath:	C - Complete	S - Self	P - Partial	PC - Pericare	Oral care B - Brush T - Toothette																			
	Activity:	B - Bedrest	C - Chair	A - Ambulate	D - Dangle	I - Independent	RT - Right	LT - Left	BK - Back																
Restrains	Restrains type:	V - Vest	L - Limb x	P - Pinel	On at _____ Off at _____																				
	Care given:	S - Skin care	A - Ambulated	R - Reposition	CC - Constant care	M - ROM																			
	Behaviour:	C - Calm	A - Agitated	R - Restless	S - Asleep	CD - Confused	Circulation: G - Good F - Fair P - Poor																		

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

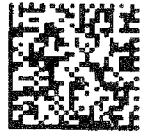
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



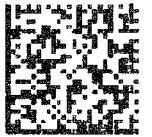
DEC 06 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^												
	v												
	Heart rate	190											
	•	180											
		170											
	Invasive monitoring in red	160											
	Alarms set/checked	150											
	Levelled	140											
	Zeroed	130											
Resp. rate alarm limits:	120												
	110												
	100												
	90												
	80												
	70												
	60												
	50												
	40												
	30												
MAP	60	61	62	75	67	69	69	61	66	66	66	70	
Temperature	36.0 (oral)	37.5 (E)	37.8 Rect	37.7 Rect	37.6 R	37.7 Rect	37.5 R	37.6 Rect	37.5 Rect	37.8 Rect	37.8 Rect	37.8 Rect	
CVP													
ICP/ CPP													
RASS/Goal	-5				-5				5				
INTAKE	Site	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	
	Sol'n/Med	135	97	128	128	115	109	152	96	131	103	123	
	Dobutamine	11	8	10	10	9	9	12	8	11	8	10	
	Norepi	31	24	36	37	29	27	36	22	31	24	29	
	Dilaudid	2	2	11	12	2	2	3	2	2	2	2	
	Meds/NS	19	53	21	11	19	9	64	10	24	9	10	
	Propofol	23	21	21	12	10	10	14	8	14	7	11	
	Vasopressin				3	12	11	15	10	13	10	12	
	Integrilin							2	12	16	12	15	
	JRL				500			500					
Blood products													
PO/Enteral TPN													
Flushes													
Running total	221	406	614	1317	1513	1690	2488	2656	2898	3073	3285	3525	
OUTPUT	Chest tube												
	Drains VAC												
	NG/Emesis												
	Bowel/Rectal Tube												
	Urine	270	120	160	155	120	75	80	80	85	75	80	
	Running total	270	390	550	705	825	900	980	1060	1145	1220	1300	
Initial	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	
Previous 24 hour balance:	+410						Cumulative balance to date: +410						

+1385

325 (825)
425



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8 DEC 06 2021

Date: _____

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure	230											
	^	220											
	v	210											
	Heart rate	200											
	•	190											
	Invasive monitoring in red	180											
	170												
	160												
	150												
	140												
INTELLIGENCE	Alarms set/checked	130	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Levelled	120											
	Zeroed	110											
	Resp. rate alarm limits:	100											
	rent	90											
	MAP	80	73	69	60	71	69	72	66	66	72	71	70
	Temperature	37.1	37.1	37.0		37.5	37.9		37.4	37.5	37.0	37.1	37.8
	CVP												
	ICP/ CPP												
	RASS/Goal	-5				-5							
INTAKE	Site												
	Sol'n/Med												
	Propofol	134	109	138	90	125	123	118	119	109	124	165	79
	Dobutamine	11	9	11	0	10	10	9	10	9	10	13	6
	Norepi	32	22	28	20	23	22	17	17	15	18	24	12
	Dilaudid	2	2	2	2	2	2	2	2	2	2	3	1
	VAD	13	13	14	10	13	13	12	12	11	13	16	8
	TPN	83	67	85	60	77	72	71	75	67	79	100	49
	epitifibatid	16	13	17	12	15	12	14					
	Propofol	12	10	13	8	12	11	11	11	10	11	15	7
	NS/Meds	13	67	12	4	100	500		60	7		15	7
	Blood products												
	PO/Enteral												
	Flushes	10											
	Running total	3851	4161	4481	4703	5480	6247	6499	6811	7041	7301	7637	7799
OUTPUT	Chest tube												
	Drains VAC abd/hax				125								
	NG/Emesis					75							
	Bowel output												
	Urine	45	135	115	85	85	75	75	45	160	100	90	60
Running total	2495	2320	2435	2645	2805	2880	2955	3000	3160	3260	3350	3705	
Initial													
24 hour balance:													
Cumulative balance:													

total VAC 1150 since admission

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

DEC 06 2021

Date: _____

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

FAM: FRASER, JILLIAN



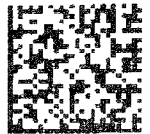
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	21 to teeth				21 to teeth				21 to teeth			
Mask/Nasal prong												
Resp. rate	16											
SpO ₂	96%	96%	95	95	94	94	93	94	95	95	95	95
ETCO ₂	41	41	47	47	47	48	44	39	41	41	41	40
FiO ₂	.40	.40	.40	.40	.40	.40	.40	.40	.40	.40	.40	.40
Vent. mode	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC
RR vent./spont.	16/18	16/20	16/16	16/16	16/16	16/16	16/17	16/20	16/20	16/18	16/18	16/19
Tidal volume vent./spont.	500/410	500/577	500/525	500/511	500/506	500/511	500/581	500/626	500/575	500/555	500/506	500/530
% minute volume	9.3	9.9										
Peak insp. Pressure	24	24	23	23	23	23	23	26	25	25	25	24
Pressure support												
PEEP/CPAP	10	10	10	10	10	10	10	10	10	10	10	10
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious											
HOB at 30-40°	Supine				Lt Side				Rt Side			
Gastric placement confirmed	✓				✓				✓			
Gastric residual	Suction				Suction				Suction			
Pedal pulses:	Dorsalis pedis	RT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	LT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Posterior tibialis	RT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	LT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators:	Sensory Perception:	Moisture:	Activity:	Mobility:	Nutrition:	Friction & Shear:	Total Score:
19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Ability to respond meaningfully to pressure-related discomfort.	Degree to which skin is exposed to <u>moisture</u> .	Degree of physical activity	Ability to change and control body position.	<u>Usual</u> food intake pattern.	Ability to move independently or requires repositioning.	
Day							High Risk
Night							
Check strategies in place. Record results in Progress Notes.	<input checked="" type="checkbox"/> Q2h turn schedule <input checked="" type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input checked="" type="checkbox"/> Foley <input checked="" type="checkbox"/> FMS <input checked="" type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Monitoring for adequate intake. <input type="checkbox"/> Consult dietitian	<input checked="" type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input checked="" type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date: DEC 06 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	24 ATT				24 ATT,				21			
Mask/Nasal prong												
Resp. rate												
SpO ₂	91	94	93	94	90	95	95	93	95	94	94	92
ETCO ₂	41	46	48	47	47	46	36	40	38	40	42	48
FiO ₂	.40	.35			.35				.35			.35
Vent. mode	PRVC				PRVC				PRVC			PRVC
RR vent./spont.	14/8	16	16	16	16	16	18	17	16	20	18	19
Tidal volume vent./spont.	500 560	518	512	514	580 505	522	503	558	541	570	446	500 526
% minute volume	9.5				8.2							
Peak Insp. Pressure	24	24	23	24	23	24	24	28	29	28	25	25
Pressure support												
PEEP/CPAP	10				10				10			10
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious											
HOB at _____°	35				35				31			
Gastric placement confirmed	amp/LCS				amp				amp			
Gastric residual	empty				LCS				LCS			
Pedal pulses:	Dorsalis pedis	RT	LT									
0 - Absent 3 - Bounding												
1 - Weak D - Doppler												
2 - Normal	Posterior tibialis	RT	LT									

Date/Time	NURSING PROGRESS NOTES (Narrative)
6/12/21 @ 0835	Pt rec'd into care @ shift Δ. Report rec'd. Pt resting in bed vented + sedated on initial rounds. Assessment completed @ this time. See ICU flow sheet for further info. — Johnson
0827	Norepi ↑ d to .4 mcg/min/kg for MAP 58 — Johnson
0855	Norepi ↑ d to .42 mcg/min/kg for MAP 57-60 — Johnson
0908	Norepi ↑ d to .45 mcg/min/kg for MAP 58 — Johnson
0920	RT in to see pt — Johnson
0930	Wife in to see pt. update provided — Johnson
0950	Social work in to see pt + wife — Johnson

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 8 of 8

SK UNKNOWN

MRN: RUH 1315031

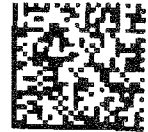
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

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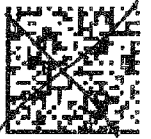


DEC 06 2021

Date: _____

Date/Time	NURSING PROGRESS NOTES (Narrative)
12/12/21 @ 1030	Bands completed. Wife present for same — <i>R. Fraser</i>
1040	500ml RL bolus initiated as per D.O. — <i>R. Fraser</i>
1050	Vasopressin 100 units in 100ml initiated @ 0.04 units/hr
	as per D.O. Pt repositioned onto Lt side, tolerated well.
	Abd Drsg remains D+I. Rectal tube + Concox x dressing
	insert intact — <i>R. Fraser</i>
1055	Norepi ↑ to 0.42 mcg/min/kg for MAP 52 — <i>R. Fraser</i>
1103	Norepi ↑ to 0.4 mcg/min/kg for MAP of 76. 500ml bolus
	complete — <i>R. Fraser</i>
1215	Pt's reassessed, no N's noted since initial assessment
	Abd vac Drsg remains D+I, BS to Lt upper quad — <i>R. Fraser</i>
1330	500ml RL bolus initiated as per Dr. Robson — <i>R. Fraser</i>
1415	Pt repositioned onto Rt side, tolerated same well — <i>R. Fraser</i>
1615	Extended lines drawn from Art line. Pt reassess, & N's
	noted to Lt base, Adq A/E Ho pt. Abd appears slightly more
	distended than previous assessment. Vac Drsg remains
	D+I. Some string noted in NG drainage, will sent to
	monitor. No other N's noted — <i>R. Fraser</i>
1715	Dark sang noted to be draining from abd.
	Resident, Dr. Robson, notified of same. Writer
	to monitor closely for now (drainage has returned
	to bile color), and let MD know if sang
	returns — <i>U</i>
1908	No further N's for the shift. Wife remains @ bedside
	— <i>R. Fraser</i>
1915	Resident in to see pt. RL 500ml bolus initiated & ordered
	by same. Mouth Care provided — <i>R. Fraser</i>
1950	Pt received into care following report MD day
-2020	PN. Pt on ventilator + continuous monitoring
	no signs of distress, SpO2 96%. HR 83, ABP 110/50/80
	Ntrub, Norepi to maintain MAP 65. Safety
	checks completed BVM + suction available at
	bedside, high alert infusions verified. Pt assessment
	completed + documented, see ICU flow sheet Vtr
	CBC/platelets drawn & pls @ bedside
	arterial line sent to lab — <i>U</i>
2040	Pt's wife returned to her bedside — <i>U</i>

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



NURSING
PROGRESS RECORD

DATE/TIME	REMARKS
2040	Norepi ↓ to 0.32 mcg/kg/min — U/L
2105	Pt's wife left the bedside for the evening U/L
2200	Pt given complete wash ultra soaks, gown + pillow case & d, pts skin remain intact, bruise noted to ph ① hip + posterior ② knee. Mepitar coccyx remain D+I rectal tube draining scant brown fluid, pt tolerated laying flat repositioning well, spz stable throughout — U/L
2210	Pt's mother at the bedside, when provided update on pt status today + plan for CR tomorrow — U/L
2230	Mothera cannula & d — U/L
Dec 7/21 0200	Pt reassessed, vit's stable, norepi infusing at 0.28 mcg/kg/min. No changes noted on reassessment. Pt's mother remained at bedside for some time. ^{pm} Following assessment when asked pt's mother to leave the bedside for the night. Pt's mother stated "my daughter spoke with someone today that said we couldn't stay around the clock". When stated that our policy is not to have visitors stay overnight at the bedside and directed her to speak with the charge nurse. Pt repositioned, mouth care provided — U/L
0200	Pt vit's stable on norepi at 0.22 mcg/kg/min, pt repositioned onto back + in which at 201, mouth care provided + face washed — U/L
0200	Spant sent for 2310, 1L RL tubes unobscured — U/L



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

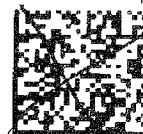
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ECKSTEIN, JANINE

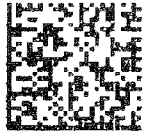
FAM: FRASER, JILLIAN



NURSING PROGRESS RECORD

Page 2 of 2

DATE/TIME	REMARKS
Dec 7/21 0400	Pt repositioned, dress remains -5, MO_2 $3/11$, pupils base 3mm bilat, APB equal bilat ↓ to bases, heart sounds regular, BS about 04 to ICS. draining bilat, & sang rub'd at mid hila, PPR x 4 limbs, skin warm. Apnoea dry intact to 125 mmHg suction draining dark brown serous blood, PCO ₂ on. Norepi infusing at 0.23 mcg/kg/min.
0600	Pts. man at the bedside. Pt's arterial line today did using slant technique. AM labs drawn & sent to lab. VU remain stable, see graphic.
0740	Pt repositioned, multi-care provided - U/h
0735	Report given to oncoming RN care transferred. U/h

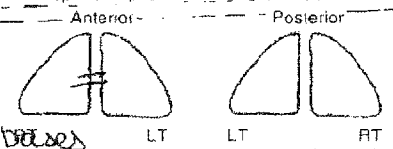



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: _____ kg Isolation precautions: _____
Date: DEC 07 2021 Weight: 95.7 kg Family presence on rounds # hrs HOB greater than 30°: _____

Nursing assessment at: <u>0800</u> RASS: <u>S</u> CAM ICU: <u>UTD</u> <input type="checkbox"/> Drug induced paralysis <input checked="" type="checkbox"/> Anesthetized Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: <u>0</u> <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation Inspired/Expired _____ Fine/Coarse _____																																																	
GCS: <u>3/15</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain <u>1</u> - None Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds <u>1</u> - None/ETT/Trach. Best motor: 6 - Obeys commands 5 - Localize pain 4 - Semi-purposful/Withdraws 3 - Flexor response 2 - Extensor response <u>1</u> - Flaccid/No response		Bronchial breathing: _____ Anterior _____ Posterior _____ Crackles _____ Wheeze _____ ↓ Decreased air entry 																																																	
Pupils: LT - <input type="checkbox"/> Brisk <input checked="" type="checkbox"/> Slugg <input type="checkbox"/> Fixed RT - <input type="checkbox"/> Brisk <input checked="" type="checkbox"/> Slugg <input type="checkbox"/> Fixed Pupil size: LT <u>2</u> RT <u>2</u> Scale: 		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour _____ Amount _____ Consistency _____ Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Hemithorax <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing _____																																																	
Muscle strength (Normal/Weak/Absent): RA <u>A</u> RL <u>A</u> LA <u>A</u> LL <u>A</u> EEG monitoring: <input checked="" type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>35</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment _____ <input type="checkbox"/> Leg: off		Comments: <u>PVC FIO2 3S, P216, PEEP10, TV 500</u> Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent <input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Continuous suction <u>e 60</u>																																																	
Comments: <u>T-37° e Foley Sinus Rhythm</u> <table border="1"> <tr> <th>Arterial pulse:</th> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> <tr> <td>0 - Absent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 - Weak</td> <td>LT</td> <td>2</td> <td>art line</td> <td>2</td> <td></td> <td>2</td> <td>2</td> </tr> <tr> <td>2 - Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Bounding</td> <td>RT</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td>2</td> <td>2</td> </tr> <tr> <td>D - Doppler</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Arterial pulse:		RAD	BRACH	FEM	POP	DP	PT	0 - Absent								1 - Weak	LT	2	art line	2		2	2	2 - Normal								3 - Bounding	RT	2	2	2		2	2	D - Doppler								Drainage: Colour <u>DK green</u> Consistency _____ Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51</u> cm to teeth Diet: <u>TPN</u> Tube feed: Type <u>3:1</u> Rate <u>74</u> mL/hr <input type="checkbox"/> Stoma Type _____ Site _____ <input type="checkbox"/> Edema _____ <input checked="" type="checkbox"/> FMS Last BM _____ Colour <u>Brown</u> Consistency <u>firm</u> Comments: <u>Rectal tube insitu, very small amt of drainage</u> Urine - Colour: <u>Tea color</u> <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Sour Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter	
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Vasc. Cath. _____ Art. _____ CVC _____ Other _____ Penpheral _____ Site _____ Waveform _____ Dressing _____ Total fluid intake goal <u>Cumulative +4424, +4014 in 24hr</u> <table border="1"> <tr> <th>IV</th> <th>Rate/hr</th> <th>Site</th> <th>BL Return</th> </tr> <tr> <td><u>Dobutamine 2mcg/kg/min to distal port, Blue</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Vasopressin 0.04 units/min to distal port, white</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Norepi @ 0.23mcg/kg/min to distal port, Red</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Dilaudid @ 2mg/hr to distal port, Yellow</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>RL @ 120ml/hr to distal port, white</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>TPN infusing @ 74ml/hr to proximal port</u></td> <td></td> <td></td> <td></td> </tr> </table>		IV	Rate/hr	Site	BL Return	<u>Dobutamine 2mcg/kg/min to distal port, Blue</u>				<u>Vasopressin 0.04 units/min to distal port, white</u>				<u>Norepi @ 0.23mcg/kg/min to distal port, Red</u>				<u>Dilaudid @ 2mg/hr to distal port, Yellow</u>				<u>RL @ 120ml/hr to distal port, white</u>				<u>TPN infusing @ 74ml/hr to proximal port</u>				Wounds: _____ Site _____ Colour _____ Dressing _____ Drainage _____ Drains _____ <u>Abthera insitu, D+I</u> <u>Abrasions to chest/sternum</u> <u>Coaxial Drsg insitu</u>																					
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Signature/Title: R. J. [Signature]

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

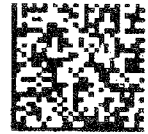
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



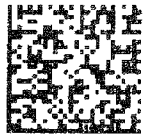
DEC 07 2021

Date: _____

Isolation precautions: universal

Nursing assessment at: RASS: <u>-3</u> CAM ICU: <u>①</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____ GCS: <u>V1</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: <u>4</u> Spontaneously <u>3</u> - To speech <u>2</u> - To pain <u>1</u> - None Best verbal: <u>5</u> - Oriented <u>4</u> - Confused <u>3</u> - Inappropriate <u>2</u> - Incomprehensible sounds <u>①</u> - None/ETT/Trach.		Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation Inspired/Expired Anterior Posterior Fine/Coarse <input checked="" type="checkbox"/> B Bronchial breathing Crackles Wheeze Decreased air entry																									
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RT	<u>2</u>				<u>1</u>																						
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Generalized <input type="checkbox"/> Pitting area _____ Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP Site _____ <input type="checkbox"/> Ep-cardial wires # _____		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: <u>Soft</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abithera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																									
Vasc. Cath. Art. CVC Other Peripheral Site <u>D3</u> <u>R15</u> Waveform <u>adequate</u> Dressing <u>D15</u> <u>D15</u> Total fluid intake goal: <table border="1"> <thead> <tr> <th>IV</th> <th>Rate/hr</th> <th>Site</th> <th>BL Return</th> </tr> </thead> <tbody> <tr> <td><u>R15</u></td> <td><u>2.5</u></td> <td><u>R15</u></td> <td><u>1.5</u></td> </tr> <tr> <td><u>D3</u></td> <td><u>2.5</u></td> <td><u>D3</u></td> <td><u>1.5</u></td> </tr> <tr> <td><u>D15</u></td> <td><u>2.5</u></td> <td><u>D15</u></td> <td><u>1.5</u></td> </tr> <tr> <td><u>D15</u></td> <td><u>2.5</u></td> <td><u>D15</u></td> <td><u>1.5</u></td> </tr> <tr> <td><u>D15</u></td> <td><u>2.5</u></td> <td><u>D15</u></td> <td><u>1.5</u></td> </tr> </tbody> </table>		IV	Rate/hr	Site	BL Return	<u>R15</u>	<u>2.5</u>	<u>R15</u>	<u>1.5</u>	<u>D3</u>	<u>2.5</u>	<u>D3</u>	<u>1.5</u>	<u>D15</u>	<u>2.5</u>	<u>D15</u>	<u>1.5</u>	<u>D15</u>	<u>2.5</u>	<u>D15</u>	<u>1.5</u>	<u>D15</u>	<u>2.5</u>	<u>D15</u>	<u>1.5</u>	Wounds: Site Colour Dressing Drainage Drains <u>Medline</u> <u>Red</u> <u>Dry</u> <u>D15</u> <u>Subcutaneous + Intermittent</u> <u>SP</u> <u>drains</u> <u>Colony</u> <u>Dry</u> <u>Born</u> <u>From</u> <u>drains</u> Comments: <u>2 drains to return PCD's</u>	
IV	Rate/hr	Site	BL Return																								
<u>R15</u>	<u>2.5</u>	<u>R15</u>	<u>1.5</u>																								
<u>D3</u>	<u>2.5</u>	<u>D3</u>	<u>1.5</u>																								
<u>D15</u>	<u>2.5</u>	<u>D15</u>	<u>1.5</u>																								
<u>D15</u>	<u>2.5</u>	<u>D15</u>	<u>1.5</u>																								
<u>D15</u>	<u>2.5</u>	<u>D15</u>	<u>1.5</u>																								

Signature/Title: _____



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

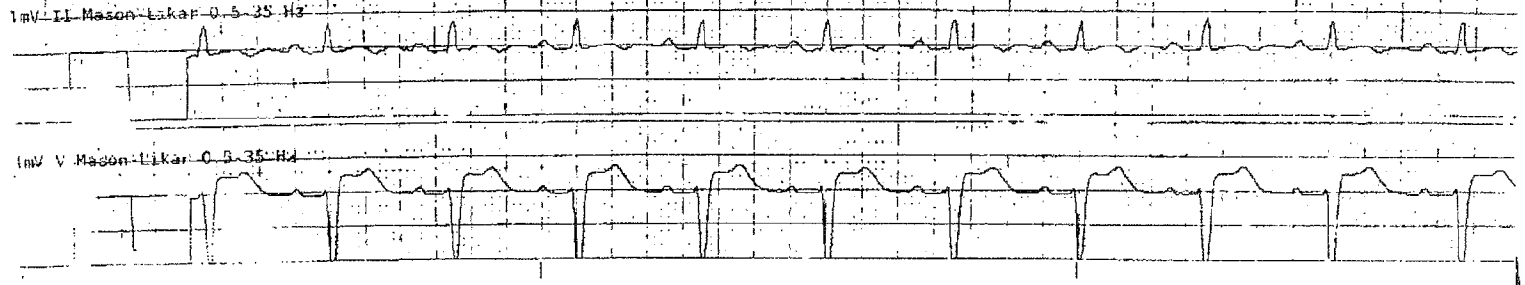
Page 3 of 8

DEC 07 2021

Date: _____

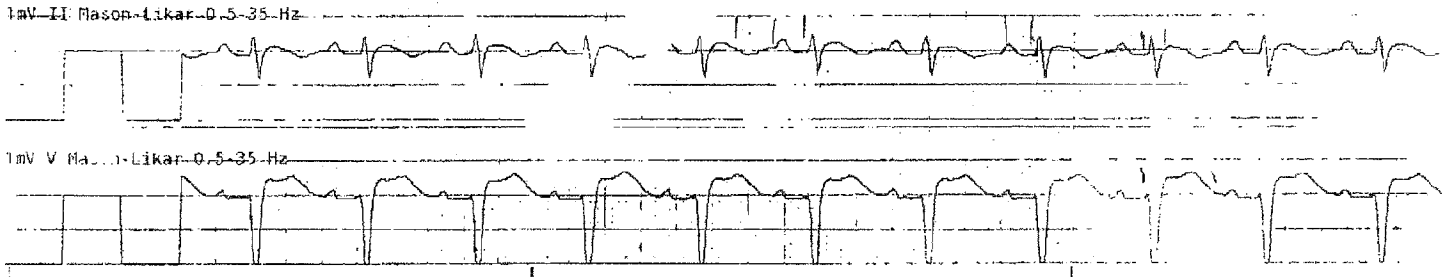
ECG Monitor Record

12/7/2021 07:50:50 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s [UB:00:00] HR 85 PVC 0 SpO2 97 Pulse (SpO2) 85 Perf 7.4 ABP 114/50



Date: 4/12/21 Time: 0800 Atrial rate: 86 Vent. Rate: 86 PR interval: .20 QRS complex: .08
 QT interval: .20 QTc Interpretation: Sinus Rhythm

12/7/2021 21:17:37 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s HR 96 Sinus Rhythm PVC 0 SpO2 96 Pulse (SpO2) 95 Perf 1.5 M...



Date: 7/12/21 Time: 2117 Atrial rate: 95 Vent. Rate: 95 PR interval: 0.18 QRS complex: 0.10
 QT interval: 0.40 QTc Interpretation: Sinus Rhythm - Estimation level V

		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given																									
Oral care		✓			✓			✓			✓			✓											
Eye care																									
Bath/Skin assessment														BK	RT	LT	RA								
Activity/Repositioned																									
Mobility step																									
Rotation therapy: % rotation																									
ROM splint/boot (On/Off - R/L)																									
DB&C (D) (V/S)																									
Chest percussion (C)																									
Percs. & vibs. (PV)																									
Restraint Record	Restraints Type	BK		BK		BK		BK		BK															
	Circulation	✓		✓		✓		✓		✓															
	Care given																								
	Behaviour	S		S		S		S		S															
Initial	PN		PN		PN		PN		PN																

Legend
 Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothette®
 Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back
 Restraints type: V - Vest L - Limb x P - Pinel On at _____ Off at _____
 Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM
 Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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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: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



DEC 07 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^	220											
	v	210											
	Heart rate	200											
		190											
		180											
		170											
	Invasive monitoring in red	160											
	Alarms set/checked	150											
	Levelled	140											
Zeroed	130												
Resp. rate alarm limits:	120												
	110												
	100												
	90												
	80												
	70												
	60												
	50												
	40												
	30												
MAP	67	69	68	68	73	71	74			82	76	71	
Temperature	37.8		37.8							37.5 (SpO2)			
CVP													
ICP/ CPP													
RASS/Goal	-5				-4						-5		
INTAKE	Site	AL											
	Sol'n/Med												
	Octubamine	123	120	95	71	121	33	77		211	10	11	
	Vasopressin	10	10	10	9	16	4	10		30	9	10	
	Norepi	12	12	12	11	19	5	12		37	11	12	
	TPN	18	17	17	16	28	8	16		47	13	10	
	Diltiazem	77	74	73	70	120	33	18		0	/	/	
	NS/Meals	2	2	2	2	3	1	2		0	2	2	
	Propofol	19	60	27	42	94	25	20		0	/	/	
	Intoxicilin	14	7	11	11	12	11	10		33	10	11	
	Blood products										4	15	15
	PO/Enteral TPN												64
	Flushes												
	Running total	275	577	824	1056	1469	1589	1754		2118	2188	2323	2323
	OUTPUT	Chest tube											
Drains JP #1										50			
Drains JP #2												15	
NG/Emesis OG												400	
Bowel Pectal												5	
Urine		100	90	90	75	110	75	60		85	75	75	
Running total		100	190	280	355	465	540	600		735	810	1305	
initial	01	01	01	01	01	01	01		01	01	01		
Previous 24 hour balance:		+4014					Cumulative balance to date: +4424						



SK UNKNOWN
MRN: RUH 1315031

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



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 07 2021

TIME 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 0700

VITAL SIGNS	Blood pressure	230													
	^	220													
	v	210													
	Heart rate	200													
		190													
		180													
		170													
	Invasive monitoring in red	160													
		150													
	<input checked="" type="checkbox"/> Alarms set/checked	140													
	<input checked="" type="checkbox"/> Levelled	130													
	<input checked="" type="checkbox"/> Zeroed	120													
	<input type="checkbox"/> Resp. rate alarm limits:	110													
		100													

MAP	66	63	62	74	82	77	74	85	70	71	72	71
Temperature	37.9	38.1	38.1	37.9	37.7	37.6	37.5	37.4	37.7	37.7	37.9	37.6
CVP												
ICP/ CPP												
RASS/Goal												

INTAKE	Site	Sol'n/Med													
		KL	10	14	16	16	15	10	11	13	12	12	19	8	
		Dsb	2	8	10	10	10	9	4	9	7	7	14	11	
		opt	10	13	14	14	14	13	13	12	10	10	14	15	
		Variso	1	12	13	12	12	12	11	11	10	10	12	11	
		Levo		1	8	8	7	7	7	6	6	6	11	6	
		TPN	70	75	75	76	72	74	65	67	57	57	60	33	
		Diuretic		2	2	2	3	2	2	2	2	2	3	2	
		Intake	2.3	15	15	15	17	14	14	13	11	11	21	13	
		1420							250						
	Blood products														
	PO/Enteral														
	Flushes														
	Running total			2450	2605	2758	2911	3060	3196	3358	3715	3895	3935	4129	4225
	OUTPUT	Chest tube													
Drains														5.0	
NG/Emesis														2.1	
Bowel														0.20	
Urine				75	75	70	50	60	75	75	50	50	115	105	
Running total				1300	1455	1525	1575	1635	1710	1785	1935	1985	1935	2050	2025
Initial			23	23	23	25	25	23	23	23	23	23	23	24	
24 hour balance:			(+) 1400												
Cumulative balance:			(+) 5824												

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

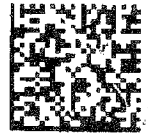
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



Date: DEC 07 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	24cm to teeth				24cm to teeth					24 to teeth		
Mask/Nasal prong												
Resp. rate												
SpO ₂	92%	93%	94%	94	92	93	95			96	98	96
ETCO ₂	48	48	50	50	49	49	50			41	35	35
FI _{O₂}	.35	.35	.35	.35	.35	.35	.35			.50	.50	.50
Vent. mode	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC			PRVC	PRVC	PRVC
RR vent./spont.	16 16	16 16	16 16	16 16	16 16	16 16	16 16			18 18	18 19	18 20
Tidal volume vent./spont.	500 514	500 520	500 525	500 520	500 504	500 513	500 484			550 560	550 632	550 675
% minute volume												
Peak insp. Pressure	25	25	25	25	25	25	24			29	29	29
Pressure support												
PEEP/CPAP	10	10	10	10	10	10	10			10	10	10
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous			S - Small M - Moderate C - Copious								
HOB at <u>35</u> °	LT side				LT side					Supine		
Gastric placement confirmed	✓				✓					✓		
Gastric residual	Attach to LGS				Attach to LGS					Attach to LGS		
Pedal pulses:												
0 - Absent 1 - Weak 2 - Normal	3 - Bounding D - Doppler	Dorsalis pedis Posterior tibialis	RT LT	RT LT	RT LT	RT LT	RT LT	RT LT	RT LT	RT LT	RT LT	RT LT

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day	1	3	1	1	2	1	9 Very High
Night							
Check strategies in place. Record results in Progress Notes.	<input checked="" type="checkbox"/> Q2h turn schedule <input checked="" type="checkbox"/> Rotation <input type="checkbox"/> Spout bed	<input checked="" type="checkbox"/> Foley <input checked="" type="checkbox"/> FMS <input checked="" type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input checked="" type="checkbox"/> Consult dietitian	<input checked="" type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input checked="" type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



SK UNKNOWN

MRN: RUH 1315031

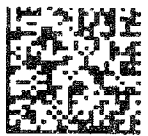
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 07 2021

Date: _____

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY														
	20	21	22	23	24	01	02	03	04	05	06	07		
ETT Placement (cm)	24	24			24				24					
Mask/Nasal prong														
Resp. rate														
SpO ₂	97	96	96	98	99	97	98	95	96	97	94	95		
ETCO ₂	32	40	40	39	37	32	32	37	39	39	38	39		
FiO ₂	.50	.40	.40		.30				.30					
Vent. mode	PRVC	PRVC	PRVC		PRVC				PRVC					
RR vent./spont.	18	18	18	18	20	20	21	18	18	18	18	18		
Tidal volume vent./spont.	550	550	550	550	550	550	550	550	550	550	550	550		
% minute volume														
Peak insp. Pressure	31	24	24	25	26	25	26	27	25	25	25	25		
Pressure support														
PEEP/CPAP	10	10	10	10	10				10					
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious Lrg Green													
HOB at _____°														
Gastric placement confirmed														
Gastric residual	LLS				LLS				LLS					
Pedal pulses:	Dorsalis pedis		RT		LT		RT		LT		RT		LT	
0 - Absent 3 - Bounding	1 - Weak D - Doppler		2 - Normal											

Date/Time	NURSING PROGRESS NOTES (Narrative)
7/12/21 @ 0815	pt rec'd into care @ shift Δ. Report rec'd from night nurse. Pt is noticeably more alert than yesterday. small amount of thin brown liquid noted proximally in rectal tube. otherwise see flow sheet for further info
0840	Wife in to see pt, ^{visit} update provided — <i>R. Jensen</i>
0930	Round completed. RI ↓ to 75ml/hr as per D.O. David PACT changed — <i>R. Jensen</i>
1005	Social work in to see pt + wife — <i>R. Jensen</i>

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 07 2021

Date: _____

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

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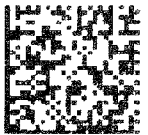
Date/Time	NURSING PROGRESS NOTES (Narrative)
7/12/21 1015	VBG drawn from central line. Now PIV Schmal in 25cm initiated to run over 4 hours ————— HJewster
1117	Pt turned + repositioned. tolerated same well. Rectal tube is starting to draw liquid stool, approx 5cm in urometer. \emptyset Bypassing noted. Coccyx/Sacral Drsg. D+J. \emptyset Skin breakdown noted posteriorly. ————— HJewster
1215	Pt reassessed, Pt eye opened when asked. No ocular significant scleral edema noted (not present on previous assessment) + jaundice noted to sclera on right edema + edema remains toes to mid tibia penile + scrotal edema present. Abdomen remains intact. No bleeding noted to Drsg sites or OG, Art line bypassing serious around site. Cont's to read well. \emptyset other D's noted from previous assessment ————— HJewster
1300	Norepi \downarrow to 0.21 mcg/min/kg for MAP 71 per ABP ————— HJewster
1306	\uparrow in bruising noted behind RT knee ————— HJewster
1350	Pt to O.R via stretcher bed accompanied by writer, RN, nurse and, +RT, tolerated transport well ————— HJewster
1630	Pt rec'd into care from O.R. Report rec'd from anaesthesia + surgery. Pt's vitals stable on arrival. RT attached pt to vent, \uparrow P _{O₂} to 70%, RR to 18 + tidal volume \uparrow 550 as etCO ₂ 55. #20 SL to LT wrist removed by Dr. Taylor ————— HJewster
1640	Attached to monitor. Pt assessed + bed bath provided. Ant chest ausc for coarse crackles Mo > Lt than Rt. wheezes noted to Rt mid + upper lobes. Abcd distended. Midline abcd dressing D+J. JP x 2 insitu, + to both suction NO BS noted. Rectal tube remains insitu + small amt of liquid stool drawing. Foley draining tea colored urine. Scrotal + Penile edema remains. Bumping edema present. to groin area, around art line. Pupils equal + reactive at 2. sclera edema remains present ————— HJewster
1720	Integri-leastomy present to Rt upper quad. Stoma Beefy red draining sang. Edema noted to stoma ————— HJewster
1720	Integrilin infusion restarted, #1 JP drained for volume of sang. Norepi \downarrow to 0.18 mcg/kg/min for ABP of 73 ————— HJewster
	RL \downarrow to 10me/hr as per D.O. ————— HJewster
1915	Norepi currently @ 0.1mcg/min/kg + MAP of 70. \emptyset D's from previous assessment ————— HJewster

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

DATE/TIME	REMARKS
1930-2028	Report @ see flow sheet for Assessment. Safety 1's @. CPR done for 10 minutes + AFib since OK. pt had 39.1 & Tylenol so packed w/ ice. Mother is to visit. Very pleasant w/ staff. Checked all masking rules. mother here for 15 min & left VBB sent 18/12/21
2145 2300	Bounds @ plan: check SW. CHW
2300 2320	skin assessment @ both done. CHW
2145	KPOU given for dte. delicious update given to wife. CHW
0400	skin assessment. CHW
0637	SW down. CHW
0749	Report given to on coming DN. CHW



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: DEC 08 2021 Kg

Isolation precautions: _____

Date: _____ Weight: 96.5 kg Family presence on rounds # hrs HOB greater than 30°: _____

CNS	Nursing assessment at: <u>0755</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath	
	RASS: <u>-4</u> CAM ICU: <u>U1D</u> <input type="checkbox"/> Drug induced paralysis <input checked="" type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert	
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation	
CNS	PCA: <input type="checkbox"/> Epidural Dermatomer level: _____		Inspired/Expired Anterior Posterior	
	GCS: <u>B/15</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		B Bronchial breathing	
	Eyes open: 4 Spontaneously <u>3</u> To speech 2 - To pain 1 - None		Crackles	
	Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		Wh wheeze	
CNS	2 - incomprehensible sounds <u>1</u> None/ETT/Trach.		Decreased air entry	
	Best motor: 6 - Obeys commands 5 - Localize pain		Adg R18 HO	
	<u>4</u> Semi-purposeful/Withdraws 3 - Flexor response		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive	
	2 - Extensor response <u>1</u> Flaccid/No response		Colour: _____ Amount: _____ Consistency: _____	
CNS	Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal	
	Pupil size: LT <u>2</u> RT <u>2</u>		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour: _____	
	Scale:		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing: _____	
	Muscle strength (Normal/Weak/Absent): RA <u>4</u> RL <u>4</u> LA <u>4</u> LL <u>4</u>		<input checked="" type="checkbox"/> ETT # <u>8</u> Type <u>EVAC</u> <input type="checkbox"/> Trach. # _____ Type _____	
CNS	EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated	
	HOB: <u>15</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Taped at <u>24</u> cm <input checked="" type="checkbox"/> Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline	
	<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll <u>Reverse Trendelenburg</u>		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio: _____	
	EVD: Levelled at _____ cm H ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		Comments: <u>PAC TVSSO, PR18 PEEP10, FiO2 30%</u>	
CNS	CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input checked="" type="checkbox"/> Distended	
	Comments: _____		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent	
	Arterial pulse:		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ	
	0 - Absent		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Continuous suction	
CNS	1 - Weak		Drainage: Colour <u>Green/Brown</u> Consistency: _____	
	2 - Normal		Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray	
	3 - Bounding		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51</u> cm <u>to teeth</u>	
	D - Doppler		Diet: <u>TN / NPO</u> Tube feed: Type _____ Rate _____ mL/hr	
CNS	Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		<input checked="" type="checkbox"/> Stoma Type <u>dark/dusky</u> Site <u>lower RUC</u> <input checked="" type="checkbox"/> Edema	
	Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		<input type="checkbox"/> FMS Last BM _____ Colour: _____ Consistency: _____	
	Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Generalized		Comments: <u>Rectal Tube</u>	
	<input checked="" type="checkbox"/> Pitting - area <u>±1 to nipple line, sclera edema</u>		Urine - Colour: <u>Tea color</u> <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour _____	
CNS	Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter	
	Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		Genitalia: Appearance <u>Edematous</u> Drainage <input checked="" type="checkbox"/>	
	Rate _____ Mode _____ Sensing _____ Capture _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____	
	Comments: _____		Comments: <u>SP drains x2 to Abd</u>	
CNS	IABP: _____ Site _____ Epicardial wire # _____		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny	
	Vasc. Cath.:		Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	
	Site: <u>LT Brachial</u> <u>RT IS</u>		Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact	
	Waveform:		Bed surface: <u>Hill-Rom</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint	
CNS	Dressing: <u>Wound dressing</u> <u>D+I</u>		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record	
	Total fluid intake goal: _____		NPWT: <input checked="" type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction	
	IV:		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
	Rate/hr Site BL Return		Wounds: _____ Site Colour Dressing Drainage Drains	
CNS	<u>Dobutamine 2mcg/kg/min Distal port, Blue</u>		Midline Abd Dressing insitu. + D+I.	
	<u>Noradri 0.08mcg/kg/min Distal port, Red</u>		<u>Disg Ad to upper JP drain.</u>	
	<u>Dilaudid 3mg/hr Distal port, Yellow</u>		<u>Collyx drain insitu</u>	
	<u>Vasopressin 0.04 units/min, Distal port, white</u>		_____	
CNS	<u>TPN infusing @ 71 ml/hr to medial port</u>		_____	
	<u>Integrilin @ 2mcg/kg/min Proximal port</u>		_____	
	Comments: <u>Propofol @ 55mcg/kg/min to #18 LT PCE</u>		_____	
	<u>RL @ 10ml/hr.</u>		_____	

Signature/Title: [Signature]

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

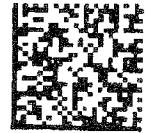
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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


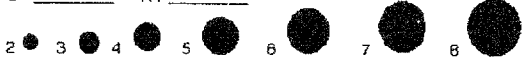
ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN

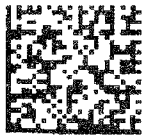


Date: DEC 08, 2021

Isolation precautions: IS

Nursing assessment at: <u>2000</u> RASS: <u>-3</u> CAM ICU: <u>N/A</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location <u>UTR</u> Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																						
GCS: <u>6/11</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: 4 - Spontaneously 3 - To speech <u>2</u> - To pain 1 - None Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds <u>1</u> - None/ETT/Trach.		B <input type="checkbox"/> Bronchial breathing Anterior Posterior Crackles  wh <input type="checkbox"/> Wheeze ↓ <input type="checkbox"/> Decreased air entry																						
Best motor: 6 - Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws <u>3</u> - Flexor response 2 - Extensor response 1 - Flaccid/No response		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour _____ Amount _____ Consistency _____																						
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>2</u> RT <u>2</u> Scale: 		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalng Dressing _____																						
Muscle strength (Normal/Weak/Absent): RA <u>A</u> RLA <u>A</u> LA <u>A</u> LLA <u>A</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>RT</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <u>PAC/18150/140/30%</u> Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent																						
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____ Comments: <u>T=37.6</u>		NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Continuous suction Drainage: Colour <u>Bilo</u> Consistency <u>avg</u>																						
Arterial pulse: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding 0 - Doppler		Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input checked="" type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51</u> cm Diet: _____ Tube feed: Type _____ Rate _____ ml/hr																						
<table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>LT</td> <td>2</td> <td></td> <td></td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>RT</td> <td>2</td> <td></td> <td></td> <td></td> <td>2</td> <td></td> </tr> </tbody> </table>			RAD	BRACH	FEM	POP	DP	PT	LT	2				2		RT	2				2		Diet: _____ Tube feed: Type _____ Rate _____ ml/hr <input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>Duod. RUG</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
	RAD	BRACH	FEM	POP	DP	PT																		
LT	2				2																			
RT	2				2																			
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input checked="" type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized <input checked="" type="checkbox"/> Pitting - area <u>arms/leg.</u>		Comments: Urine - Colour: <u>Amber/Yellow</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																						
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Genitalia: Appearance <u>Swollen</u> Drainage _____ <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____ Comments: <u>U10</u>																						
Vasc. Cath. Ant. CVC Other Peripheral Site <u>Brach</u> <u>IS</u> Waveform <u>✓</u> Dressing <u>DIE</u> <u>DIE</u>		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Intact Bed surface: <u>TOTAL CARE (SPDC)</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																						
Total fluid intake goal: IV Rate/hr Site BL Return <u>U @ 10ml/hr</u> <u>Dobutamine @ 2mcg/kg/min</u> <u>Propofol @ 50mcg/kg/hr</u> <u>IPB @ 20ml/hr</u> <u>Dilaudid @ 3mg/hr</u>		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																						
Comments: <u>Signo tach. RR → See flow sheet</u>		Wounds: Site Colour Dressing Drainage Drains <u>Mentex to cox</u> <u>Tactel tube → ✓</u> <u>Brusing to chest</u> <u>ARP Accion → DIE</u> <u>JP site x 2 → DIE</u>																						

Signature/Title: _____



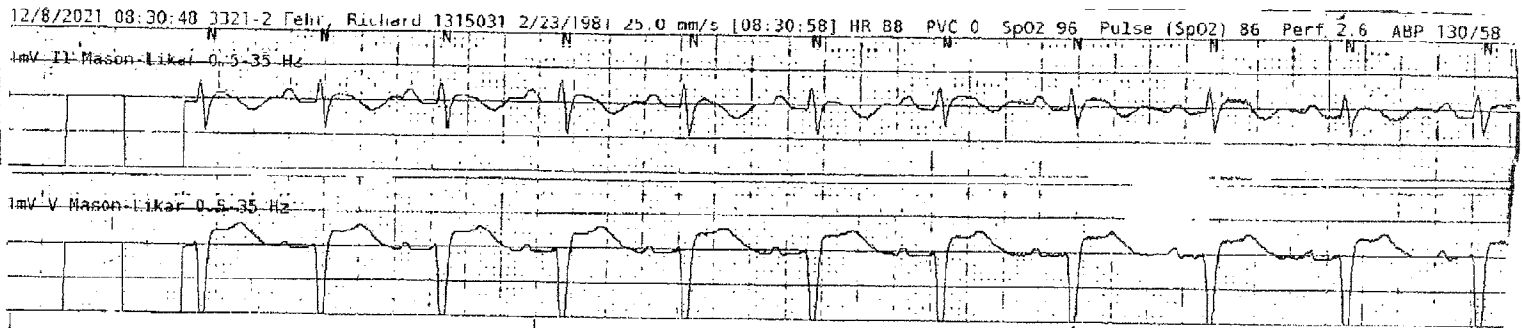
RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

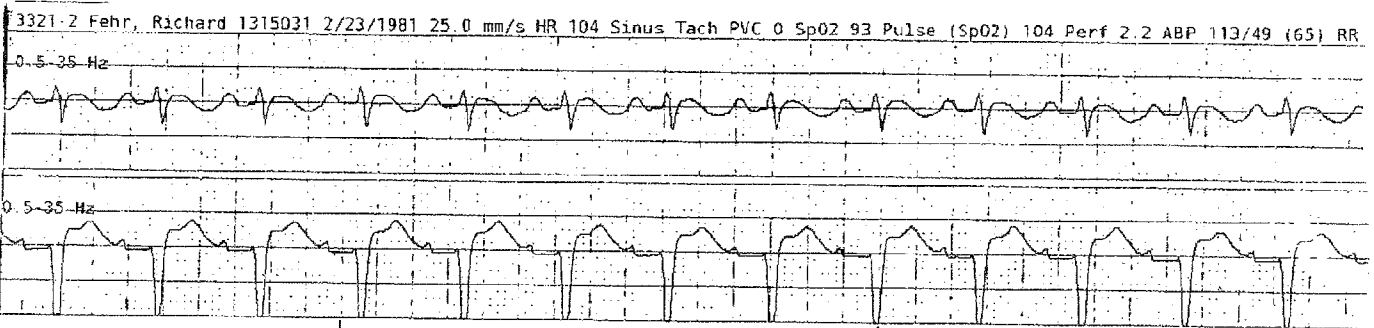
Page 3 of 8

Date: DEC 08 2021

ECG Monitor Record



Date: 8/12/21 Time: 0830 Atrial rate: 88 Vent Rate: 88 PR interval: .16 QRS complex: 08
QT interval: .24 QTc Interpretation: Sinus Rhythm



Date: _____ Time: _____ Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
QT interval: _____ QTc Interpretation: Sinus tach.

		Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:																		
		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given																									
Oral care																									
Eye care																									
Bath/Skin assessment																									
Activity/Repositioned																									
Mobility step																									
Rotation therapy: % rotation																									
ROM splint/boot (On/Off - R/L)																									
DB&C (D) (I/S) Chest percussion (C) Percs. & vibs. (PV)																									
Restraint Record	Restraints Type																								
	Circulation																								
	Care given																								
	Behaviour																								
	Initial																								

Legend
 Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothette®
 Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back
Restraints
 Restraints type: V - Vest L - Limb x F - Pinel On at _____ Off at _____
 Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM
 Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 4 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1981 40y IP V#10621726 M

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



DEC 08, 2021

Date: _____

TIME 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900

VITAL SIGNS	TIME												
	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
Blood pressure	230												
Heart rate	190												
Invasive monitoring in red	170												
Alarms set/checked	130	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Levelled	110	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zeroed	90	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resp. rate alarm limits:	70	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

MAP	69	72	64	65	75	68	69	71	65	71	64	63
Temperature	37.5		37.6 oral					37.9			37.2 oral	
CVP												
ICP/CPP	/											
RASS/Goal	-4				-4				-4			

INTAKE	TIME												
	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
Site	Sol'n/Med RI	11	9	12	8	12	8	12	9	12	9	9	10
Dobutamine		11	9	11	10	11	8	12	8	12	8	9	10
Propofol		15	10	12	9	14	10	14	10	15	10	11	12
Nitroprussin		14	11	4.	off								
Nicrepi		8	5	3	off								
Diltiazem		8	3	3	2	4	3	4	3	4	2	3	3
Integrilin		16	13	16	12	10	off						
NS/Meas		50	67	93	7	59	82	115	35	13	9	9	10
IV Meas						21	36						
Blood products						216							
PO/Enteral	TPN	80	63	77	58	87	60	88	63	87	61	67	85
Flushes / Meas						100							
Running total		208	398	629	729	1323	1580	1775	1903	2046	2145	2253	2373

OUTPUT	TIME												
	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
Chest tube	ostomy					65							
Drains	JP #1	45				4				25			
NG/Emesis	OG												20
Bowel	Rectal tube												600
Urine		85	85	75	125	305	415	400	400	325	185	175	180
Running total		130	215	290	415	785	1200	1600	2000	2325	2535	2710	3520

Initial	B1	B1	B1	B1	B1	B1	B1	B1	B1	B1	B1	B1	B1
Previous 24 hour balance:	⊕ 1400					Cumulative balance to date: ⊕ 5824							

-1147



SK UNKNOWN

MRN: RUH 1315031

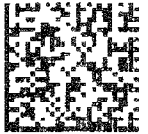
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



RUH SCH SPH Other

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 08 2021

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure												
	Heart rate												
	Invasive monitoring in red												
	Alarms set/checked	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Levelled	✓											
	Zeroed	✓											
	Resp. rate alarm limits:												
	MAP	67	70	67	68	78	67	70	67	75	60	64	69
	Temperature	37.6				37.7				37.8			
	CVP												
(Am) ICP/ CPP	(N/A)												
RASS/Goal	-3				-2				-3				
INTAKE	Site Sol'n/Med												
	(CV) Ringer Lactate	9	12	10	9	11	8	9	12	9	10	10	10
	(CV) Dopamine	9	10	10	9	11	8	9	11	9	10	10	10
	(PN) Propofol	11	14	12	11	14	10	11	14	11	12	12	12
	(CV) TPN	74	91	81	71	94	77	75	92	74	79	80	80
	(CV) Dilaudid	3	3	3	3	3	3	3	3	3	3	3	3
	PO/Enteral												
	Flushes												
	Running total	2479	2674	2790	2903	3066	3138	3279	3476	3582	3696	3811	3971
	OUTPUT	Chest tube JP#1	/										
JP#2		/											15
Drains Rectal tube		/											5
NG/Emesis													300
Bowel ilea		/											/
Urine		160	210	150	150	180	180	150	175	110	100	115	100
Running total	3680	3890	4040	4190	4370	4490	4640	4815	4925	5025	5140	5270	
Initial													
24 hour balance:													-1599
Cumulative balance:													

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

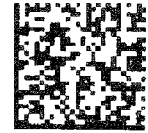
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



Date: DEC 08 2021

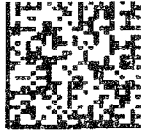
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	21 to top 28				24 to top 28				24 to top 28			
Mask/Nasal prong												
Resp rate												
SpO ₂	97%	93%	94%	94	94	94	93	93	93	93	94	94
ETCO ₂	39	39	41	41	40	41	41	41	41	42	41	41
FiO ₂	.30	.30	.30	.30	.30	.30	.30	.30	.30	.30	.30	.30
Vent. mode	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC	PRVC
RR vent./spont.	18/18	18/18	18/18	18/18	18/18	18/18	18/18	18/18	18/18	18/18	18/18	18/18
Tidal volume vent./spont.	550/577	550/570	550/580	550/575	550/585	550/573	550/575	550/571	550/578	550/576	550/575	550/577
% minute volume												
Peak insp. Pressure	26	26	25	25	26	25	26	25	25	25	25	25
Pressure support												
PEEP/CPAP	10	10	10	10	10	10	10	10	10	10	10	10
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious		Xti SM creamy		Xti ca thick creamy							
HOB at 10°	Reverse Trendelenburg		Supine		Supine				RT Side			
Gastric placement confirmed	✓		✓		✓				✓			
Gastric residual	Attach to BS		clamped		clamped				Attach to BS			
Pedal pulses:	Dorsalis pedis	RT	✓		✓				✓			
0 - Absent 3 - Bounding	Posterior tibialis	RT	✓		✓				✓			
1 - Weak D - Doppler		LT	✓		✓				✓			
2 - Normal		LT	✓		✓				✓			

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk Indicators:	Sensory Perception:	Moisture:	Activity:	Mobility:	Nutrition:	Friction & Shear:	Total Score:
19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Ability to respond meaningfully to pressure-related discomfort.	Degree to which skin is exposed to moisture.	Degree of physical activity.	Ability to change and control body position.	Usual food intake pattern.	Ability to move independently or requires repositioning.	
Day	2	3	1	2	2	1	11 High
Night	2	3	1	2	2	1	11
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input checked="" type="checkbox"/> Foley <input checked="" type="checkbox"/> FMS <input checked="" type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Monitoring for adequate intake <input checked="" type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input checked="" type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

DEC 08 2021

Date: _____

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	24ATT				24ATT				24ATT			
Mask/Nasal prong	#8.0 oral											
Resp. rate												
SpO ₂	94%	93%	93%	93%	93%	93%	94%	93%	94%	93%	93%	93%
ETCO ₂	42	42	42	43	42	46	37	38	45	43	44	43
FI _{O₂}	.30%				.30%				.30%			↑.40%
Vent. mode	PRVC				PRVC				PRVC			
RR vent./spont.	18 18	18 18	18 18	18 18	18 18	18 18	18 23	18 24	18 18	18 18	18 18	18 18
Tidal volume vent./spont.	550 600	550 546	550 495	550 524	550 593	550 578	550 679	550 537	550 524	550 540	550 587	550 524
% minute volume												
Peak insp. Pressure	25	24	23	24	23	23	23	26	25	20	19	21
Pressure support												
PEEP/CPAP	+10				+10				+10			
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious	XT φ	/	/	/	/	/	/	XT φ	/	/	XT φ
HOB at _____°	RT				RT				RT			
Gastric placement confirmed	SDcm				SDcm				SDcm			
Gastric residual	LCS				Clamped				LCS			
Pedal pulses:												
0 - Absent												
1 - Weak												
2 - Normal												
Dorsalis pedis												
Posterior tibialis												

Date/Time	NURSING PROGRESS NOTES (Narrative)
8/12/21 @ 0745	Pt rec'd into care @ shift Δ. Resident in to perform bedside vitals, Pt very responsive to speech + touch, coughing. Appears to be in more pain. Dilaudid ↑ to 3mg/hr for same. Morphine ↓ to 0.05 mg/min/kg for MAP of 75. ————— Rkeween
0830	Initial assessment completed. Drsg Δ'd to upper JP drain as bypassing sang +. Can surge, Dr. Pul in to see pt, discussed now stoma is quite distal + just monitor closely. Same draining sang/serous. See flow sheet for further info. ————— Rkeween
0847	20mmol of Kcl in 100ml initiated as per D.O. Physician notified (Rkeween)

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 8 of 8

SK UNKNOWN

MRN: RUH 1315031

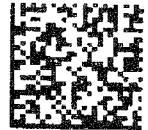
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



DEC 08 2021

Date: _____

Date/Time	NURSING PROGRESS NOTES (Narrative)
8/1a/21 c 0852	control of low k ⁺ Reposition
	Norepi & Oclomeg/kg/min for MAP of 72 Reposition
0915	Bundles completed, w/e present for scum Reposition
0920	Vasopressin discontinued as per D.O Reposition
0940	Social work in to speak w/ wife Reposition
0944	Norepi & Oclomeg/kg/min for MAP of 65 Reposition
1000	PRBC #1 unit: C0520 21 211978 SM , 276ml initiated by gravity, Norepi infusion discontinued. Pt coughing. Suctioned for mod amt of thick green sputum. Mod amt of sputum suctioned from mouth as well Reposition
1115	Ostomy nurse in to sept, ostomy N'd Lg clot removed from stoma. Stoma firm to touch + warm. Small amt of bleeding present from stoma & ostomy N'd. Evisely controlled & pressure. Ostomy output approx 65ml of serous sang Reposition
1140	MgSO ₄ 20 IV initiated to infuse over 1hr, + 2nd bag of 20mmol of Kcl in 100ml. Pt suctioned for small amt of thin secretions, coughing Reposition
1215	Pt reassessed, Ant chest clear for & #12 to bases & exp ribs to Rt mid + upper lobes. Abd remains unchanged. & further output from stoma, remains firm + dark. Drsg to top JP Abd for mod amt of sang bypassing. JP #1 (top) draining serous, JP #2 draining serous sang. Pt voiding well + urine color has become more clear + yellow. Sclera edema + Jaundice improved. Pt remains P&S -3/-4 will respond to name + move legs. unable to follow commands. NG currently clamped as meds given through same. Drsg Abd to Lt Brachial outline. wheezy/hyperssing very Lg amts of serous fluid. all other IV's remain N+I Reposition
1420	Pt repositioned, tolerated same well. Drsg to R13 / CVCA'd Reposition
1530	OG reattached to Low continuous suction Reposition
1630	Pt reassessed, Ant chest clear H ₂ & abd A/P. Edema Abd +2 pitting from toes to nipple lines + bsa firm to touch. Abd remains firm + distended. & in stoma. Drsg top JP drain Abd for sang bypassing around same. Blue Pad Abd under Lt arm, art line remains wheezy Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
8/12/21	1630 (1) other A's from previous assessment — <u>R. Fraser</u>
	1645 Dr. Gill + resident in to see pt + assess abd A's man off unit — <u>R. Fraser</u>
	1700 wife @ bedside — <u>R. Fraser</u>
	1905 A's E pt or from previous assessment — _____ <u>R. Fraser</u>
Dec 8/21	2000 Patient received into care @ 1930. Report given by day RW. Patient attached to monitor in sinus tech. Alarm checked. Cuffline zero'd and leveled. VLS taken as per flow sheet. Infusions verified Complete assessment as per flow sheet. Will continue to monitor. <u>M</u>
	2100 Patient's mother @ bedside. Update provided. — <u>M. Brown</u>
	2240 Patient's spouse called unit. Update provided. — <u>M. Brown</u>
	2300 Patient given complete bed bath, tolerated well. Complete bed change done. Patient given oral care. Turned to (R) side post bath. (L) concerns @ present. — <u>M. Brown</u>
	0000 Patient assessment unchanged from previous. VLS as per flow sheet. Propofol line changed @ 2320. Patient OG damped for oral meds. Will continue to monitor. (L) concerns @ present. <u>M</u>
	0300 Patient OG attached to LCS. (L) concerns @ present. Will continue to monitor. — <u>M. Brown</u>
	0400 Patient VLS as per flow sheet. Patient CES = 8/11. Oral care done. (L) concerns @ present. — <u>M. S</u>
	0600 AM bloodwork drawn / sent to lab. U/A drawn / sent to lab (L) concerns @ present. — <u>M. S</u>
	0630 JP #1 drained for 10 ml of serous fluid. JP #2 drained for 15 ml of serous fluid. — <u>M. S</u>
	0630 #1 20 kcal up as per orders for ↓ kcal on bloodwork — <u>M. S</u>
	0650 Patient SpO ₂ ↓ to 89%. Keep @ bedside. FIO ₂ ↑ to 40%. Will continue to monitor. — <u>M. S</u>
	0730 Report given to day RW. — <u>M. S</u>



wt on dobutamine = 60
Rx 0.75 replace?

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

RUH SCH SPH Other

INTENSIVE CARE UNIT (ICU) FLOW SHEET 00941

Page 1 of 8

Admission weight: DEC 09 2021

Isolation precautions: \emptyset

Date: _____ Weight: 64.6 kg

Family presence on rounds # hrs HOB greater than 30°: _____

propofol
SD
0.1 added
3

Nursing assessment at: 0805		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath	
RASS: -4 CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input checked="" type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert	
Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	
Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: 0/10		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation <i>coarse crackles</i>	
<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired <i>Coarse throughout</i>	
GCS: 7 Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Anterior <i>wh</i> Posterior	
Eyes open: 1 - Spontaneously 3 - To speech 2 - To pain 1 - None		Crackles	
Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		Wheeze	
2 - Incomprehensible sounds 1 - None/ETT/Trach.		Decreased air entry	
Best motor: 6 - Obeys commands 5 - Localize pain		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive	
2 - Semi-purposeful/Withdraws 3 - Flexor response		Colour: <i>white</i> Amount: <i>normal</i> Consistency: <i>thick</i>	
2 - Extensor response 1 - Flaccid/No response		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal	
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		<input type="checkbox"/> Indirect <input type="checkbox"/> cm suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____	
Pupil size: LT 3 RT 3 <i>several edema</i>		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Dressing _____	
Scale:		<input checked="" type="checkbox"/> ETT # 6 Type EVAC <input type="checkbox"/> Trach. # _____ Type _____	
Muscle strength (Normal/Weak/Absent): RA A RLA LA A LLA		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated	
BEEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Taped at 24 cm <i>teeth</i> Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input checked="" type="checkbox"/> Midline	
HOB: 70° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____	
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <i>PRV C. Fwd 40% PEEP 10 P/A 18 TV 170</i>	
EVB: Levelled at _____ cm H ₂ O <input type="checkbox"/> Open-cont. <input checked="" type="checkbox"/> Closed		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended	
GGF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent <i>x4</i>	
Comments: <i>Temp 37.4</i>		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ	
Arterial pulse:		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/continuous suction <i>ccs</i>	
0 - Absent		Drainage: Colour <i>green/brown</i> Consistency <i>watery</i>	
1 - Weak		Placement confirmed: <input type="checkbox"/> Aspirate <input checked="" type="checkbox"/> Chest x-ray	
2 - Normal		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at 51 cm	
3 - Bounding		Diet: <i>MPO</i> Tube feed: Type <i>β</i> Rate _____ mL/hr	
D - Doppler		<input checked="" type="checkbox"/> Stoma Type <i>neo, dusky</i> Site <i>RUA</i> <input checked="" type="checkbox"/> Edema	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		Comments: <i>Rectal tube putting at neo unhealthy, neo not putting at, just using helpings</i>	
Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized		Urine - Colour: <i>yellow</i> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour _____	
<input type="checkbox"/> Pitting - area <i>+1 pitting generalized edema</i>		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter <i>Foley</i>	
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Genitalia: Appearance <i>normal</i> Drainage _____	
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____	
Rate _____ Mode <i>MA</i> Sensing _____ Capture _____		Comments: <i>-1099 / 24hr cumulative +4225</i>	
<input type="checkbox"/> IABP Site _____ Epicardial wires # _____		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny	
Vasc. Cath.		Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	
Site <i>brachial</i> <i>11</i>		Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Inlact	
Waveform <i>WM</i>		Bed surface: <i>LEV</i> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint	
Dressing <i>PII</i> <i>ATI</i>		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record	
Total fluid intake goal:		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction	
IV Rate/hr Site BL Return		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
<i>EC driu 100ml/hr CVL distal bridge</i>		Wounds:	
<i>dobutamine 2mg/kg/min CVL distal bridge bil</i>		Site Colour Dressing Drainage Drains	
<i>propofol 0.1mg/kg/min OAC IFG</i>		<i>midline island drsg ATI COCVX replace D+1</i>	
<i>tear 8cm x 1cm CVL medial</i>		<i>IP nipple ATI</i>	
<i>olived. 3mg/hr CVL distal bridge</i>		<i>IP drain well island drsg</i>	
<i>not redo 100ml/hr CVL prox.</i>			
Comments: <i>sinus tachycardia MAP 64-70s</i>		<i>rectal tube propose D+1</i>	

dobutamine
2mg/kg/min
was on hold
bridge bil

Signature/Title: _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN

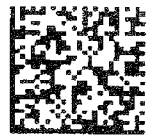


Date: DEC 09 2021

Isolation precautions: universal

Nursing assessment at: <u>0800</u> RASS: <u>4</u> CAM ICU: <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: <u>1</u> <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermotome level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																						
GCS: <u>3/11</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain <u>1</u> - None Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds <u>1</u> - None/ETT/Trach.		Inspired/Expired Anterior Posterior Fine/Coarse <input checked="" type="checkbox"/> Bronchial breathing Crackles Wheeze Decreased air entry																						
Best motor: 6 - Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response <u>1</u> - Flaccid/No response		Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input checked="" type="checkbox"/> Productive Colour: <u>white</u> Amount: <u>mod</u> Consistency: <u>thin</u>																						
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>4</u> RT <u>4</u> Scale:		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect <input type="checkbox"/> connection <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Dressing _____																						
Muscle strength (Normal/Weak/Absent): RA <u>A</u> RL <u>A</u> LA <u>A</u> LL <u>A</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>30°</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		ETT # <u>8.0</u> Type <u>eva</u> <input type="checkbox"/> Trach. # _____ Type _____ <input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated Taped at <u>24</u> cm <input type="checkbox"/> Teeth <input type="checkbox"/> Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline <input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____																						
EVD Levelled at _____ cmH ₂ O <input type="checkbox"/> Open <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____ Comments: <u>Temp 38.6 ice packs placed</u>		Comments: <u>PRVC RR 18 PEEP 4, FIO2 35%</u> Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent																						
Arterial pulse: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding 0 - Doppler		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PG <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction Drainage: Colour <u>green/brown</u> Consistency <u>thin</u>																						
<table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>LT</td> <td>2</td> <td></td> <td></td> <td></td> <td>2</td> <td>2</td> </tr> <tr> <td>RT</td> <td>AR</td> <td></td> <td></td> <td></td> <td>2</td> <td>2</td> </tr> </tbody> </table>			RAD	BRACH	FEM	POP	DP	PT	LT	2				2	2	RT	AR				2	2	Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51</u> cm Diet: <u>NPO</u> Tube feed: Type <u>NIA</u> Rate _____ mL/hr <input checked="" type="checkbox"/> Stoma Type <u>neo stomy</u> Site <u>RUC</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
	RAD	BRACH	FEM	POP	DP	PT																		
LT	2				2	2																		
RT	AR				2	2																		
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized <input checked="" type="checkbox"/> Pitting - area <u>ankles x4</u> Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Comments: <u>Ileostomy output dk red/brown liquid</u> Urine - Colour: <u>Amber</u> <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour _____ Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																						
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP Site _____ <input type="checkbox"/> Epicardial wires # _____		Genitalia: Appearance <u>atrophic</u> Drainage <u>0</u> <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____ Comments: _____																						
Vasc. Cath. Art. CVC Other Peripheral Site <u>LAD</u> <u>RTJ</u> _____ <u>#18 R</u> Waveform _____ <u>CC</u> Dressing <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> _____		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Intact Bed surface: <u>TCS</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																						
Total fluid intake goal: IV Rate/h Site BL Return <u>BL 10 ml/hr</u> <u>Dobutamine @ 2mg/kg/min</u> <u>Papaverine 50mg/kg 1hr</u> <u>Depheddol 3mg/hr</u> <u>TPN 80ml/hr</u> <u>ST 115 - 120 MAP goal 260</u>		Wounds: Decubitus/Skin breakdown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction Wounds: Site Colour Dressing Drainage Drains <u>central sternal open area - dry</u> <u>medline island dress Del</u> <u>JP#1 LUC - drain serous fluid</u> <u>JP#2 LUC - draining oang</u>																						

Signature/Title: A. Banel RN



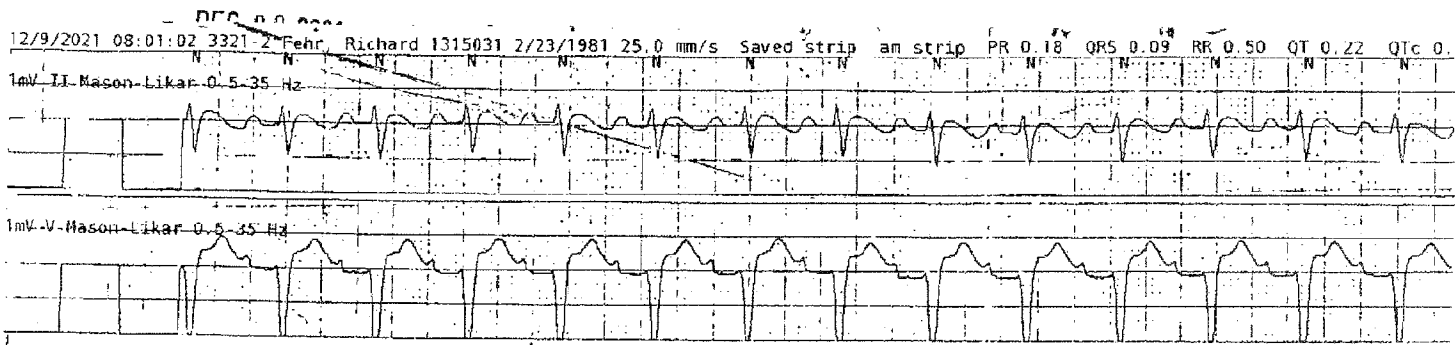
RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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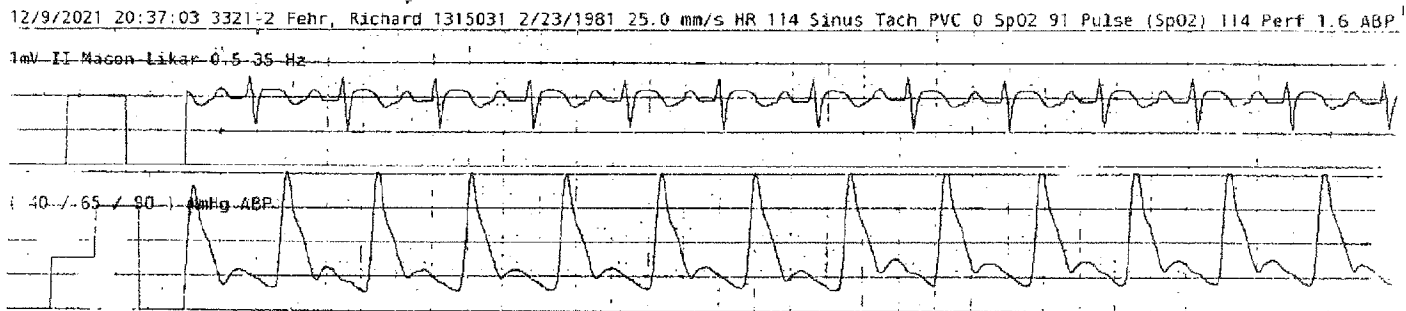
Date: _____

ECG Monitor Record



Date: 08 Dec 9 2021	Time: 0801	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:	QTc	Interpretation: <i>AFR sinus tachycardia</i>			

14) RF



Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:	QTc	Interpretation:			

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given																								
Oral care	✓			✓			✓			✓			✓			✓			✓		✓			✓
Eye care																								
Bath/Skin assessment																								
Activity/Repositioned	LT			RT								back				RT			BK	LT			BK	
Mobility step																								
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (I/S)																								
Chest percussion (C) Percs. & vibs. (PV)																								
Restraint Record	Restraints Type	soft wrist																						
	Circulation	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT	RT	LT
	Care given	CC	NC	NC	S	CC	NC	CC	NC	CC	S	NC	NC											
	Behaviour	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
	Initial	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W

Legend

Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toilets

Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back

Restraints

Restraints type: V - Vest L - Limb x P - Pinel On at Off at

Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM

Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

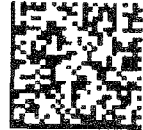
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



DEC 09 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
VITAL SIGNS	Blood pressure	230												
	^	220												
	v	210												
	200													
	Heart rate	190												
	180													
	170													
	Invasive monitoring in red													
	Alarms set/checked													
	Levelled													
Zeroed														
Resp. rate alarm limits:														
MAP	67	63	63	73	67	67	64	63	66	63	63	62		
Temperature	37.8		38.4		37.8	38.1		38.1	37.4		38.4			
CVP														
ICP/ CPP														
RASS/Goal	-4				-3									
Site	Sol'n/Med													
data driver	KL + med	11	10	11	9	10	10	11	10	8	11	10	9/10	
mdy bke	octatamine	10	10	10	9	10	9	11	10	8	10	10	9	
Paris 1bg	plup ofel	13	12	13	11	12	12	13	12	10	12	13	11	
medial	TRV	89	87	85	78	80	77	88	80	66	84	83	74	
medial	Dilaudid	3	3	3	3	3	3	3	3	3	3	3	3	
prax	no + med	71	95	91	101	33	76	97	102	68	11	10	9	
ndyng	levo													
prax	no + med #2		91	31	220	107	114	42	26	16				
Blood products														
PO/Enteral														
Flushes	pl/meds		498		30									
Running total		195	488	222	340	1142	1440	1762	2032	2241	2352	2461	2613	
Chest tube	JP# 1 @					30				15	15			
JP# 2 @						5								
Drains	rectal tube				removed									
(NG) Emesis	113				100		100				100		100	
Bowel	1170												75	
Urine		120	100	75	80	825	200	120	100	75	75	300	225	
Running total		120	220	295	475	1035	1345	1515	1615	1705	1780	2080	2580	
Initial		60	0	0	0	0	0	0	0	0	0	0	0	
Previous 24 hour balance:		-1599					Cumulative balance to date: +4285							

+149



SK UNKNOWN

MRN: RUH 1315031

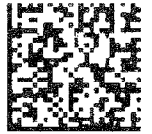
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 09 2021

TIME 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 0700

VITAL SIGNS		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
Blood pressure	230													
^	220													
v	210													
Heart rate	200													
	190													
	180													
	170													
Invasive monitoring in red	160													
<input checked="" type="checkbox"/> Alarms set/checked	150													
<input checked="" type="checkbox"/> Levelled	140													
<input checked="" type="checkbox"/> Zeroed	130													
<input type="checkbox"/> Resp. rate alarm limits:	120													
	110													
	100													
	90													
	80													
	70													
	60													
	50													
	40													
	30													
MAP		63	64	65	74	67	62	62	62	67	73	70	74	
Temperature		38.4	38.6	38.5	38.5	38.8	38.6	38.8	38.8	38.1	37.7	37.8	37.1	
CVP		38.3 (c)								37.6				
ICP/ CPP														
RASS/Goal		4				4				4				
INTAKE	Site													
	Sol'n/ Med													
	RL	10	10	9	12	9	10	10	10	9	12	8	10	
	Dobutamine	10	10	9	12	9	10	10	10	9	11	8	10	
	Propofol	12	13	11	11	11	12	12	12	11	14	10	13	
	TPN	80	83	74	95	74	77	82	80	76	91	67	84	
	Dilaudid	3	3	3	4	3	3	3	3	3	3	3	3	
	IV Meds					80								
	Po Meds			30										
	Blood products													
PO/Enteral														
Flushes			30											
Running total		2844	3163	3189	3866	3452	3563	3680	3795	3903	4034	4130	4389	
OUTPUT	Chest tube													
	Drains JP#1												60	
	Drains JP#2												5	
	PO/Emesis							300					400	
	Bowel Ostomy													
Urine	150	125	90	175	425	275	200	135	100	315	625	275		
Running total		2730	2855	2945	3120	3543	3820	4320	4455	4555	4130	5553	6295	
Initial		ab	ab	ab	ab	ab	ab	ab	ab	ab	ab	ab	ab	
24 hour balance:														
Cumulative balance:														

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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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: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



Date: DEC 09 2021

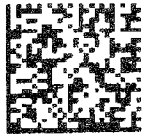
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	24ATT				24ATT				24ATT			
Mask/Nasal prong												
Resp. rate												
SpO ₂	93%	95%	95%	96%	94%	96%	95%	95%	94%	95%	95%	94%
ETCO ₂	43	43	43	46	45	45	42	40	43	44	42	39
FiO ₂	40%	40%		0.40	0.35				0.35			0.35
Vent. mode	PRVC	PRVC		PRVC	PRVC				PRVC			PRVC
RR vent./spont.	15/18	15/18	15/18	15/19	15/19	15/18	20	26	18	15	20	20
Tidal volume vent./spont.	570/576	570/576	573	592	612	587	690	516	655	621	580	639
% minute volume	10.0	10.1		10.3	10.5							11.4
Peak insp. Pressure	18	18	24	27	27	27	29	33	26	23	22	20
Pressure support												
PEEP/CPAP	10	10	14	14	14	14	14		14			14
ETT/Trach. secretions	C			S	C							
C - Clear P - Purulent S - Sanguinous M - Moderate C - Copious												
HOB at <u>280 20°</u>	20°	20°			30°				30°			
Gastric placement confirmed	OK				OK				OK			
Gastric residual	0				0				0			
Pedal pulses:												
0 - Absent 1 - Weak 2 - Normal												
Dorsalis pedis	2				2							
RT	2				2							
LT	2				2							
Posterior tibialis	2				2							
RT	2				2							
LT	2				2							

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day	1	1	1	1	1	1	6
Night	1	1	1	1	2	1	7
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex@ sacrum <input type="checkbox"/> Prevalon@ heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date: DEC 09 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	24 ATT				24 ATT				24 ATT			
Mask/Nasal prong												
Rcap. rate												
SpO ₂	94	93	95	94	94	94	94	94	94	94	94	95
ETCO ₂	39	42	42	42	42	42	42	39	39	42	39	39
FI _{O₂}	0.35				0.35				0.35			
Vent. mode	PRVC				PRVC				PRVC			
RR vent./spont.	18/18	19	18	22	20	20	20	21	18/19	18	20	18
Tidal volume vent./spont.	315	600	570	991	580	609	507	678	835	592	625	644
% minute volume												
Peak insp. Pressure	28	21	21	23	25	19	20	30	24	23	24	27
Pressure support												
PEEP/CPAP	14				14				14			
ETT/Trach. secretions C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious		11/11 white										11/11 white
HOB at _____°	30				30				30			
Gastric placement confirmed	LCS				LCS				LCS			
Gastric residual	0				0				0			
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal	2/2				2/2				2/2			
Dorsalis pedis Posterior tibialis	RT LT				RT LT				RT LT			

Date/Time	NURSING PROGRESS NOTES (Narrative)
DEC 9 2021 @ 0837	pt vs. dietician @ 0730. vs. on assessment. safety vs computed. Acc saw pt and resident thp am resident did bedside ecg. pt ch hgt 165 to gi u antiplatelet. cke dch thp am. RAU -4, CRU 7. mk aban of stoma appeared and fuctal hie atatt in the JP drain at pu.
0945	spoke @ bedside. gave qtr update re: pt condition. Rounds complete. wife present for rounds. orders processed. JHaldous M.
1105	long qtr. on pt per order. Bw sent on pt orders. Keetal hie removed per acc.

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 09 2021

Date: _____

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec 9 2021 08:33	Pt placed back on ICS. pt repositioned. perineal care back on M. Assessment
08:33	unchanged from previous. coarse crackles heard throughout sth - <i>Green</i>
08:37	late entry for POCV. PEEP 8 + 14 per pt. 08:30 Fio2 40 0.35 per pt. <i>Green</i>
08:42	Dr Linde arr on 4 gloves on lab walls. sth order for sliding scale not'd. wife
08:42	remains bedside - pt comfortable. <i>Green</i>
08:42	0 iv PIV Mc drug bid and 0 brachial ext line drug bid per policy. <i>Green</i>
08:40	assessment unchanged from previous. RAS 1-2, GCI 8. wife left bedside so
08:41	pt's mother can come up. pt remains comfortable. <i>Green</i>
08:41	mother of pt @ bedside and get update on pt's condition. <i>Green</i>
08:45	pt repositioned. lasix qus @ 1700 to reach fluid balance goal with w/ w/ w/ w/
08:46	bedside. pt appears comfortable, pad dry. <i>Green</i>
08:46	w/ w/ qus to connect. <i>Green</i>
2055	Report heard, pt received into care @ 1930.
2055	Initial assessment completed, see flow sheet.
2055	Pt flutters eyelids with stimuli; brief
2055	with drawl on eye opening. Ice packs
2055	under arms & neck after wash as temp
2055	38.7. <i>A. Bendell</i>
08:30	Pt given ticapelon per OAT tube, flushed &
08:30	clamped. <i>A. Bendell</i>
08:45	BW drawn & sent. spoke to M re: lasix dose
08:45	& tylenol. lasix 4 to 40mg, 0 tylenol order
08:45	as per ACS & get. <i>AB PN</i>
Dec 10/21	Pt reassessed. Temp down to 38.3. Occ stacking
0000	breaths. Faint BS ausc in RLQ abd.
0145	Diuresing well to lasix. On back to ICS AB PN
0145	Stoun removed, ice packs refreshed as
0145	temp continues to be 38.3. pt's mother left
0145	for night, given unit # if needs to call AB PN
0400	Pt reassessed - Temp to 38.2, HR to 105.
0400	No other ds. <i>AB PN</i>
0655	BW drawn & sent, repositioned, drains emptied
0655	++ coughing after turn, lg amt white
0655	secretions suctioned. <i>AB PN</i>

Continued on Progress Record - Nursing (form #101434)



21739

RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: _____ kg Isolation precautions: Ø
Date: DEC 10 2021 Weight: 92 kg Family presence on rounds # hrs HOB greater than 30°: _____

oiled
3 mg/hr
pupafed
10

CNS	Nursing assessment at: <u>0805</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath																		
	RASS: <u>-3</u> CAM ICU: <u>UTA</u> <input type="checkbox"/> Drug induced paralysis <input checked="" type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert																		
	Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																		
	Rating: _____ Scale: 0 (none) - 10 (severe) CPO2: _____		Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																		
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermotome level: _____		<table border="1"> <tr> <td></td> <td>Inspired/Expired</td> <td>Fine/Coarse</td> </tr> <tr> <td>B</td> <td>Anterior</td> <td>Posterior</td> </tr> <tr> <td>wh</td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td>Decreased air entry</td> <td></td> </tr> <tr> <td></td> <td>RT</td> <td>LT</td> </tr> </table>			Inspired/Expired	Fine/Coarse	B	Anterior	Posterior	wh			↓	Decreased air entry			RT	LT		
		Inspired/Expired	Fine/Coarse																		
	B	Anterior	Posterior																		
	wh																				
	↓	Decreased air entry																			
		RT	LT																		
GCS: <u>5</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive																			
Eyes open: 4 - Spontaneously <u>3</u> - To speech 2 - To pain 1 - None		Colour: <u>White</u> Amount: <u>small</u> Consistency: <u>thick</u>																			
Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Nonch <input type="checkbox"/> Mediastinal																			
2 - Incomprehensible sounds <u>1</u> - None/ETT/Trach.		<input type="checkbox"/> Indirect <input type="checkbox"/> Suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____																			
Best motor: 6 - Obeys commands 5 - Localize pain		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding Dressing _____																			
4 - Semi-purposeful/Withdraws 3 - Flexor response		<input checked="" type="checkbox"/> ETT # <u>8</u> Type <u>EVAC</u> <input type="checkbox"/> Trach. # _____ Type _____																			
2 - Extensor response <u>1</u> - Flaccid/No response		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated																			
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		Taped at <u>24</u> cm <input checked="" type="checkbox"/> Teet/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline																			
Pupil size: LT <u>5</u> RT <u>5</u> <u>several edema</u>		<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____																			
Scale:		Comments: <u>PRVL 301 DEEP IN TV 5FO</u> <u>occasionally stacking mattress</u>																			
Muscle strength (Normal/Weak/Absent): RA <u>A</u> PL <u>A</u> LA <u>A</u> LL <u>A</u>		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended																			
ECG monitoring: <input checked="" type="checkbox"/> Bedside <input type="checkbox"/> Portable		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																			
HOB: <u>730</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ																			
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Legrot		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/continuous suction <u>CS</u>																			
EVD: Levelled at _____ cm H2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		Drainage: Colour <u>green/brown</u> Consistency <u>watery</u>																			
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood-tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray																			
Comments: <u>refine 37% orally Tmax 01W 38°</u>		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51</u> cm																			
Arterial pulse:		Diet: <u>NPO</u> Tube feed: Type _____ Rate _____ mL/hr																			
0 - Absent		<input checked="" type="checkbox"/> Stoma Type <u>UGO</u> Site <u>RUB</u> <input type="checkbox"/> Edema																			
1 - Weak		<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____																			
2 - Normal		Comments: <u>occasional bowel sound PLQ.</u> <u>diets 1kg, putting at feet range</u> <u>small amt flacc</u>																			
3 - Bounding		Urine - Colour: <u>dark yellow</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour _____																			
D - Doppler		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter <u>fully</u>																			
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		Genitalia: Appearance <u>edema</u> Drainage <u>Ø</u>																			
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																			
Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized		Comments: <u>-1970/24hr + 2225 cumulative</u>																			
<input type="checkbox"/> Pitting - area <u>+2 pitting to waist</u>		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny																			
Heart sounds: <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic																			
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site: _____		Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Intact																			
Rate: _____ Mode: <u>MA</u> Sensing: _____ Capture _____		Bed surface: <u>ICA</u> <input type="checkbox"/> PCO <input type="checkbox"/> AES <input type="checkbox"/> Splint																			
<input type="checkbox"/> IABP Site: _____ Epicardial wires # _____		Wounds: Decubitus/Skin breakdown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record																			
Vasc. Cath.		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction																			
Site: <u>Ø brachial Ø U</u>		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction <u>Ø #1 - screw</u>																			
Waveform: <u>partial wave</u>		Wounds: <u>Ø #2 - sarg</u>																			
Dressing: <u>Ø #1</u>		Site Colour Dressing Drainage Drains																			
Total fluid intake goal: <u>FPG - 1 to 2L</u>		midline staples + island drug Ø #1																			
IV		Ø #1 + naplex Ø #1																			
Rate/hr		Ø #2 + island Ø #1																			
Site		Ø #1 - screw																			
BL. Return		Ø #2 - sarg																			
<table border="1"> <tr> <td>benzocaine</td> <td>10mg/hr</td> <td>dental driver</td> </tr> <tr> <td>gabapentin</td> <td>2mg/kg q 12hr</td> <td>dental wax</td> </tr> <tr> <td>pupafed</td> <td>10mg/kg q 12hr</td> <td>Ø 18g A/C</td> </tr> <tr> <td>oiled</td> <td>3mg/hr</td> <td>dental yellow</td> </tr> <tr> <td>tray</td> <td>Ø 18g A/C</td> <td>medial</td> </tr> <tr> <td>nyas + AA</td> <td>Ø 18g A/C</td> <td>prox</td> </tr> </table>		benzocaine	10mg/hr	dental driver	gabapentin	2mg/kg q 12hr	dental wax	pupafed	10mg/kg q 12hr	Ø 18g A/C	oiled	3mg/hr	dental yellow	tray	Ø 18g A/C	medial	nyas + AA	Ø 18g A/C	prox	best ereplex Ø #1 x2 best Ø #1	
benzocaine	10mg/hr	dental driver																			
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oiled	3mg/hr	dental yellow																			
tray	Ø 18g A/C	medial																			
nyas + AA	Ø 18g A/C	prox																			
Comments: <u>sinus tachycardia MAP 60/90</u>																					

pharm

RESPIRATORY

GI

GU

INTEGRATORY

Signature/Title: [Signature] MD

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN

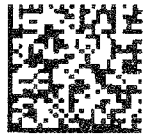


Date: DEC 10 2021

Isolation precautions: universal

Nursing assessment at: <u>2000</u> RASS: <u>-3</u> CAM ICU: <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location: _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermotome level: _____ GCS: <u>6/11</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: <u>4</u> Spontaneously <u>3</u> To speech <u>2</u> To pain <u>1</u> None Best verbal: <u>5</u> - Oriented <u>4</u> - Confused <u>3</u> - Inappropriate <u>2</u> - Incomprehensible sounds <u>1</u> - None/ETT/Tach. Best motor: <u>6</u> - Obeys commands <u>5</u> - Localize pain <u>4</u> - Semi-purposeful/Withdraws <u>3</u> - Flexor response <u>2</u> - Extensor response <u>1</u> - Flaccid/No response Pupils: LT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>4</u> RT <u>4</u> Scale: Muscle strength (Normal/Weak/Absent): RA <u>A</u> RL <u>A</u> LA <u>A</u> LIA <u>A</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB <u>30</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll EVD: Level <u>1</u> at <u>1</u> cm H ₂ O <input type="checkbox"/> Open font. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____ Comments: <u>Temp 38.4</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation Inspired/Expired Anterior Posterior Fine/Coarse B Bronchial breathing Crackles wh Wheeze ↓ Decreased air entry Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input checked="" type="checkbox"/> Productive Colour <u>white</u> Amount <u>1kg</u> Consistency <u>thin</u> Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect <input type="checkbox"/> cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing _____ ETT # <u>8.0</u> Type <u>evac</u> Trach. # _____ Type _____ <input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated Taped at <u>24</u> cm <input type="checkbox"/> Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline <input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____ Comments: <u>PRVC RR 18 0.3 FiO2 PEEP 14</u>																																														
Arterial pulse: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler <table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>LT</td> <td><u>2</u></td> <td><u>ART</u></td> <td></td> <td></td> <td><u>2</u></td> <td><u>2</u></td> </tr> <tr> <td>RT</td> <td><u>2</u></td> <td></td> <td></td> <td></td> <td><u>2</u></td> <td><u>2</u></td> </tr> </tbody> </table> Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area <u>limbs x4 upto waist</u> Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary _____ cm Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP Site _____ <input type="checkbox"/> Epidural wires # _____ Vasc. Cath. Art. CVC Other Peripheral Site <u>L brach</u> <u>RIS</u> <u>#6 Lac</u> Waveform <u>⊕</u> <u>#18 Rac</u> Dressing <u>✓</u> Total fluid intake goal: <u>fluid bolus goal - 1 to 2 L</u> <table border="1"> <thead> <tr> <th>IV</th> <th>Rate/hr</th> <th>Site</th> <th>BL Return</th> </tr> </thead> <tbody> <tr> <td><u>RL</u></td> <td><u>10 mL/hr</u></td> <td></td> <td></td> </tr> <tr> <td><u>Propofol</u></td> <td><u>25 mcg/kg/min</u></td> <td></td> <td></td> </tr> <tr> <td><u>TAP</u></td> <td><u>40 mL/hr</u></td> <td></td> <td></td> </tr> <tr> <td><u>Dilaudid</u></td> <td><u>1mg/hr</u></td> <td></td> <td></td> </tr> <tr> <td><u>ST</u></td> <td><u>113 - 120s</u></td> <td><u>goal MAP ≥ 60</u></td> <td></td> </tr> </tbody> </table> Comments: _____			RAD	BRACH	FEM	POP	DP	PT	LT	<u>2</u>	<u>ART</u>			<u>2</u>	<u>2</u>	RT	<u>2</u>				<u>2</u>	<u>2</u>	IV	Rate/hr	Site	BL Return	<u>RL</u>	<u>10 mL/hr</u>			<u>Propofol</u>	<u>25 mcg/kg/min</u>			<u>TAP</u>	<u>40 mL/hr</u>			<u>Dilaudid</u>	<u>1mg/hr</u>			<u>ST</u>	<u>113 - 120s</u>	<u>goal MAP ≥ 60</u>		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent <input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction Drainage: Colour <u>dk green</u> Consistency <u>stomy</u> Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>51</u> cm Diet: <u>NPO</u> Tube feed: Type <u>N/A</u> Rate _____ mL/hr <input checked="" type="checkbox"/> Stoma Type <u>Heo</u> Site <u>RUG</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM <u>N/A</u> Colour _____ Consistency _____ Comments: _____ Urine - Colour: <u>Amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter Genitalia: Appearance <u>edematous</u> Drainage <u>⊕</u> <input checked="" type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____ Comments: _____ Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: <u>TCS</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction Wounds: Site Colour Dressing Drainage Drains <u>Open sores to stomy mem dry</u> <u>RUG red/black in bruised by</u> <u>area - outlined, assessed as</u> <u>hot to touch & hematoma</u>	
	RAD	BRACH	FEM	POP	DP	PT																																										
LT	<u>2</u>	<u>ART</u>			<u>2</u>	<u>2</u>																																										
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<u>ST</u>	<u>113 - 120s</u>	<u>goal MAP ≥ 60</u>																																														

Signature/Title: A. Romelka



RUH SCH SPH Other _____

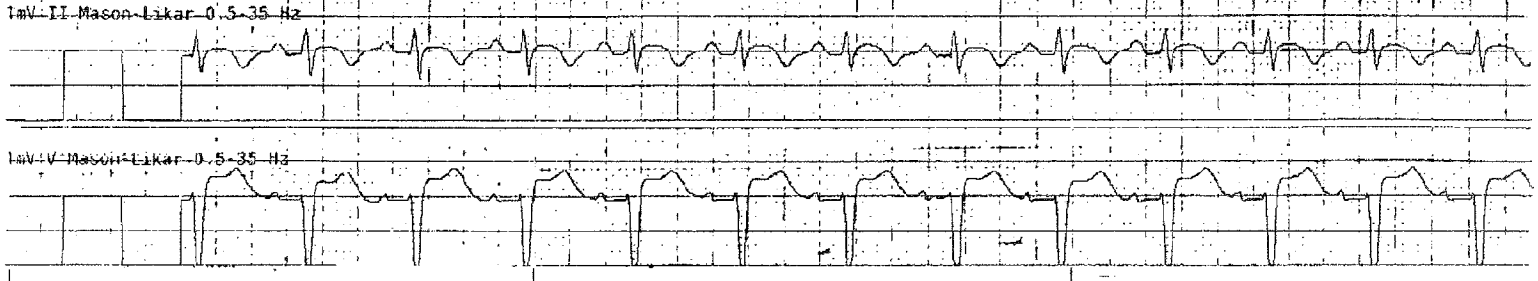
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: DEC 10 2021

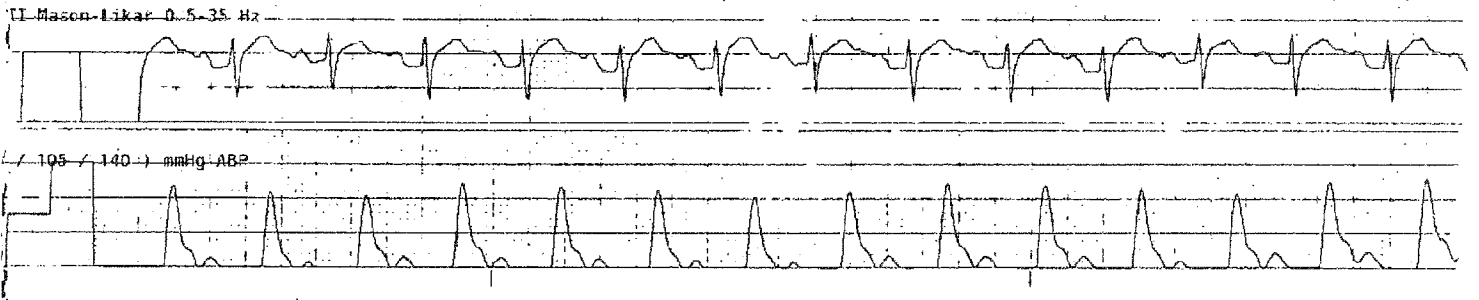
ECG Monitor Record

12/10/2021 07:49:07 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s Saved strip am strip PR 0.18 QRS 0.07 RR 0.58 QT 0.23 QTc 0.30 (07)



Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:		QTc	Interpretation:		
					sinus tachycardia

12/10/2021 19:55:30 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s HR 113 Sinus Tach PVC 0 SpO2 93 PuIse (SpO2) 113 Perf 1.5 ABP 126/64 (8)



Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:		QTc	Interpretation:		

		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Restraint Record	✓ - Care given																								
	Oral care	✓			✓			✓			✓				✓			✓			✓			✓	
	Eye care																								
	Bath/Skin assessment																								
	Activity/Repositioned	back			⊙				back		⊙				⊙			BK			RT			BK	
	Mobility step																								
	Rotation therapy: % rotation																								
	ROM splint/boot (On/Off - R/L)																								
	DB&C (D) (I/S)																								
	Chest percussion (C) Percs. & vibs. (PV)																								
Restraint Record	Restraints Type	⊙																							
	Circulation																								
	Care given																								
	Behaviour																								
Initial																									

Legend	Bath: C - Complete S - Self P - Partial PC - Pericare	Oral care: B - Brush T - Toothette®
	Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent	RT - Right LT - Left BK - Back
Restrains	Restraints type: V - Vest L - Limb x P - Pinel On at Off at	
	Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM	
	Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor	

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 4 of 8

SK UNKNOWN

MRN: RUH 1315031

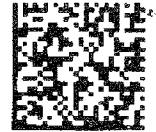
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



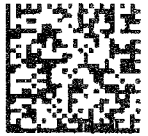
Date: DEC 10 2021

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^ Map 700	220											
	v	210											
	Heart rate	190											
		180											
		170											
	Invasive monitoring in red	160											
	Alarms set/checked	150											
	Levelled	140											
	Zeroed	130											
Resp. rate alarm limits: Vent	120												
	110												
	100												
	90												
	80												
	70												
	60												
	50												
	40												
	30												
MAP	72	77	72	75	75	70	72	76	82	79	77	99	
Temperature	37.4		37.8		37.7	37.4	38.3	38.3	38.5	38.5	38.1		
CVP	374 total				375(10)		374 total	365	384		378		
ICP/ CPP													
RASS/Goat	-3				-3					-3			
Site													
Sol'n/Med													
total	9	11	9	10	10	10	12	9	12	8	10	10	
total blue	9	11	9	9	10	10	11	9	12	8	10	10	
total kg	11	13	11	12	13	10	7	11	11	9	6	6	
total	74	90	73	76	83	77	94	70	92	63	80	85	
total	3	3	3	3	3	3	1	1	1	1	1	1	
total	75		10	14			80	22			1	28	
Blood products													
PO/Enteral	30												
Flushes	60												
Running total	271	399	504	680	757	861	1064	1182	1305	1290	1497	1625	
Ghest tube #1											5	20	
JP #2											5		
Drains												21.75	
Emesis					200				100			100	
Bowel													
Urine	250	175	100	75	575	330	300	170	150	100	125	125	
Running total	250	425	525	600	1375	1705	2005	2175	2425	2525	2650	2980	
Initial	0	0	0	0	0	0	0	0	0	0	0	0	
Previous 24 hour balance:	-1970						Cumulative balance to date: +2225						

(361)
(1280)



SK UNKNOWN
MRN: RUH 1315031



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

RUH SCH SPH Other

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

DEC 10 2021

Date:

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure												
	Heart rate												
	Invasive monitoring in red												
	Alarms set/checked												
	Levelled												
	Zeroed												
	Resp. rate alarm limits:												
	MAP	83	85	84	86	99	90	87	83	87	91	99	89
	Temperature	38.4	38.5	38.3	38.3	38.1	38.5	38.6	38.4	38.5	38.0	37.9	38
	CVP												
ICP/ CPP													
RASS/Goal	3				3				3				
INTAKE	Site	9	12	9	12	10	10	11	11	9	10	10	9
	Sol'n/Med	Propofol	5	5	7	7	6	10	11	9	10	10	8
	IPN	10	10	10	100	100	90	92	99	85	94	91	83
	Diluted IV Meds	1	1	20	80	1	1	23	1	1	1	20	80
	PO Meds		30										
	Blood products			Albumin 200				Albumin 200				Albumin 200	
	PO/Enteral												
	Flushes		30										
	Running total	1642	1824	2127	2327	2445	2552	2889	3011	3115	3230	3562	3743
	OUTPUT	Chest tube											
Drains JP #1													15
Drains JP #2													5
Emesis						200							50
Bowel Ileo						200							
Urine		125	100	125	175	150	150	155	200	175	175	175	150
Running total		3105	3205	3330	3505	4055	4205	4360	4560	4835	5010	5185	5405
Initial	ab	ab	ab	ab	ab	ab	ab	ab	ab	ab	ab	ab	
24 hour balance:	-1162						Cumulative balance: +563						

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

SK UNKNOWN

MRN: RUH 1315031

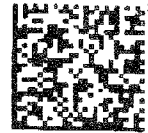
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-23-1961 40y IP V#10521726 M

ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



Date: DEC 10 2021

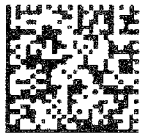
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	24 ATT				24 ATT				24 ATT			
Mask/Nasal prong												
Resp. rate												
SpO ₂	94	93	91	95	94	93	94	93	92	94	94	94
ETCO ₂	40	37	40	39	39	41	37	39	34	25	26	24
FiO ₂	0.30	0.30	0.30		0.30	.30		.30	.30	0.30		0.30
Vent. mode	PRVC	PRVC			PRVC	PRVC		PRVC	PRVC			PRVC
RR vent./spont.	18/22	22	18	20	16/16	22	21	19	18/22	24	23	19/25
Tidal volume vent./spont.	550/592	808	598	638	510/550	650	718	570	581	553	588	570
% minute volume	11.2				10.9	11.1	13.6	10.7	11.1	11.7	12.3	12.6
Peak insp. Pressure	19	26	24	20	24	22	22	22	23	24	27	21
Pressure support												
PEEP/CPAP	14				14	14		14	14	14	14	14
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous	S - Small M - Moderate C - Copious	S white thick	S white thick	S white thick	S white thick						
HOB at	7:30				30				30			
Gastric placement confirmed	✓ S/G				✓ S/G				✓ S/G			
Gastric residual	0				LES				LES			
Pedal pulses:												
0 - Absent												
1 - Weak												
2 - Normal												
Dorsalis pedis	RT 2				1							
LT	2				2							
Posterior tibialis	RT 2				1							
LT	2				2							

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators:	Sensory Perception:	Moisture:	Activity:	Mobility:	Nutrition:	Friction & Shear:	Total Score:
19-23 - No	Ability to respond meaningfully to pressure-related discomfort.	Degree to which skin is exposed to moisture.	Degree of physical activity.	Ability to change and control body position.	Usual food intake pattern.	Ability to move independently or requires repositioning.	
15-18 - Low							
13-14 - Moderate							
10-12 - High							
Less than/equal to 9 - Very high							
Day	1	1	1	1	1	1	6
Night							
Check strategies in place.	<input checked="" type="checkbox"/> Q2h turn schedule	<input type="checkbox"/> Foley	<input checked="" type="checkbox"/> Q2h turn schedule	<input checked="" type="checkbox"/> Q2h turn schedule	<input checked="" type="checkbox"/> Monitoring for adequate intake	<input type="checkbox"/> Slider sheets or repositioning sheet	
Record results in Progress Notes.	<input type="checkbox"/> Rotation	<input checked="" type="checkbox"/> Absorbent pad	<input type="checkbox"/> Rotation	<input type="checkbox"/> Consult PT	<input checked="" type="checkbox"/> Consult dietitian	<input type="checkbox"/> Hips at 'gatch' of bed	
	<input type="checkbox"/> Sport bed	<input type="checkbox"/> Barrier cream	<input type="checkbox"/> Consult OT	<input type="checkbox"/> Consult OT		<input checked="" type="checkbox"/> Mepilex@ sacrum	
						<input type="checkbox"/> Prevalon@ heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 10 2021

Date: _____

Did the patient meet criteria for SPT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	24 ATT				24 ATT				24 ATT			
Mask/Nasal prong												
Resp. rate												
SpO ₂	93	93	93	93	94	95	91	95	96	100	100	98
ETCO ₂	34	31	32	32	32	33	34	33	34	36	35	35
FiO ₂	0.3	0.3			0.3				0.3			
Vent. mode	PRVC (PSV)				PSV				PSV			
RR vent./spont.	28	28	28	28	21	25	30	26	22	24	26	25
Tidal volume vent./spont.	544	509	607	600	557	424	541	620	576	659	586	573
% minute volume												
Peak insp. Pressure	27	29	29	29	29	29	29	25	29	29	27	29
Pressure support		14			14				14			
PEEP/CPAP	14	14			14				14			
ETT/Trach. secretions		Att white sput					II		I			I
HOB at _____°	30				30				30			
Gastric placement confirmed	UG				UG				UG			
Gastric residual	N/A				NA				N/A			
Pedal pulses:												
0 - Absent 3 - Bounding												
1 - Weak D - Doppler												
2 - Normal												
Dorsalis pedis	RT 2/2				2/2				2/2			
Posterior tibialis	RT 2/2				2/2				2/2			

Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec 10 2021 06:41	pt accident can 0730. VSS in assessment. Resident rounded on pt thru the acc rounded on pt thru room safety is completed. ACS made aware of the output wife Andrea @ bedside and given update about O/N shift. pt appears comfortable. Art line very positional and leaky.
06:47	brachial art line drg. old in per policy, it was catheterized in wrong location
06:01	Dr. Ward from ICU @ 06:25 to give po meds. Dr. played back on case 160. Last given @ per per order + maintain fluid balance goal

INTENSIVE CARE UNIT (ICU) FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

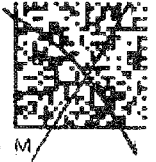
ATN: SCHOONBAERT, IAN

FAM: FRASER, JILLIAN



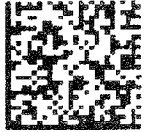
Date: DEC 10 2021

Date/Time	NURSING PROGRESS NOTES (Narrative)
2021 Dec 10 E 1133	assessment unchanged from previous. RR 3. GUS. Eyes opening mod to voice. very occasional head ^{and} and head RLQ. wife remains at bedside. [Signature] RN CCN
E1818	ranch completed. orders rec'd. E 1339 biladid + to long 1hr and ^{no pu orde} replied to it ^{to pu orde} pt remains - comfortable, opening eyes more will monitor. [Signature] RN CCN
E1406	pt tachycardic up to 135 bpm and mmp up to 94. pr tourniquet made aware and mmp ordered to + biladid infusion to 2 mg/hr same dose E 1406. RR 18-22. r-piratory status remains the same and pt doesn't seem agitated. Eyes remaining open for longer and movement of both feet/jankies noted. pt remains in sinus tachycardia. [Signature] RN CCN
E 1420	biladid + back to long 1hr per attending. attending aware of tachycardia + r in mmp. [Signature] RN CCN
E1547	pt spinal temp E 132. Environmentally cooled via room temp + 1U packs to 30C. m.p. Dr. turn made aware, paink ordered and lens collected. [Signature] RN CCN
E 1622	HR up to 140. mmp 100. i. RLW and assessment. will monitor pt. m.p. alan. [Signature] RN CCN
E1630	venous gas sent off central line + 1hr + 7.5% 1hr. [Signature] RN CCN
E1630	assessment unchanged from previous. RR 3. GUS 6-7. EY R I M I. i. ^{impr} impr ^{purposeful} purposeful withdrawing. ^{then} then ^{withdrawing} withdrawing mouth. Eyes not focusing and pt nodding yes or no to questions consistently. HR per down to 116 once pt settled. [Signature] RN CCN
E 1844	abdo drg and vng sterile technique pain drg pt clean. saline cleared and island drg + 2 placed. sternal apparatus d/d. sternal dot hd. ctp removed. cone about looking like it is blocking up (muscular). 2 pieces piece application appearance put on. ^{adulamin} adulamin ^{pt on hold} pt on hold E 1835 no pu orde for tachycardia. pt uppositioned, wife at bedside. m.v. large dot purple hum noted. m.p. attending and R. assessed the base and an away. Base attained. Bunk painful to touch. pr grimaces will monitor. [Signature] RN CCN
2835	Report heard, & pt received into care @ 1930. Initial assessment completed, see flow sheet. Pt opens eyes to words & moving limbs on following directions: bilateral knee abd assessed by u/w/ & Pt Eshay. will continue to monitor. 200ml 25% albumen infused. No wash done. Freq coughing by pt - HR ↓ to 60 while becoming drowsy. Report recovery. Mother in to visit, & updated. A. J. Borell RN Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

DATE/TIME	REMARKS
Dec 10/21 2300	Flaatus present in ostomy bag, + 200 ml liquid brown stool emptied from same - @ bld noted <i>ABN</i>
Dec 11/21 0100	Bruised area on RLG ++ darker, slightly expanded beyond outline. Resident in to assess. BW drawn + sent, ACS resident into assess. Will continue to monitor - A. Bendel <i>ABN</i>
0400	Pt reassessed @ As. - - - - A. B. AN
0615	BW drawn + sent - - - - A. B. AN
0630	Pt coughing, HR ↓ to 35 as bearing down, immediately recovered A. Bendel <i>ABN</i>
0715	1u PRBCs initiated - - - - A. B. AN



RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Admission weight: _____ kg Isolation precautions: _____
Date: DEC 11 2021 Weight: 90-2 kg Family presence on rounds # hrs HOB greater than 30°: _____

Nursing assessment at: <u>0800</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath	
RASS: <u>2</u> CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert	
Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location <u>NTA</u>		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	
Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation	
<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatomite level: _____		Inspired/Expired Anterior Posterior	
GCS: <u>E-A-V</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		B Bronchial breathing	
Eyes open: 4 - Spontaneously <u>3</u> To speech 2 - To pain 1 - None		Crackles	
Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		wh Wheeze	
2 - Incomprehensible sounds <u>1</u> None/ETT/Trach.		↓ Decreased air entry	
Best motor: 6 - Obeys commands <u>5</u> Localize pain		RT LT LT RT	
4 - Semi-purposeful/Withdraws 3 - Flexor response		Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive	
2 - Extensor response 1 - Flaccid/No response		Colour <u>White</u> Amount _____ Consistency _____	
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal	
Pupil size: LT <u>4</u> RT <u>4</u>		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____	
Scale:		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalting Dressing _____	
Muscle strength (Normal/Weak/Absent): RA <u>2</u> RL <u>2</u> LA <u>2</u> LL <u>2</u>		<input type="checkbox"/> ETT # <u>8</u> Type <u>EVG</u> <input type="checkbox"/> Trach. # _____ Type _____	
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated	
HOB: <u>30</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Taped at <u>24</u> cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline	
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____	
EVD: Levelled at _____ cmH2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		Comments: <u>APR 00 14/14 B2-30 PR 25</u>	
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended	
Comments: <u>T-37 (Foley) (cont)</u>		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent	
Arterial pulse:		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ	
0 - Absent		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction	
1 - Weak		Drainage: Colour <u>White</u> Consistency _____	
2 - Normal		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray	
3 - Bounding		Tube depth: <input type="checkbox"/> Marked <input type="checkbox"/> Taped at _____ cm	
D - Doppler		Diel: <u>NPO</u> Tube feed: Type _____ Rate _____ mL/hr	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		<input checked="" type="checkbox"/> Stoma Type <u>IKO</u> Site _____ <input type="checkbox"/> Edema	
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized		Comments:	
<input type="checkbox"/> Pitting - area _____		Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour	
Heart sounds: <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter	
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		Genitalia: Appearance <u>Norm</u> Drainage _____	
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____	
<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Comments: <u>Adaptate anet.</u>	
Vasc. Cath. Art CVC Other Peripheral		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny	
Site <u>LT BRACH R2</u>		Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	
Waveform <u>✓</u>		Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact	
Dressing <u>✓</u> <u>APR</u>		Bed surface: _____ <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint	
Total fluid intake goal:		Wounds: Decubitus/Skin breakdown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record	
IV Rate/hr Site BL Return		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction	
<u>RA @ 10ml/hr</u>		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
<u>Propofol @ 1mg/ml</u>		Wounds:	
<u>Dilaudid @ 1mg/ml</u>		Site Colour Dressing Drainage Drains	
<u>FAN @ 1mg/ml</u>		<u>midline ABD incision - simplest DRG</u>	
<u>AP 150/80</u>		<u>JP #1 - 5cm</u>	
Comments: <u>VIS LAB 100 & electrolytes</u>		<u>JP #2 - 5cm</u>	
		<u>mopikx H2018 x2 KR ABD Red Purple</u>	
		<u>unchanged 2 blue</u>	

Signature/Title: B. Leung RN

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

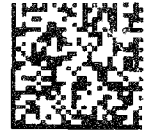
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC-11-2021

Isolation precautions: universal

<p>Nursing assessment at: <u>2000</u></p> <p>RASS: <u>1</u> CAM ICU: <u>UTA</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized</p> <p>Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____</p> <p>Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____</p> <p><input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____</p> <p>GCS: <u>10/11</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Eyes open: 4 - Spontaneously <u>3</u> - To speech 2 - To pain 1 - None</p> <p>Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate</p> <p>2 - Incomprehensible sounds <u>1</u> - None/ETT/Trach.</p> <p>Best motor: <u>6</u> - Obeys commands 5 - Localize pain</p> <p>4 - Semi-purposeful/Withdraws 3 - Flexor response</p> <p>2 - Extensor response 1 - Flaccid/No response</p> <p>Pupils: LT <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed</p> <p>Pupil size: LT <u>3</u> RT <u>3</u></p> <p>Scale: </p> <p>Muscle strength (Normal/Weak/Absent): RA <u>A</u> RL <u>V</u> LA <u>A</u> LV <u>V</u></p> <p>EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable</p> <p>HOB: <u>30</u>° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions</p> <p><input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll</p> <p>EVB: levelled at _____ cm H₂O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed</p> <p>OSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood-tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____</p> <p>Comments: <u>T=38° via Foley; on Dilaudid</u></p>		<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert</p> <p>Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical</p> <p>Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation</p> <p>Inspired/Expired Anterior Posterior</p> <p>Finer/Coarse</p> <p>RT LT LT RT</p> <p>Crackles</p> <p>Wheeze</p> <p>Decreased air entry</p> <p>Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive</p> <p>Colour <u>clear</u> Amount <u>Sm/mod</u> Consistency <u>thin</u></p> <p>Chest-tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal</p> <p><input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage-colour _____</p> <p><input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Dressing _____</p> <p><input checked="" type="checkbox"/> ETT # <u>8.0</u> Type _____ <input type="checkbox"/> Trach. # _____ Type _____</p> <p><input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated</p> <p>Taped at <u>24</u> cm <input checked="" type="checkbox"/> Teeth <input type="checkbox"/> Lips <input checked="" type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline</p> <p><input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____</p> <p>Comments: <u>Spont 16/12.30 RR=24-30</u></p> <p>Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended</p> <p>Bowel sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ</p> <p><input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Continuous suction</p> <p>Drainage: Colour <u>bile</u> Consistency <u>thin</u></p> <p>Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray</p> <p>Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm</p> <p>Diet: <u>NPO</u> Tube feed: Type _____ Rate _____ mL/hr</p> <p><input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>dark red</u> <input type="checkbox"/> Edema</p> <p><input type="checkbox"/> FMS Last BM <u>ileo</u> Colour <u>brown</u> Consistency <u>thin</u></p> <p>Comments: <u>275ml out of ileo in 12hr</u></p> <p>Urine - Colour: <u>pale yellow</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour</p> <p>Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter</p> <p>Genitalia: Appearance <u>@male</u> Drainage <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____</p> <p>Comments: <u>-2350 in 12 hr</u></p> <p>Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny</p> <p>Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic</p> <p>Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact</p> <p>Bed surface: <u>Spit</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint</p> <p>Wounds: Decubitus/Skin breakdown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record</p> <p>NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction</p> <p><input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction</p> <p>Wounds:</p> <p>Site Colour Dressing Drainage Drains</p> <p><u>Midline abdo incision - island disq - Drl</u></p> <p><u>JP#1 - midline upper end of incision - serous drainage</u></p> <p><u>JP#2 - lower midline end of incision - sang drainage</u></p> <p><u>Black fissure/redness @hip - marked - blister x2</u></p>																																																																																		
<p>Arterial pulse:</p> <table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>0 - Absent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 - Weak</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Bounding</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D - Doppler</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged</p> <p>Skin: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal</p> <p>Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized</p> <p><input checked="" type="checkbox"/> Pitting - area <u>feet/ankles/legs bilat</u></p> <p>Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click</p> <p>Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____</p> <p>Rate _____ Mode _____ MA _____ Sensing _____ Capture _____</p> <p><input type="checkbox"/> HABP Site _____ <input type="checkbox"/> Epicardial/wires# _____</p> <p>Vasc. Cath</p> <table border="1"> <thead> <tr> <th>Site</th> <th>Art.</th> <th>CVC</th> <th>Other</th> <th>Peripheral</th> </tr> </thead> <tbody> <tr> <td><u>Brachial @ LU</u></td> <td></td> <td></td> <td></td> <td><u>#18 @ AC</u></td> </tr> <tr> <td><u>Drl</u></td> <td></td> <td><u>Drl</u></td> <td></td> <td><u>#18 @ AC</u></td> </tr> </tbody> </table> <p>Total fluid intake goal: <u>-2 to -3L</u></p> <p>IV</p> <table border="1"> <thead> <tr> <th>IV</th> <th>Rate/hr</th> <th>Site</th> <th>BL Return</th> </tr> </thead> <tbody> <tr> <td><u>BL @ 10mL/hr</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Dilaudid @ 1mg/hr</u></td> <td></td> <td></td> <td><u>medial</u></td> </tr> <tr> <td><u>TPN @ 90mL/hr</u></td> <td></td> <td></td> <td><u>distal</u></td> </tr> <tr> <td><u>NS @ 10mL/hr</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Humuline @ 7units/hr</u></td> <td></td> <td></td> <td><u>proximal</u></td> </tr> </tbody> </table> <p>Comments: <u>sinus tach 100-120bpm; MAP 90-113mmHg</u></p>			RAD	BRACH	FEM	POP	DP	PT	0 - Absent							1 - Weak							2 - Normal							3 - Bounding							D - Doppler							Site	Art.	CVC	Other	Peripheral	<u>Brachial @ LU</u>				<u>#18 @ AC</u>	<u>Drl</u>		<u>Drl</u>		<u>#18 @ AC</u>	IV	Rate/hr	Site	BL Return	<u>BL @ 10mL/hr</u>				<u>Dilaudid @ 1mg/hr</u>			<u>medial</u>	<u>TPN @ 90mL/hr</u>			<u>distal</u>	<u>NS @ 10mL/hr</u>				<u>Humuline @ 7units/hr</u>			<u>proximal</u>	<p>RESPIRATORY</p> <p>GI</p> <p>GU</p> <p>INTEGUMENTARY</p> <p><u>Mediex needs bilat</u></p> <p><u>Mediex coccyx - Drl</u></p>	
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Signature/Title: R. Sude RN



SK UNKNOWN

MRN: RUH 1315031

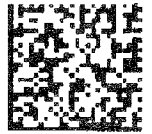
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



RUH SCH SPH Other

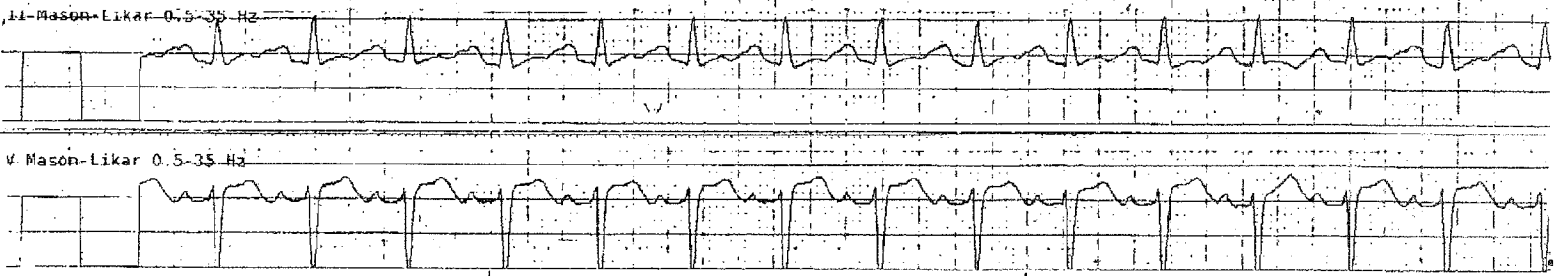
INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date: DEC 11 2021

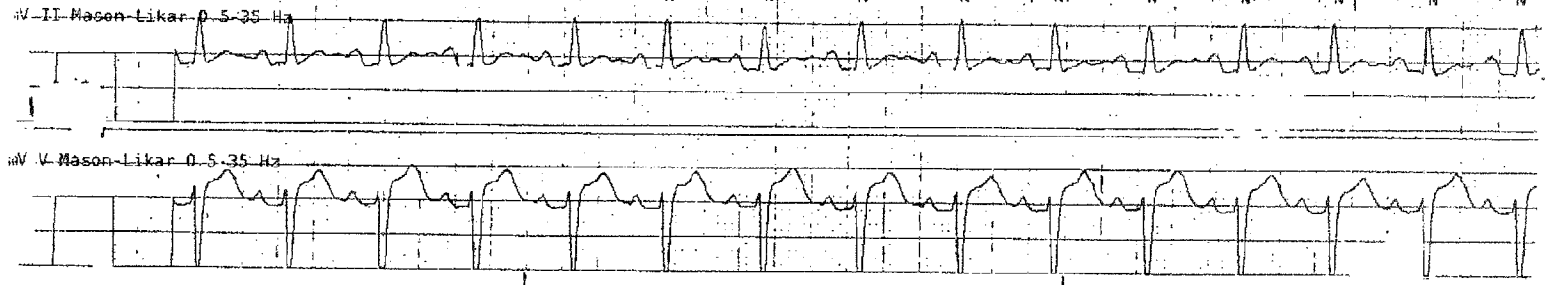
ECG Monitor Record

11/2021 09:50:12 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s HR 112 Sinus Tach PVC 0 SpO2 98 Pulse (SpO2) 110 Perf 0.7 ABP 162/85 (113) PPV



Date: Dec 11/21 Time: 0950 Atrial rate: 112 Vent. Rate: 112 PR interval: QRS complex: QT interval: QTc Interpretation: ST

11/2021 20:11:59 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s Saved strip NSR PR 0.15 QRS 0.11 RR 0.50 QT 0.32 QTc 0.45 (20:12:09)



Date: Time: Atrial rate: Vent. Rate: PR interval: QRS complex: QT interval: QTc Interpretation:

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
✓ - Care given																									
Oral care		✓			✓									✓			✓	✓				✓		✓	
Eye care																									
Bath/Skin assessment																	PIPC						CIPC		
Activity/Repositioned			back		Ⓟ							R		L			R				L		BK		
Mobility step																									
Rotation therapy: % rotation																									
ROM splint/boot (On/Off - R/L)																									
DB&C (D) (IS)																									
Chest percussion (C) Percs. & vibs. (PV)																									
Restraint Record	Restraints Type	wrist x 2											L2												
	Circulation																								
	Care given																								
	Behaviour																								
	Initial																								

Legend Bath: C - Complete S - Self P - Partial PC - Penicare Oral care: B - Brush T - Toothbrush
 Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back
 Restraints Restraints type: V - Vest L - Limb x P - Pinel On at Off at
 Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM
 Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

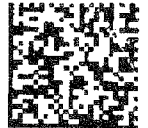
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



DEC 11 2021

Date: _____

TIME 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900

VITAL SIGNS	TIME												
	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
Blood pressure	230												
^	220												
∇	210												
	200												
Heart rate	190												
•	180												
	170												
Invasive monitoring in red	160	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
□ Alarms set/checked	150	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
□ Levelled	140	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
□ Zeroed	130	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
□ Resp. rate alarm limits:	120	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	110	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	100	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	90	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	70	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	60	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	40	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

MAP	99 (109)	112	112	100	106	113	106	103	111	91	113
Temperature	37.8		37.8		37.9		38.1		38.1		38.9
CVP											
ICP/ CPP											
RASS/Goal	-1	0			-1	0			-1	0	

INTAKE	Site	Sol'n/Med	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
		RL		11	12	15	11	11	7	11	2	10	11	8	9
	Propofol		8	8	10	8	7	3	11	2	11	11	-	9	
	Dilaudid														
	TIN		20	26	90	100	96	59	99	100	100	90	90		
	Flum R							1	2	50	7	5	6		
	Meds											5	10		
	Blood products	PK			350										
	PO/Enteral	NPO					NPO				NPO		NPO		
	Flushes														
	Running total		121	580	614	734	849	900	1032	1195	1308	1726	1535	1650	

OUTPUT	TIME												
	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
Chest tube													
Drains													
NG/Emesis													
Bowel													
Urine	25	175	150	300	175	190	125	100	100	400	800	20	
Running total	250	325	475	800	975	1500	1675	1800	2000	2175	2975	4000	
Initial	HT	HT	HT	HT	HT	HT	HT	HT	HT	HT	HT	HT	

Previous 24 hour balance: -1166.2 Cumulative balance to date: +563

-580

Fluid

-2350



SK UNKNOWN

MRN: RUH 1315031

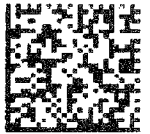
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RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date: DEC 11 2021

TIME 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 0700

VITAL SIGNS		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
Blood pressure	230													
^	220													
v	210													
	200													
Heart rate	190													
	180													
	170													
Invasive monitoring in red	160													
	150													
	140													
Alarms set/checked	130													
	120													
	110													
Levelled	100													
	90													
Zeroed	80													
	70													
Resp. rate alarm limits:	60													
vent	50													
	40													
	30													
MAP		105	102	65	68	91	86	75	84	77	67	79	82	
Temperature (Foley)		38.5	38.6	38.8	38.6	38.2	38.2	38.2	38.2	38.3	38.2	38	38.1	
CVP														
ICP/ CPP														
RASS/Goal		-1				-1								
Site	Sol'n/Med													
CVL	BL	14	8	10	10	11	9	11	10	10	11	10	12	
CVL	NS	14	8	9		11	9	11	10	10	11	10	12	
CVL	Dilaudid	3	1	1	1	2	1	1	1.5	1	1	1	2	
CVL	TPN	114	72	82	87	95	78	97	85	89	90	93	99	
CVL	HUMULIN	10	6	6	6	7	5	5	4	4	4	3	3	
	IV meds		20	48	43								90	
	Propofol			11	5	12	10	12	10	11	13	11	11	
Blood products														
PO/Enteral														
Flushes/Po meds			30.30											
Running total		1800	1975	2142	2294	2421	2524	2650	2760	2875	2994	3112	3329	
Chest tube														
	JP#1												25 (65)	
	Drains JP#2												5 (15)	
	NG/Emesis												250 (350)	
	Bowel (1160)												100 (375)	
	Urine (Foley)	480	235	175	115	170	180	160	105	145	165	135	185	
Running total		4480	4715	4890	5005	5175	5355	5415	5520	5665	5830	5965	6530	
Initial		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	
24 hour balance:		-3201						Cumulative balance: -2638						

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

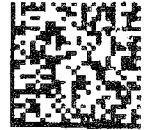
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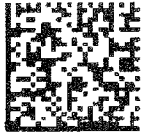
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	24				24				24			
Mask/Nasal prong												
Resp. rate												
SpO ₂	99	99	99	98	99	98	95	95	94	96		96
ETCO ₂	34		34			29	34	34	32	34		
FiO ₂	0.30				0.30			0.30				
Vent. mode	PS/CPAP				PS/CPAP			PS/CPAP				
RR vent./spont	26	26	26	27	26	25	26	27	24	25	24	20
Tidal volume vent./spont.	653	650	650	600	650	750	660	670	650	730		700
% minute volume												
Peak insp. Pressure	28		28		28		28		29	26		
Pressure support	14				14			14	12			
PEEP/CPAP	14				14			14	14			
ETT/Trach. secretions												
HOB at _____°	30				30				30			
Gastric placement confirmed	✓				✓				✓			
Gastric residual	0				0			0				
Pedal pulses:												
0 - Absent												
1 - Weak												
2 - Normal												
Dorsalis pedis	✓				✓				✓			
Posterior tibialis	✓				✓				✓			

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment: Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators:	Sensory Perception:	Moisture:	Activity:	Mobility:	Nutrition:	Friction & Shear:	Total Score:
19-23 - No	Ability to respond meaningfully to pressure-related discomfort.	Degree to which skin is exposed to moisture.	Degree of physical activity.	Ability to change and control body position.	Usual food intake pattern.	Ability to move independently or requires repositioning.	
15-18 - Low							
13-14 - Moderate							
10-12 - High							
Less than/equal to 9 - Very high							
Day	1	1	1	1	1	1	6
Night							
Check strategies in place. Record results in Progress Notes.	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input checked="" type="checkbox"/> Foley <input type="checkbox"/> FMS <input checked="" type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input checked="" type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input checked="" type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 11 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	24ATT				24ATT				24ATT			
Mask/Nasal prong												
Resp. rate												
SpO ₂	94	95	93	93	98	96	95	95	95	93	96	95
ETCO ₂	32	32	33	33	35	33	32	32	33	33	33	33
FiO ₂	.30				.30				.30			
Vent. mode	spont				spont				spont			
RR vent./spont.	26	25	25	25	25	22	22	28	21	27	26	21
Tidal volume vent./spont.	549	670	598	608	654	620	609	771	354	549	854	782
% minute volume												
Peak insp. Pressure	28	29	28	28	28	26	26	26	26	26	26	26
Pressure support	16				16				16			
PEEP/CPAP	12				10				10			
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous	S - Small M - Moderate C - Copious			x1 small clear					x3 mod clear	x1 small clear	
HOB at _____°	30°				30°				30°			
Gastric placement confirmed	ASPT Ausc				ASPT Ausc				ASPT Ausc			
Gastric residual	LCS				LCS				LCS			
Pedal pulses:												
0 - Absent 3 - Bounding												
1 - Weak D - Doppler												
2 - Normal												
Dorsalis pedis	RT 2 LT 2				2 2				2 2			
Posterior tibialis	RT 2 LT 2				2 2				2 2			

Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec 11/2021 (0800)	<p>Received report from offgoing RN. Initial assessment done. Patient sedated - GCS 8/11 Pupils 2-mm bil. Brisk. T. 38° Foleyamp hands restrained @ side. Patient does open eyes spontaneously - ? raised eye brows to just as propofol infusion @ 6.5mg/kg/min. 1/50mg/kg/hr Plan to decrease propofol as tolerated.</p> <p>W3 - SR - ST 110-120 rctopics BP labile 120-150 80-100's (H) Breth. A</p>

INTENSIVE CARE UNIT (ICU) FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

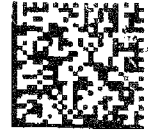
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



DEC 11 2021

Date: _____

Date/Time	NURSING PROGRESS NOTES (Narrative)
	<p>cont'd</p> <p>- Cvs - Minimal IVS electrolytes infusing Diluted infusing to mg/hr from 100ml/hr All 100ml/hr keep AS = 100ml/hr already established AS 100ml/hr (Plants) urea on tolerated keep IVS 14/30 RR=20</p>
	<p>- 30 - CTR - ABD. soft but firm - NGU mid line ABD incision - 2nd day Day 2 2 - JPs - in situ - ABD R Quad - Jejunostomy - Spina Pouch - drainage - skin incision spot. NG to new containers. Turbidity Foley catheter adequate and dry.</p>
0900	<p>Patients wife present to visit - Patient? seem somewhat responsive to wife - "Hard squeeze" R hand 2 - Propofol infusion 50 - 40 mg/kg/day</p>
1030	<p>Dr's Rounds done last evening given @ 40 for diuretics - plan 12-30 Cvs variable 16.2 - on Dr's rounds plan to go to hum & infusion - PIC abandoned</p>
1200	<p>Turned & positioned onto (R) side intubated mid white thick. 17 oral care given</p>
1450	<p>Propofol infusion stopped to wean off. wife to bedside 500 mg propofol infusion</p>
1600	<p>Turned positioned onto (L) side patient awake & more alert wife @ bedside metoprolol 15mg N/G given N/G clamped VD HR 110-115 SpO2 92</p>
1800-1900	<p>Turned positioned to (R) side hum R @ 70ml/hr @ 150ml/hr Diluted @ (mg/hr) RUD 10ml/hr / N/G 15ml T. 38.9 SA = 115-120 - BP = 144-170 PIPV generalized edema 45% / metoprolol 15mg / demerol 5mg 200 @ 75ml dr brown pool secondary stage N/G = 150ml dr. JP #1 serum sent JP #2 50ml sent. Day 2 - P (Plow) R/B Redden / Pouch area 2 Blisters</p>
1900 Brewing 1945	<p>marked. Dr's presence aware. Report given to Dr's orderly HU</p>

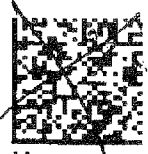
Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 11/21 1947 2000-2040	Report received. Pt received into writer's care — BSRN Safety checks complete. BVM @ HOB, hooked to O ₂ . Suctions working. Attn: parameters checked. Art line level uid/ zoned. IV infusions checked/verified, running as ordered. Wrists restrained bilat, side rails up. Systematic assessment complete, see flow sheet for same. BT in to assess, ↑ PS to 16. ————— BSRN
2055-2110	Labs collected/sent off art line. HS meds given. Pt's mother at bedside. Given update by RN ————— BSRN
2145-2210	Pt's mother visiting at bedside. HR began to ↑ 140s, sinus. Pt more awake. Around 2150, pt swung legs off side of the bed, digging elbows into bed trying to sit up. Denies pain, & responding to writer's commands. Propofol 40mg IV push given. Propofol infusion restarted. Initially @ 100 — ↓ to 60mcg/kg/min. ICU charge nurse paged resident who stopped by Aware of situation. New propofol orders received — BSRN
Dec 12/21 0000-0030	Systematic assessment complete. RASS -1, GCS 10/11. Propofol remains @ 40mcg/kg/min. T=38.2, ice packs to underarms bilat. BGM=7.9, Hum R ↓ 5 units/hr. Remainder of assessment unchanged from previously documented. Pt given a bath, pericare provided. Baby powder applied to underarms. ————— BSRN
0130	Pt repositioned. Calm / cooperative — same ————— BSRN
0145	HR sitting consistently around 98-100bpm ————— BSRN
0212	Humulin R ↓ 4 units/hr for BGM=7.2 ————— BSRN
0400	Systematic assessment complete. Remains unchanged from previously documented. Humulin R ↓ 3 units/hr for BGM=6.9 ————— BSRN
0429	Pt coughing spontaneously. Suctioned x1 for moderate clear secretions. Brady — same then returned to cont. — BSRN



**NURSING
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Dec 17/21 0429	Sinus tach 100-110bpm BSRN
<p>3321-2 Fehr, Richard 1315031 25.0 mm/s ***xBrady 42 <45 HR 42 Sinus Tach PVC 0 SpO2 96 Pulse (SpO2) 99 Perf</p>	
<p>0.5-35 Hz</p> <p>15 Hz</p> <p>0.9 ABP 124/60 (80) TPV -? RR 23 Temp 38.2</p>	
0438	<p>pt continues to cough, putting self into coughing spells, restless, trying to sit up in bed. Propofol ↑ to 60mcg/kg/min to settle pt. BSRN</p>
0630-0700	<p>pt given complete bath. Propofol ↑ to 60mcg/kg/min for same. Back washed. mepilex coccyx DH, skin DH beneath. Remainder of skin on back DH. New pillow cases/ultrasorbs applied. pt repositioned to back. Propofol ↓ to 25mcg/kg/min. New bruising/reddness/? necrotic hssue noted to LLQ where tinzaparin was given last night. "3" in size. Black in the middle, red surrounding. Will continue to monitor BSRN</p>
0747	<p>Report given to oncoming RN BSRN</p>

RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET
 Page 1 of 8

Admission weight: _____ kg Isolation precautions: Universal
 Date: DEC 12 2021 Weight: 86.7 kg Family presence on rounds # hrs HOB greater than 30°: _____

CNS	Nursing assessment at: <u>0800</u>	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath
	RASS: <u>-1</u> CAM ICU: <u>UTA</u> <input type="checkbox"/> Drug induced paralysis <input checked="" type="checkbox"/> Anesthetized	<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location <u>UTA</u>	Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____	Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____	Inspired/Expired Anterior Posterior
	GCS: <u>10/11</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> B Bronchial breathing
	Eyes open: 4 - Spontaneously <u>3</u> To speech 2 - To pain 1 - None	<input type="checkbox"/> Crackles
	Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate	<input type="checkbox"/> Wheeze
	2 - Incomprehensible sounds <u>1</u> - None (ETT) Trach.	<input type="checkbox"/> Decreased air entry
	Best motor: <u>6</u> - Obeys commands 5 - Localize pain	Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive
4 - Semi-purposeful/Withdraws 3 - Flexor response	Colour <u>White</u> Amount <u>sm</u> Consistency <u>thin</u>	
2 - Extensor response 1 - Flaccid/No response	Chest tubes: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal	
Pupils: LT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed	<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____	
Pupil size: LT <u>3</u> RT <u>3</u>	<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalng Dressing _____	
Scale:	<input checked="" type="checkbox"/> ETT # <u>8.0</u> Type <u>evac</u> <input type="checkbox"/> Trach. # _____ Type _____	
Muscle strength (Normal/Weak/Absent): RA <u>N</u> RL <u>N</u> LA <u>N</u> LL <u>N</u>	<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated	
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable	Taped at <u>24</u> cm <input type="checkbox"/> Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline	
HOB: <u>30</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions	<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____	
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll	Comments: <u>Spont Fio2 .30 16/10</u>	
EVD: Levelled at _____ cm H2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed	Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended	
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____	Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent	
Comments: <u>Temp 37.4 PO</u>	<input type="checkbox"/> NG <input checked="" type="checkbox"/> <u>10G</u> <input type="checkbox"/> Small bore <input type="checkbox"/> PG <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ	
Arterial pulse:	<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>(350ml/24h)</u>	
0 - Absent	Drainage: Colour <u>Bic</u> Consistency <u>thin</u>	
1 - Weak	Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray	
2 - Normal	Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm	
3 - Bounding	Diet: <u>NPO</u> Tube feed: Type _____ Rate _____ mL/hr	
D - Doppler	<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>RUQ</u> <input type="checkbox"/> Edema	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged	<input type="checkbox"/> FMS Last BM <u>ileo</u> Colour <u>brn</u> Consistency <u>thin</u>	
Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal	Comments: <u>ileo 375ml/24hr</u>	
Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized	Urine - Colour: <u>Amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour	
<input type="checkbox"/> Pitting - area _____	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter	
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click	Genitalia: Appearance <u>(D)</u> Drainage <u>(D)</u>	
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____	<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CART goal	
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____	Comments: <u>U/D adequate - 3201/-2688</u>	
<input type="checkbox"/> IABP Site _____ <input type="checkbox"/> Epicardial wires # _____	Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny	
Vasc. Cath.	Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	
Site <u>(D) brach (R) W</u>	Mucous membrane: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact	
Waveform <u>✓</u>	Bed surface: <u>TCS</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint	
Dressing <u>D+I D+I</u>	Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record	
Total fluid intake goal: <u>-23-3L/24hr</u>	NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction	
IV	<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
Rate/hr	Wounds:	
Site	Site Colour Dressing Drainage Drains	
BL. Return	<u>JP #1 (10sm) #2 (15sm)</u>	
<u>RL @ 10ml/hr</u>	<u>Midline abdo incision - staples</u>	
<u>Dilaudid @ 1mg</u>	<u>D+I, covered by island ds/g</u>	
<u>TEN @ 90ml/hr</u>	<u>JP sites intact</u>	
<u>Hum R @ 3 units/hr</u>	<u>lg red/black bruising (R) & (L) Flanks</u>	
<u>Propofol @ 25mcg/kg/min</u>	<u>Meperix heels</u>	
Comments: <u>Sinus Tach</u>		

Signature/Title: [Signature] Meperix heels

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

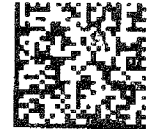
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN

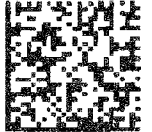


Date: DEC 12 2021

Isolation precautions: Universal

CNS	Nursing assessment at: <u>2000</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath																	
	RASS: <u>-1</u> CAM ICU: <u>UTA</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert																	
	Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																	
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																	
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired Anterior Posterior																	
	GCS: <u>10/11</u> Restraints: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<table border="0"> <tr> <td>B</td> <td>Bronchial breathing</td> <td></td> <td></td> </tr> <tr> <td>wh</td> <td>Crackles</td> <td></td> <td></td> </tr> <tr> <td>↓</td> <td>Wheeze</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Decreased air entry</td> <td></td> <td></td> </tr> </table>		B	Bronchial breathing			wh	Crackles			↓	Wheeze				Decreased air entry		
	B	Bronchial breathing																		
	wh	Crackles																		
	↓	Wheeze																		
		Decreased air entry																		
Eyes open: 4 - Spontaneously <u>(3)</u> To speech 2 - To pain 1 - None		Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive																		
Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		Colour: <u>clear</u> Amount: <u>Small</u> Consistency: <u>thin</u>																		
2 - Incomprehensible sounds <u>(1)</u> None/ETT/Trach.		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal																		
Best motor: <u>(6)</u> Obeys commands 5 - Localize pain		<input type="checkbox"/> Indirect <input type="checkbox"/> on suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____																		
4 - Semi-purposeful/Withdraws 3 - Flexor response		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Dressing _____																		
2 - Extensor response 1 - Flaccid/No response		<input checked="" type="checkbox"/> ETT # <u>8.0</u> Type <u>EVAC</u> <input type="checkbox"/> Trach. # _____ Type _____																		
Pupils: LT <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated																		
Pupil size: LT <u>4</u> RT <u>4</u>		Taped at <u>24</u> cm <input checked="" type="checkbox"/> Teeth <input type="checkbox"/> Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input checked="" type="checkbox"/> Midline																		
Scale:		<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____																		
Muscle strength (Normal/Weak/Absent): RA <u>W</u> RL <u>W</u> LA <u>W</u> LL <u>W</u>		Comments: <u>Spont 14/10, 30 RR=20-30</u>																		
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended																		
HOB: <u>30</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Bowel sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																		
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ																		
-EVB Levelled at _____ on H ₂ O <input type="checkbox"/> Open vent <input type="checkbox"/> Closed		<input checked="" type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction																		
-CSF <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Drainage: Colour <u>tube feed</u> Consistency <u>thin</u>																		
Comments: <u>T=38.3 bladder, on Diltiazid</u>		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray																		
Arterial pulse:		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>50</u> cm																		
	LT	RAD	BRACH	FEM	POP	DP	PT													
	RT																			
0 - Absent																				
1 - Weak																				
2 - Normal																				
3 - Bounding																				
D - Doppler																				
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged	Diet: <u>NPO</u> Tube feed: Type <u>Premole</u> Rate <u>20</u> mL/hr																			
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>dark red</u> <input type="checkbox"/> Edema																			
Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized	<input type="checkbox"/> FMS Last BM _____ Colour <u>brown</u> Consistency <u>liquid</u>																			
<input checked="" type="checkbox"/> Pitting - area <u>feet/legs bilat/hands</u>	Comments: <u>300ml out in 12hr</u>																			
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click	Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour																			
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																			
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____	Genitalia: Appearance <u>male</u> Drainage <input checked="" type="checkbox"/>																			
<input type="checkbox"/> TABP Site _____ <input type="checkbox"/> Epicardial wires # _____	<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																			
Vasc. Cath. Art. CVC Other Peripheral	Comments: <u>-142ml in 12hr</u>																			
Site <u>Brachial @ 11</u>	Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny																			
Waveform <u>(N)</u>	Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic																			
Dressing <u>DH</u>	Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Inlact																			
Total fluid intake goal: <u>-1 to -2L</u>	Bed surface: <u>TC Sport</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																			
IV Rate/hr Site BL Return	Wounds: Decubitus/Skin breakdown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record																			
<u>AL @ 10ml/hr</u>	NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abihera™ <input type="checkbox"/> Incisional _____ mmHg suction																			
<u>Diltiazid @ 1mg/hr</u>	<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																			
<u>Humulin R @ 3 units/hr</u>	Wounds: Site Colour Dressing Drainage Drains																			
<u>TPN @ 90ml/hr - distal</u>	<u>Midline abdo incision - staples - island drsg - DH</u>																			
Comments: <u>Sinus tach 100-130bpm</u>	<u>2x2 Mepilex 2x2 over JPSites</u>																			
	<u>Necrotic tissue/redness LLO/RLQ</u>																			
	<u>Mepilex heels/coccyx bilat - DH</u>																			

Signature/Title: B Seider RN



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

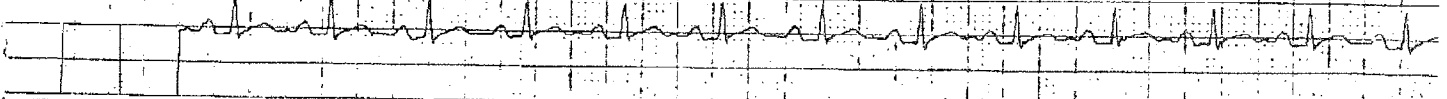
Page 3 of 8

Date: **DEC 17 2021**

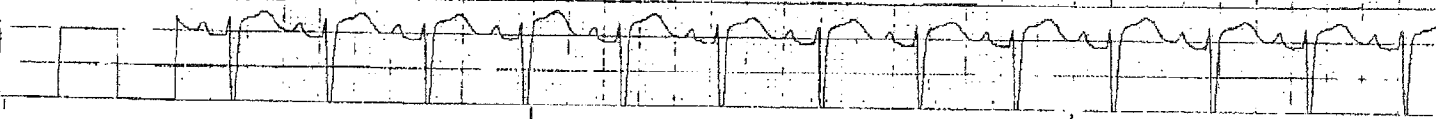
ECG Monitor Record

12/12/2021 08:09:14 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s HR 113 Sinus Tach PVC 0 SpO2 94 Pulse (SpO2) 112 Perf 0.9 ABP 117

1mV-II-Mason-Likar 0.5-35 Hz



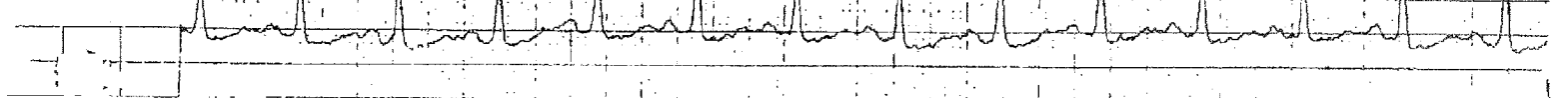
1mV-V-Mason-Likar 0.5-35 Hz



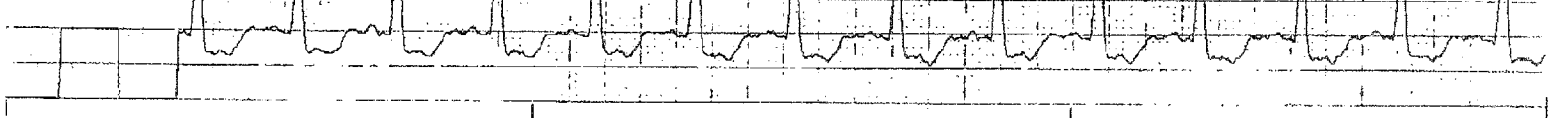
Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:		QTc	Interpretation:		

12/12/2021 19:45:40 3321-1 Yakichuk, Rhoda 25.0 mm/s Saved strip PR 0.16 QRS 0.10 RR 0.56 QT 0.31 QTc 0.41 [19:45:50] HR 107 PVC 0 STin

1mV-II-Mason-Likar 0.5-35 Hz



1mV-III-Mason-Likar 0.5-35 Hz



Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:		QTc	Interpretation:		

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given																								
Oral care	✓		✓		✓		✓		✓		✓		✓	✓		✓		✓					Refused	
Eye care																								
Bath/Skin assessment	(B)	(R)				(L)			(R)			(B) BK		A				L				B R		
Activity/Repositioned																								
Mobility step	(1)												(1)											
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (I/S)																								
Chest percussion (C) Percs. & vibs. (PV)																								
Restraint Record	Restraints Type	Lx																						
	Circulation	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
	Care given	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC
	Behaviour	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Initial	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	

Legend	Bath:	C - Complete	S - Self	P - Partial	PC - Pericare	Oral care:	B - Brush	T - Toothette®		
	Activity:	B - Bedrest	C - Chair	A - Ambulate	D - Dangle	I - Independent	RT - Right	LT - Left	BK - Back	
Restraints	Restraints type:	V - Vest	L - Umb x	P - Pinel	On at	Off at				
	Care given:	S - Skin care	A - Ambulated	FI - Reposition	CC - Constant care	M - ROM				
	Behaviour:	C - Calm	A - Agitated	R - Restless	S - Asleep	CD - Confused	Circulation:	G - Good	F - Fair	P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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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: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC 12 2021

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
VITAL SIGNS	Blood pressure	230												
	^													
	v													
	Heart rate	190												
	•	180												
	•	170												
	Invasive monitoring in red	160												
	Alarms set/checked	150												
	Levelled	140												
	Zeroed	130												
Resp. rate alarm limits: vent	120													
MAP	80	78	77	83	69	76	73	78	73	80	76	85		
Temperature	38.3	38.3	38.2	38.2	38.4	38.4	38.4	38.2	38.2	38.2	38.7	38.7		
CVP	37.4													
ICP/ CPP														
RASS/Goal	-2				1					-1				
INTAKE	Site	RI	9	10	12	9	12	9	10	9	10	8	11	
	Soi'n/Med													
	Dilaudid	1	1	1	1	1	1	1	1	2	1	1	1	
	TPN	81	85	105	81	103	73	93	90	90	73	94	25	
	Hum R	3	3	4	3	3	2	3	3	3	3	3	3	
	Propofol	6	6	8	6	9	6	7	3	3	3	3	3	
	mechs			46						27	27			
	Blood products													
	PO/Entera						20	20	20	20	20	20	20	
	Flushes		60				60					60		
Running total	100	265	441	544	603	834	968	1175	1327	1432	1621	1678		
OUTPUT	Chest tube													
	Drains JP#1													
	JP#2													
	NG/Emesis OG													
	Bowel ileo										300			
	Urine	225	175	225	150	125	100	325	400/175	400	225	215	159	
Running total	225	400	625	775	900	1000	1325	1725	2225	2725	2940	3090		
Initial	Out	Out	Out	Out	Out	Out	Out	Out	Out	Out	Out	Out		
Previous 24 hour balance:	-3201						Cumulative balance to date: -2638							

-1412



SK UNKNOWN

MRN: RUH 1315031

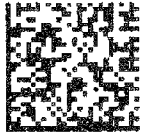
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 12 2021

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure												
	Heart rate												
	Invasive monitoring in red												
	Alarms set/checked		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Levelled	✓											
	Zeroed	✓											
	Resp. rate alarm limits: vent		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	MAP	67	74	76	67	68	65	67	74	76	81	76	71
	Temperature (Foley)	38.3	38.2	38.2	38.2	38.4	38.4	38.3	38.3	38.2	38.2	38.1	38.2
	CVP												
ICP/ CPP													
RASS/Goal	-1				-1				-1				
INTAKE	Site Sol'n/Med												
	CVL Bil	12	9	9	12	11	9	10	12	10	9	11	12
	CVL Dilaudid	2	1	1	2	1	1	1	1	1	1	1	2
	CVL TRN	105	78	78	103	94	81	82	103	88	82	97	99
	CVL HumulinR	4	3	3	4	4	1	3	3	4	4	4	5
	PIV IV meds		20	34	88								90
	Blood products												
	PO (Enteral)	20	20	20	20	20	20	20	20	20	20	20	26
	Flushes / PO meds		30/30			30/30			20	30	20	30/30	
	Running total	1821	2012	2157	2306	2576	2688	2804	2943	3096	3212	3405	3633
OUTPUT	Chest tube												
	Drains												
	NG/Emesis												
	Bowel (ileo)					285							200
	Urine (Foley)	170	135	150	150	175	100	130	150	140	150	175	150
	Running total	3160	3295	3445	3595	3915	4095	4225	4375	4575	4665	4840	5190
Initial	B5	B5	B5	B5	B5	B5	B5	B5	B5	B5	B5	B5	
24 hour balance:	-1557						Cumulative balance: -4195						

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

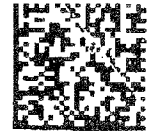
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC 12 2021

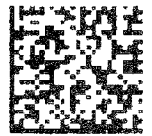
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY													
	08	09	10	11	12	13	14	15	16	17	18	19	
ETT Placement (cm)	24				24				24				
Mask/Nasal prong													
Resp. rate													
SpO ₂	94	93	94	95	94	94	94	95	94	94	95	94	
ETCO ₂	33	33	33	32	31	31	31	31	33	32	34	34	
FiO ₂	.30				.3				.30				
Vent. mode	PS				SP				SPONT				
RR vent./spont.	20	22	21	20	24	23	26	22	21	24	22	24	
Tidal volume vent./spont.	618	608	619	616	539	734	706	733	601	614	623	716	
% minute volume													
Peak insp. Pressure	20	24	24	24	26	24	24	25	25	24	24	24	
Pressure support	16	14			14				14				
PEEP/CPAP	10				10				10				
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious												
HOB at _____°	30°				30				30°				
Gastric placement confirmed	✓				✓				✓				
Gastric residual	CCS				CCS				5mL				
Pedal pulses:	0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal		Dorsalis pedis	RT	LT	2/2		2/2		2/2		2/2	
			Posterior tibialis	RT	LT								

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor score of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night	3	2	1	1	3	2	12
Check strategies in place. Record results in Progress Notes.	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Spont bed	<input checked="" type="checkbox"/> Foley <input type="checkbox"/> FMS <input checked="" type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Monitoring for adequate intake <input checked="" type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input checked="" type="checkbox"/> Hips at 'gatch', of bed <input checked="" type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 12 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	24 ATT				24 ATT				24 ATT			
Mask/Nasal prong												
Resp. rate												
SpO ₂	95	93	94	94	94	95	95	95	95	95	95	95
ETCO ₂	34	34	33	33	33	33	35	35	37	37	36	35
FiO ₂	.30				.30				.30			
Vent. mode	spont			∞	spont				∞			
RR vent./spont.	22	22	22	24	24	22	23	20	22	22	F	22
Tidal volume vent./spont.	472	643	592	554	519	710	586	519	606	747	446	593
% minute volume												
Peak insp. Pressure	24	24	24	24	24	24	24	24	24	24	24	24
Pressure support	14				14				14			
PEEP/CPAP	10				10				10			
ETT/Trach. secretions <small>C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious</small>	x1 small clear			x1 mod clear								
HOB at _____°	>30°				>30°				30°			
Gastric placement confirmed	ASD/ABSC				ASD/ABSC				ASD/ABSC			
Gastric residual	30				5				10			
Pedal pulses: <small>0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler</small>												
Dorsalis pedis	RT 2 LT 2											
Posterior tibialis	RT 2 LT 2											

Date/Time	NURSING PROGRESS NOTES (Narrative)
DEC 12/21 0745	Report received from nightshift RN. Safety checks done, BVM checked, alarm parameters set, pumps verified, art line levelled + zeroed ——— Act
0800	complete systems assessment done - see flow sheet for details. Pt lightly sedated. opens eyes to speech, can move limbs x4 ——— Act
1050	ICU rounds done, orders received + processed, pt's wife present for same. ——— Act

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

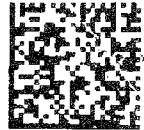
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC 12 2021

Date/Time	NURSING PROGRESS NOTES (Narrative)
1130	CXR done. Pt turned + repositioned. Reassessment done. of clinical sig from previous to note of
1300	Hitt Assay drawn + sent of
1400	Propofol turned to standby. of
1500	Pt awake + calm off propofol. Obeys commands
	X4 limbs. nodding yes/no of
1550	JP x2 removed by RN. Areas cleansed + dressings applied. Midline abdominal dsq also tid, staples clean + dry, well approximated. Cleansed w/ saline + new mepore dsq applied. of
1615	complete systems re-assessment done, RASS -1, GCS 10-11/11. PERL e 3mm bilat. Hemodynamically stable, chest clear, gastric residual 5ml since starting trickle feeds. Pt denies pain, spouse remains e bedside. of
1630	Blister on @sided necrotic area burst. Cleansed w/ saline + mepiud applied to cover of
1930	Report given to oncoming RN of
1947	Report received. Pt received into writer's care of BSRN
2000-2030	Safety checks complete. BVM @ HDB, hooked to O2. Suctions working. Art line levelled/zeroed. Alarm parameters checked. IV infusions running as ordered. Systematic assessment complete, see flow sheet for same of BSRN
2100	Pt's mom at bedside. Given update by writer of BSRN
0000	Systematic assessment complete. Given scheduled Tylenol PR T=38.4. BGM=5.1. Humulin R 1 unit/hr will continue to monitor. Remainder of assessment unchanged from previously documented of BSRN
0200	Pt's mom left. Pt sleeping following of BSRN
0300	Pt's mom called. Given update of BSRN
0400	Systematic assessment complete. GCS=11/11, RASS=-1 too. T=38.2 despite Tylenol. Denies pain. Refused oral care at this time. Remainder of assessment unchanged. Humulin R ↑ 4 units/hr at 0300 for BGM=10.7 of BSRN
0620-0700	Tube feed bag Δ. AM labs collected / sent off art line. Complete bed bath w/ pericare given. New pillow cases/ultrasorb applied. Mepulex coccyx DH. Skin intact beneath. Remainder of back intact no signs of breakdown of BSRN

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: _____ kg Isolation precautions: _____
Date: DEC 13 2021 Weight: 84.6 kg Family presence on rounds # hrs HOB greater than 30°: _____

CVS	Nursing assessment at: <u>0750</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath	
	RASS: <u>1/0</u> CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert	
	Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: <u>0</u>		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation	
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired Anterior Posterior	
	GCS: <u>15/14</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		B <input checked="" type="checkbox"/> Bronchial breathing	
	Eyes open: 4 - Spontaneously <u>3</u> To speech 2 - To pain 1 - None		Crackles	
	Best verbal: <u>5</u> - Oriented 4 - Confused 3 - Inappropriate		wh Wheeze	
	2 - Incomprehensible sounds 1 - None/ETT/Trach.		↓ Decreased air entry	
	Best motor: <u>6</u> - Obeys commands 5 - Localize pain		Adg AIR FIO	
4 - Semi-purposeful/Withdraws 3 - Flexor response		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive		
2 - Extensor response 1 - Flaccid/No response		Colour _____ Amount _____ Consistency _____		
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Hemitic <input type="checkbox"/> Mediastinal		
Pupil size: LT <u>3</u> RT <u>3</u>		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____		
Scale:		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing _____		
Muscle strength (Normal/Weak/Absent): RA <u>W</u> RL <u>W</u> LA <u>W</u> LL <u>W</u>		<input checked="" type="checkbox"/> ETT # <u>#8</u> Type <u>EVAC</u> <input type="checkbox"/> Trach. # _____ Type _____		
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input checked="" type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated		
HOB: <u>30</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Taped at <u>24</u> cm <u>Teeth/Lips</u> <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline		
<input type="checkbox"/> Spinal cord assessment _____ <input type="checkbox"/> Logroll _____		<input checked="" type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____		
EVD: Levelled at _____ cm H ₂ O <input type="checkbox"/> Open/cant. <input type="checkbox"/> Closed		Comments: <u>PS/CPAP PSIM, PEEP10, FIO₂ 30%, RR 22</u>		
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Disended		
Arterial pulse:		Bowel sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent		
0 - Absent		<input type="checkbox"/> NG <input checked="" type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ		
1 - Weak		<input checked="" type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction		
2 - Normal		Drainage: Colour _____ Consistency _____		
3 - Bounding		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray		
D - Doppler		Tube depth: <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Taped at <u>50</u> cm to lips		
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		Diet: _____ Tube feed: Type <u>Protonix</u> Rate <u>25</u> mL/hr		
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>RUA</u> <input type="checkbox"/> Okl. Edema		
Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized		<input type="checkbox"/> FMS Last BM <u>1100</u> Colour <u>Green</u> Consistency <u>liquid</u>		
<input checked="" type="checkbox"/> Pitting - area <u>11 proximal to hips + hands</u>		Comments: <u>ileo - 425ml out in last 12 hrs = ptecks</u>		
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Urine - Colour <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour		
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter		
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____		Genitalia: Appearance <u>(N)</u> Drainage _____		
<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____		
Vasc. Cath. Ar. CVC Other Peripheral		Comments: <u>Foley out - 1725ml in last 12 hours</u>		
Site <u>Lt Brachio</u> <u>Rt IJ</u> <u>#18 to LINC</u> <u>#18 to RIF</u>		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny		
Waveform <u>D+I</u> <u>D+I</u>		Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic		
Dressing <u>D+I</u> <u>D+I</u>		Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact		
Total fluid intake goal: <u>-1 to -2L</u>		Bed surface: _____ <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint		
IV Rate/hr Site BL Return		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - See Wound Care Record		
<u>RL 100ml/hr to medial port - bridge (Blue)</u>		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction		
<u>Dilatoid 100ml/hr to medial port - bridge (Yellow)</u>		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction		
<u>Humulin R 4 units/hr medial port - bridge (Blue)</u>		Site Colour Dressing Drainage Drains		
<u>TRN 90ml/hr to Distal Port</u>		<u>Midline Ant incision = stapled - Drsg D+I</u>		
Comments: <u>Sinus Tach</u>		<u>Heplex x2 over old JP sites D+I</u>		
		<u>Necrotic tissue/Redness - LLA - approx 3 inch x 2 inch</u>		
		<u>Apothec area/blister - RUC - Drsg D+I</u>		

Signature/Title: TJ Jansz Heplex to heels + coccyx - D+I

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESH TAYA, EHAB

FAM: FRASER, JILLIAN



DEC 13 2021

Date: _____

Isolation precautions: Universal

Nursing assessment at: <u>20:15</u>		Respirations: <input type="checkbox"/> No distress <input checked="" type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert																																											
RASS: <u>0</u> CAM ICU: <input type="checkbox"/> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																																											
Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location <u>Abdomen</u> Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																																											
CCC: <u>15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		Inspired/Expired Anterior Posterior Final/Coarse 																																											
Eyes open: <u>4</u> Spontaneously 3 - To speech 2 - To pain 1 - None Best verbal: <u>5</u> Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds 1 - None/ETT/Trach.		Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour <u>White</u> Amount <u>mod</u> Consistency <u>thick</u>																																											
Best motor: <u>6</u> Obeyes commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response 1 - Flaccid/No response		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalng Dressing _____																																											
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		ETT # _____ Type _____ Trach. # _____ Type _____ <input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline <input type="checkbox"/> Ventilated <input checked="" type="checkbox"/> Non ventilated P/F ratio _____																																											
Pupil size: LT <u>3</u> RT <u>3</u> Scale:		Comments: <u>O2 sat 95-96% wld r/o 10L 40 35%</u>																																											
Muscle strength (Normal/Weak/Absent): RA <u>W</u> AL <u>W</u> LA <u>W</u> LL <u>W</u> EEG monitoring: <input checked="" type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>30</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Legroll		Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																																											
EVD: Levelled at _____ cmH2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		<input type="checkbox"/> NG <input type="checkbox"/> OG <input checked="" type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input checked="" type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction Drainage: Colour <u>not assessed</u> Consistency _____																																											
Comments: <u>afebrile 37.7 (oral) seipn</u>		Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Taped at <u>70</u> cm <u>(A) none</u>																																											
Arterial pulse: <table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>0 - Absent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 - Weak</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>2 - Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Bounding</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>D - Doppler</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			RAD	BRACH	FEM	POP	DP	PT	0 - Absent							1 - Weak					2		2 - Normal							3 - Bounding					2		D - Doppler							Diet: _____ Tube lead: Type <u>promate</u> Rate <u>20</u> mL/hr <input checked="" type="checkbox"/> Stoma Type <u>ile</u> Site <u>(R) Quadrant</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
	RAD	BRACH	FEM	POP	DP	PT																																							
0 - Absent																																													
1 - Weak					2																																								
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3 - Bounding					2																																								
D - Doppler																																													
Capillary refill: <input type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <u>< 3 sec</u>		Comments: <u>lapotomy active</u>																																											
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour																																											
Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized <u>Pitting - area R leg + foot; generalized to waist down</u>		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																																											
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<input type="checkbox"/> IABP Site _____ Epicardial wires # _____		Comments: <u>lapotomy appliance changed on day</u>																																											
Vasc. Cath. <table border="1"> <thead> <tr> <th></th> <th>Art.</th> <th>CVC</th> <th>Other</th> <th>Peripheral</th> </tr> </thead> <tbody> <tr> <td>Site</td> <td><u>(L) brach</u></td> <td><u>(R) IJ</u></td> <td></td> <td></td> </tr> <tr> <td>Waveform</td> <td><u>✓</u></td> <td><u>-</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing</td> <td><u>OT</u></td> <td><u>DI</u></td> <td></td> <td></td> </tr> </tbody> </table>			Art.	CVC	Other	Peripheral	Site	<u>(L) brach</u>	<u>(R) IJ</u>			Waveform	<u>✓</u>	<u>-</u>			Dressing	<u>OT</u>	<u>DI</u>			Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Inact																							
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Total fluid intake goal: <table border="1"> <thead> <tr> <th>IV</th> <th>Rate/hr</th> <th>Site</th> <th>BL Return</th> </tr> </thead> <tbody> <tr> <td><u>RL</u></td> <td><u>10 ml/h</u></td> <td><u>(R) IJ - blue</u></td> <td><u>cont inf</u></td> </tr> <tr> <td><u>TPN</u></td> <td><u>50 ml/h</u></td> <td><u>(R) IJ - white</u></td> <td><u>cont inf</u></td> </tr> </tbody> </table>		IV	Rate/hr	Site	BL Return	<u>RL</u>	<u>10 ml/h</u>	<u>(R) IJ - blue</u>	<u>cont inf</u>	<u>TPN</u>	<u>50 ml/h</u>	<u>(R) IJ - white</u>	<u>cont inf</u>	Bed surface: <u>prone</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abihera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																															
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Comments: <u>ST. HR 110 - 115's. Aectomy.</u>		Wounds: <table border="1"> <thead> <tr> <th>Site</th> <th>Colour</th> <th>Dressing</th> <th>Drainage</th> <th>Drains</th> </tr> </thead> <tbody> <tr> <td><u>midline abd.</u></td> <td><u>Drsg D+I</u></td> <td><u>shadowning</u></td> <td></td> <td></td> </tr> <tr> <td><u>Midsternal</u></td> <td><u>shadowning</u></td> <td><u>Drsg D+I</u></td> <td></td> <td></td> </tr> <tr> <td><u>Necrotic tissue - Abd.</u></td> <td><u>Drsg D+I</u></td> <td><u>shadowning</u></td> <td></td> <td></td> </tr> <tr> <td><u>Necrotic tissue Abd</u></td> <td><u>Drsg D+I</u></td> <td><u>shadowning</u></td> <td></td> <td></td> </tr> </tbody> </table>		Site	Colour	Dressing	Drainage	Drains	<u>midline abd.</u>	<u>Drsg D+I</u>	<u>shadowning</u>			<u>Midsternal</u>	<u>shadowning</u>	<u>Drsg D+I</u>			<u>Necrotic tissue - Abd.</u>	<u>Drsg D+I</u>	<u>shadowning</u>			<u>Necrotic tissue Abd</u>	<u>Drsg D+I</u>	<u>shadowning</u>																			
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Signature/Title: [Signature]



RUH SCH SPH Other _____

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

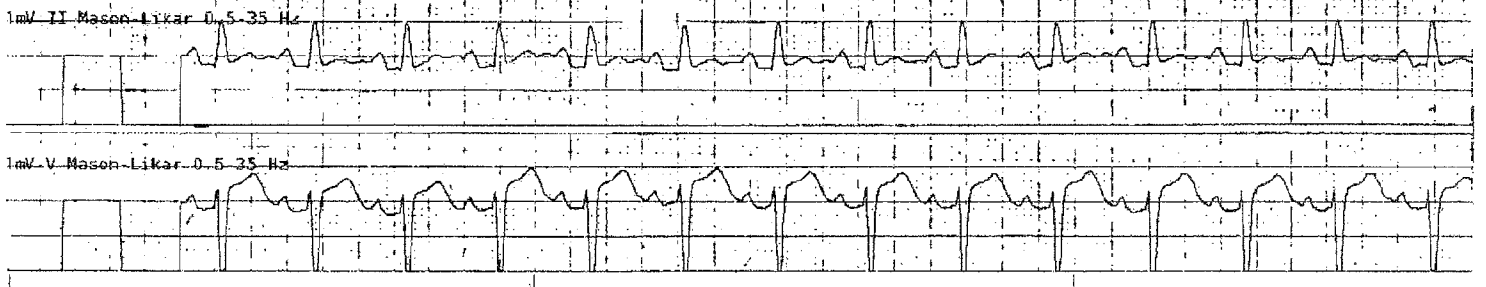
INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date: DEC 13 2021

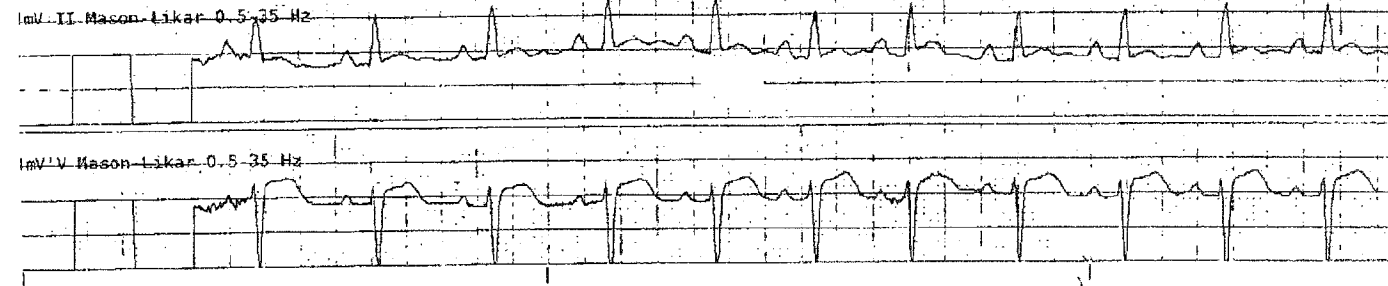
ECG Monitor Record

12/13/2021 07:58:43 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s HR 116 Sinus Tach PVC 0 SpO2 95 Pulse (SpO2) 115 Perf 1.3 ABP 116/64



Date: 13/12/21 Time: 0800 Atrial rate: _____ Vent. Rate: _____ PR interval: .16 QRS complex: _____
QT interval: .24 QTc: _____ Interpretation: Sinus Tachy

12/13/2021 19:55:40 3321-2 Fehr, Richard 1315031 2/23/1981 25.0 mm/s HR 113 Sinus Tach PVC 0 SpO2 97 Pulse (SpO2) 108 Perf 2.5 ABP 11



Date: 2021 Dec 13 Time: 2000 Atrial rate: 113 Vent. Rate: 113 PR interval: .16 QRS complex: .10
QT interval: AD .32 QTc: _____ Interpretation: ST HR 110-115 Ectopy

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
✓ - Care given																									
Oral care	✓			✓			✓	✓		✓			✓						orup		✓	orup		✓	
Eye care																									
Bath/Skin assessment													✓											✓	
Activity/Repositioned												R	R	R	R	Reposd.	B	L	L	L	B	B	R	R	
Mobility step																									
Rotation therapy: % rotation																									
ROM splint/boot (On/Off - R/L)																									
DB&C (D) (VS)																									
Chest percussion (C)																									
Percs. & vibs. (PV)																									
Restraint Record	Restraints Type	wrist wrist wrist wrist wrist wrist wrist wrist wrist wrist wrist wrist																							
	Circulation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Care given																								
	Behaviour	C	C	C	C	C	C							C	C	C	C	C	C	C	C	C	C	C	
Initial	U	U	U	U	U	U							A	A	A	A	A	A	A	A	A	A	A		
Legend	Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toilette Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back Restraints type: V - Vest L - Limb x P - Pines On at _____ Off at _____ Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor																								

INTENSIVE CARE UNIT (ICU) FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

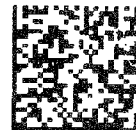
Admit Date: DEC-2-2021

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DEC 13 2021

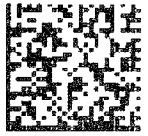
Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure												
	Heart rate												
	Invasive monitoring in red												
	Alarms set/checked	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Levelled	✓											
	Zeroed	✓											
	Resp. rate alarm limits:												
	MAP	79	80	84	85	70	77	72	71	76	78	80	83
	Temperature	38.1	37.8			37.8			38.0				
	CVP												
ICP/ CPP													
RASS/Goal	-1				-1				0				
INTAKE	Site Sol'n/Med												
	CVL RL	11	10	9	11	8	11	11	10	10	10	11	9
	CVL Dilaudid	1	1	1	1	1	off						
	CVL TPN	94	85	83	93	75	82	78	78	67	92	99	90
	CVL Humulin R	4	4	4	4	4	4	off					
	IV meds							49	39				
	Blood products												
	PO (Enteral)	20	20	20	20	20	30	off for extubation					10
	Flushes + Meds		70			65							
	Running total	130	320	437	566	739	866	1004	1125	1202	1304	1414	1523
OUTPUT	Chest tube												
	Drains												
	NG/Emesis												
	Bowel / Ileo							150	150				175
	Urine	125	110	170	150	150	125	155	175	150	240	180	160
	Running total	125	235	405	555	705	830	1135	1460	1610	1850	2030	2365
Initial	19	19	19	19	19	21	21	21	21	21	21	21	
Previous 24 hour balance:	-1557												
Cumulative balance to date:	-4195												

-842

45

1570



RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

DEC 13 2021

Date:

TIME		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure	230												
	^	220												
	v	210												
		200												
	Heart rate	190												
		180												
		170												
	Invasive monitoring in red	160												
	Alarms set/checked	150												
	Levelled	140												
	Zeroed	130												
	Resp. rate alarm limits	120												
MAP	110	75	70	78	72	68	75	78	76	79	70	76	65	
Temperature	100	37.5	37.5	38.3	38.2	37.1	38.1	38.1	38.1	38.1	38.1	36.5	36.5	
CVP	90													
Blood sugar	80			10.1									12.3	
ICP/ CPP	70													
RASS/Goal	60	0				0	0			0			0	
INTAKE	Site Sol'n/Med													
	CVL RL	11	8	17	9	70	11	9	9	10	11	9	70	
	CVL TRN	80	55	70	65	70	68	56	58	60	66	55	62	
	CVL INTRA													
	Blood products													
	PO/Enteral	30	30	30	30	130	140	40	40	40	40	40	150	
	Flushes		60		45	60				30			60	
	Running total	121	274	391	436	725		949	1056		1330		1596	
	Chest tube													
	Drains													
OUTPUT	NG/Emesis													
	Bowel													
	Urine Foley	175		250	75	75	270	110	125	125	125	125	350	
	Running total	175		425	500	575		955	1080		1330		1905	
	Initial													
24 hour balance:		-1145												
Cumulative balance:														

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

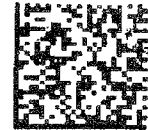
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FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC 13 2021

Did the patient meet criteria for SBT? Yes No Time: 1233-1415

OXYGEN THERAPY												
	08	09	10	11	12IS	13	14	15	16	17	18	19
ETT Placement (cm)	24 to teeth				24 ATT							
Mask/Nasal prong								CPAP		SL	NP	NP
Resp. rate								29	37	44	45	47
SpO ₂	95%	94%	95%	93%	95%	94%	94%	96%	95%	92%	90%	91%
ETCO ₂	35	35	35	33	38	35	34					
FI _O ₂	.30	.30	.30	.30	.30	.30	.30	100%	35	35	6L	16L
Vent. mode	PS/CPAP	PS/CPAP	PS/CPAP	PS/CPAP	PSV	PSV	PS/CPAP					
RR vent./spont.	22	23	24	22	25	27	28					
Tidal volume vent./spont.	587	587	530	535	432	578	497					
% minute volume												
Peak insp. Pressure	24	24	23	22	16	11	11					
Pressure support	14	14	12	12	16	5	5					
PEEP/CPAP	10	10	10	10	10	5	5					
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious											
HOB at	30°				LF side							
Gastric placement confirmed	✓				✓							
Gastric residual	KMP				30ml							
Pedal pulses:	0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal		Dorsalis pedis	RT	✓	✓	✓	✓	✓	✓	✓	✓
			Posterior tibialis	RT	✓	✓	✓	✓	✓	✓	✓	✓
				LT	✓	✓	✓	✓	✓	✓	✓	✓

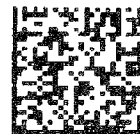
BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day	3	3	1	2	2	2	15
Night	4	3	1	2	3 ^{suboptimal}	2	15
Check strategies in place. Record results in Progress Notes.	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input checked="" type="checkbox"/> Sport bed	<input checked="" type="checkbox"/> Foley <input type="checkbox"/> FMS <input checked="" type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	Moderate



SK UNKNOWN
MRN: RUH 1315031



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

RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 13 2021

Date: _____

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	/		"		/				/			
Mask/Nasal prong	old nets				old nets							
Resp. rate	32	20	36	35	36	35	37	35	34	44	31	33
SpO ₂	96	97	96	95	99	98	95	96	96	97	95	96
ETCO ₂	/	/										
FiO ₂	.35	.35	.35	.35	.35	.35	.35	.35	.35	.35	.35	.35
Vent. mode	/	/										
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume	/	/	/	/	/	/	/	/	/	/	/	/
Peak insp. Pressure	/	/	/	/	/	/	/	/	/	/	/	/
Pressure support	/	/	/	/	/	/	/	/	/	/	/	/
PEEP/CPAP	/	/	/	/	/	/	/	/	/	/	/	/
ETT/Trach. secretions	mal sm white	oral sm white	mal sm white	sm wh	mal sm wh							
HOB at _____°	30 ✓				✓				✓			
Gastric placement confirmed	to stomach				✓				✓			
Gastric residual	30				15						30ml	
Pedal pulses:												
0 - Absent 3 - Bounding												
1 - Weak D - Doppler												
2 - Normal												
Dorsalis pedis	RT 2 LT 2											
Posterior tibialis	RT 2 LT 2											

Date/Time	NURSING PROGRESS NOTES (Narrative)
13/12/21 0815	Pt rechecked into care @ shift L. Report rec'd initial assessment completed @ 0800. See flow sheet for more info. Pt has these redemmed areas to Abd where fingertips were given. Area to Rt side of Abd covered in Mepilex + Dry Wick, all sites perfmed. Lg redemmed area to Lt side of Abd approx 5 inches x 5 inches - a Dk/Black necrotic area in middle of the Red area approx 3 inches x 2 inches. Non blanchable. Pt stated it is not painful to touch. Pt able to follow commands + answer questions appropriately. <i>Refused</i>

INTENSIVE CARE UNIT (ICU) FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

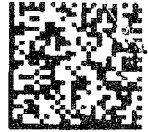
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN

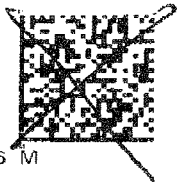


DEC 13 2021

Date: _____

Date/Time	NURSING PROGRESS NOTES (Narrative)
13/12/21 1105	Pt turned + repositioned. Pt tolerated same well. Drsg A/cd to Rt side of Abel. Skin pulling off e Drsg where blister popped. Polysporin + Mepilex border applied applied. Mepilex border applied to Lt side of Abel to protect necrotic area. Pt reluctant to mouth care - JFenster
1150	Pt reassessed, Adq A/E H/O cause ant e exp nubs (Pt lying on Lt side). Stoma remains beefy red + draining thin green liquid e flecks. X other N's from initial assessment. Dt. Ehab in to see pt. turned down pressure support to 6. Pt tolerating same well - JFenster
1210	Rounds completed Pt cont's to tolerate pressure support of 6. VTP 448-590. Dilaudid placed on standby as per D.O. - JFenster
1216	TPN + to 7cm/hr as Tube feed 4'd to 3cm/hr New orders est for 1:1 to 100ml goal - JFenster
1330	ABG drawn. Pt cont's to tolerate SBT well - JFenster
1400	Gag + Cough reflex tested by RT, same appropriate - JFenster
1415	Pt extubated by RT, pr. Esh taya present for same. Pt tolerated well. Mouth suctioned for moderate amt of thick yellow sputum. Sats stayed above 93% during procedure. HR remained elevated 118-130 bpm. RR 36. Wef remained @ bedside - JFenster
1430	Pt remains in high fevers, tachypnoea @ 30-34. Sats 95% on 10L. ABP 119/61 MAP 82 HR 112. Pt diaphoretic. - JFenster
1435	Anti chest cause for Adq A/E H/O Lt side, + A/E to Rt base, grants at nubs noted to Pt mid lobe - JFenster
1450	Mouth care provided e pt's request - JFenster
1500	Hematology in to see pt, Lt skin wound reassessed e polysporin + Abel - JFenster
1530 Dec 13/21	Pt tolerated ice chips, yankers provided - pt yankers self. - JFenster
1600	Pt reassessed. Anti chest cause per Adq A/E H/O Lt side, + to base on Rt side. Pt has productive cough + suctioning appropriately. Tolerating ice chips. Remains Tachypnoea 28-46 bpm. X to Abel or Drsg's. Stoma beefy red + producing liquid brown/green stool. Peripheral pulses strong. Wife - JFenster

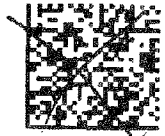
Continued on Progress Record Nursing (form #101434)



NURSING
PROGRESS RECORD

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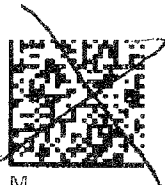
DATE/TIME	REMARKS
13/12/21 @ 1600	-cont'd) remains @ bed side § — 1600
1630	Swallowing assessment performed. Pt unable to drink 3oz continuously, but coughed @ the end. Will assess again in 1hr. Pt repositioned before swallowing assessment — 1600
1650	Drsg's D'ol to art line + CVC — 1600 (Late entry for 1200) peripheral IV sites removed as same locked infected. Purulent discharge, Large amt drained/milked from IV from Rt ACF (propofol was infusing to this site) — Dr. Eshtaya helped w/ same in rounds — 1600
1712	Dilaudid using IV push given for cont's ↑ RR pt cont's to deny pain — 1600
1820 Dec 13/21	Attempt #2 + #3 — critical care swallow screen, pt failed (coughing + sputtering + intake of reg fluids). Small bore NG inserted @ nose @ 7cm ATN. awaiting Xray to confirm placement. #7 tolerated well.
1900	Pt placed back on cold Neb @ 35% PO_2 for sat's 88% + preoxygenated ↑ RR — 1600 Tube feed initiated @ 3cm/hr. Koo feeding tube placement is confirmed to use — 1600 Pt turned + repositioned, tolerated same well. Requested analgesic, same given — 1600
2021 Dec 13 / 2035	Round pt to care ~1947H. safety checks at bedside completed. Physical assessment completed and documented. ke flowchart: BCS 15. but inconsistent orientation. & date. good hand grasp + foot but unable to move limbs. weak voice but able to say short sentences clearly. good swallowing muscle tone. Strong cough. yellowish



**NURSING
PROGRESS RECORD**

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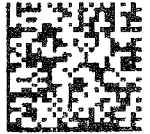
DATE/TIME	REMARKS
2021 Dec 13 2215	Hydromorphone 0.5 mg IV given. Resp rate 35-40/min. pt denies difficulty breathing. O2 sat 96-97% on current settings. FiO2 35%. cold abs. pt denies pain. Mom present at bedside. voiced concerns. su in to see mom re: completing insurance papers. z/donker
2021 Dec 13 2245	Hydromorphone 1mg IV. Resp 30-35/min. no appear on any distress. Oral coughing & white thick secretions. Anterior chest sounds mostly clear; IAE to bases R > L. z/donker
2300	Wife updated on the phone. Mom still present at bedside. Made aware, as per charge nurse that visiting hours over. z/donker
Dec 14 2021 0115	pt c/o pain "allover" mid with delaudid Mom phoned updated on condition. no further questions. z/donker
2021 Dec 14 0330	pt sleeping. Appears comfortable. Resp 30-35/min. oral coughing. Requiring assistance on oral suctioning. Remains warm to touch. Oral temp 37.5. z/donker
2021 Dec 14 0335	Hydromorph 1mg IV given for generalized discomfort. Resp ↑ 35-40/min. HR ↑ 110's. pt repositioned. Denies difficulty breathing/ shortness of breath. z/donker
0400	Reassessment: pt sleeping but sounds easy to environmental noise. Settled afterwards. Reported hydromorph helping. Anterior chest sounds revealed IAE to bases. Resp rate at times < 35/min. SR & ectopy. HR 95-110's. z/donker ^{mom} z/donker ileostomy active. Tolerating tube feed well. su/n/v. voiding QS. neutral balance. z/donker



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
20/Dec/21 10535	Hydromorphone 1.5mg IV given. Resp rate <45 /min. O2sat 94-95% PO_2 35%. Pt reported \neq effort to breathe. HR <110 's/min. Chest sounds on auscultation anteriorly mostly \neq AE to lower lobes. \neq \approx 73.0°.
20/Dec/21 10045	Bld work collected and sent. Zydolonev -
10046	Reassessment: \neq CS Hard grasp good. Weak movement to all extremities. Able to verbalize short sentences. Discomfort to throat. \neq \neq Reassessed discomfort. Repositioned. \neq ST \neq PAs. HR <115 /min. \neq chest pain / discomfort. \neq to all extremities adequate. \neq anterior chest sounds clear \neq & AE to base - move to \neq lower lobe. Oral cough \neq white secretions. See Ventilation flow sheet. Resp <35 /min. \neq Taped \neq 20ml BLH. Residual <75 ml. \neq \neq tender. Blood sugar 12.1 mmol/L. Insulin 2u/h initiated as ordered. \neq active. \neq \neq fluid balance. Int: midline \neq \neq Drsg x II to necrotic injection sites R+L Abd - D+T. wound bed \neq drainage. Turned and repositioned as charted. Zydolonev/RA



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Admission weight: _____ kg Isolation precautions: universal
Date: DEC 14 2021 Weight: 83.2 kg Family presence on rounds # hrs HOB greater than 30°: _____

Nursing assessment at: <u>0815</u>		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath	
RASS: <input type="0"/> CAM ICU: <u>029</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert	
Pain present: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes - location <u>abdomen</u>		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	
Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation	
<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired _____ Fine/Coarse _____	
GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		B Bronchial breathing	
Eyes open: <input checked="" type="4"/> Spontaneously 3 - To speech 2 - To pain 1 - None		Crackles	
Best verbal: <input checked="" type="5"/> Oriented 4 - Confused 3 - Inappropriate		wh Wheeze	
2 - Incomprehensible sounds 1 - None/ETT/Trach.		↓ Decreased air entry	
Best motor: <input checked="" type="5"/> Obeys commands 5 - Localize pain		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Non productive <input checked="" type="checkbox"/> Productive	
4 - Semi-purposeful/Withdraws 3 - Flexor response		Colour: <u>clear</u> Amount: <u>small</u> Consistency: <u>thick</u>	
2 - Extensor response 1 - Flaccid/No response.		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal	
Pupils: LT - <input checked="" type="1"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed RT - <input checked="" type="1"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____	
Pupil size: LT <u>2</u> RT <u>2</u>		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Dressing _____	
Scale:		<input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach. # _____ Type _____	
Muscle strength (Normal/Weak/Absent): RA <u>N</u> RL <u>N</u> LA <u>N</u> LL <u>N</u>		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder <input type="checkbox"/> Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated	
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline	
HOB: <u>30</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____	
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <u>SpO2 98% on 35% cold neb</u>	
EVD: Levelled at _____ cmH2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended	
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent	
Comments: <u>Emp 377, PRN Dilaudid given</u>		<input type="checkbox"/> NG <input type="checkbox"/> OG <input checked="" type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ	
Arterial pulse:		<input checked="" type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction	
0 - Absent		Drainage: Colour _____ Consistency _____	
1 - Weak		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray	
2 - Normal		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at _____ cm	
3 - Bounding		Diet: <u>NPO</u> Tube feed: Type <u>Proton</u> Rate <u>50</u> mL/hr	
D - Doppler		<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>RLQ</u> <input type="checkbox"/> Edema	
Capillary refill: <input checked="" type="1"/> Brisk <input type="checkbox"/> Prolonged		<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		Comments:	
Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized		Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour	
<input type="checkbox"/> Pitting - area _____		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter	
Heart sounds: <input checked="" type="1"/> S1 <input checked="" type="1"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Genitalia: Appearance _____ Drainage _____	
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____	
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____		Comments:	
<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Skin turgor: <input checked="" type="1"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny	
Vasc. Cath. _____ Art. _____ CVC _____ Other _____ Peripheral _____		Colour: <input checked="" type="1"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	
Site _____		Mucous membranes: <input checked="" type="1"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact	
Waveform _____		Bed surface: <u>spont</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint	
Dressing _____		Wounds: Decubitus/Skin breakdown <input checked="" type="1"/> No <input type="checkbox"/> Yes - See Wound Care Record	
Total fluid intake goal:		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction	
IV _____ Rate/hr _____ Site _____ BL Return _____		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
RL e 100mls/hr		Wounds:	
Hum Re 2 units/hr		Site _____ Colour _____ Dressing _____ Drainage _____ Drains _____	
TPN e 50mls/hr		midline, meppole del. Incision well	
Comments:		approx 100% healthy ileo appearance	
		del meppole to RLQ del ABD to LLQ	
		del. Nephic area, 2 baseball size r	
		reddened rash borders.	

Signature/Title: [Signature]
RN

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

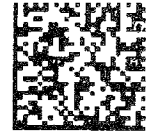
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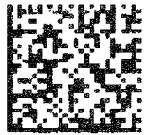


Date: DEC 14 2021

Isolation precautions: universal

Nursing assessment at: <u>2021</u> RASS: <u>0</u> CAM ICU: <u>0</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes - location <u>generalized</u> Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: <u>1</u> <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatomes level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation	
GCS: <u>14-15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: <u>6</u> Spontaneously 3 - To speech 2 - To pain 1 - None Best verbal: <u>5</u> Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds 1 - None/ETT/Trach. Best motor: <u>6</u> Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response 1 - Flaccid/No response		B Bronchial breathing Anterior Posterior Crackles wh Wheeze ↓ Decreased air entry	
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>3</u> RT <u>3</u> Scale:		Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour <u>white</u> Amount <u>mod</u> Consistency <u>Hum</u>	
Muscle strength (Normal/Weak/Absent): RA <u>W</u> RL <u>W</u> LA <u>W</u> LL <u>W</u> EEG monitoring: <input checked="" type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>30</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input checked="" type="checkbox"/> Tidaling Dressing _____	
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Comments: <u>old reb FiO2 35%, O2 Sat 96-98%</u> Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent	
Comments: <u>Afebrile 37.4 (oral)</u>		Comments: <u>old reb FiO2 35%, O2 Sat 96-98%</u>	
Aerial pulse 0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler		NG <input type="checkbox"/> OG <input checked="" type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input checked="" type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction Drainage: Colour <u>creamy white</u> Consistency <u>Thickened</u> Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>70</u> cm @ <u>nares</u> Diet: <u>Promote</u> Tube feed: Type <u>Promote</u> Rate <u>70</u> mL/hr	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged <u><3 sec</u> Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area <u>@ leg + feet</u> Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Stoma Type <u>ileostomy</u> Site <u>R L Q</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____ Comments: <u>stoma beefy red. ileostomy active - strong</u>	
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____		Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour _____ Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter Genitalia: Appearance <u>intact</u> Drainage <u>0</u> <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____	
IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Comments: _____	
Vasc. Cath. Art. CVC Other Peripheral Site _____ <u>(R) IJ</u> _____ Waveform _____ Dressing _____ <u>O I, with heathly</u>		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: <u>progressive</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
Total fluid intake goal: IV Rate/hr Site BL Return <u>R/L 10ml/h (R) RT</u> <u>card info</u>		Wounds: Site Colour Dressing Drainage Drains <u>abd midline Drsg DJ. shadowing</u> <u>(L) Q Abd red + necrotic Drsg DJ. drainage</u> <u>(R) LQ Abd Drsg DJ. drainage - shadowing</u> <u>neul x ii Drsg DJ. protective drsg.</u>	
Comments: <u>Denies chest pain/discomfort. off telemetry. HR 107-110's.</u>		Comments: <u>(R) LQ Abd Drsg DJ. drainage - shadowing</u> <u>neul x ii Drsg DJ. protective drsg.</u>	

Signature/Title: [Signature] member work OI.



RUH SCH SPH Other _____

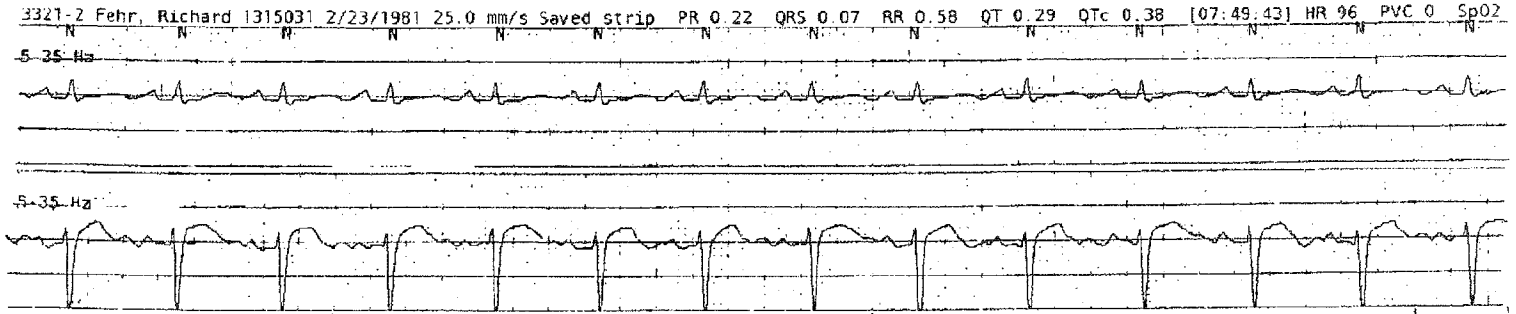
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: _____

DEC 14 2021

ECG Monitor Record



Date: Dec 14/21 Time: 0750 Atrial rate: _____ Vent. Rate: 96 PR interval: 0.22 QRS complex: 107
 QT interval: 0.29 QTc _____ Interpretation: _____

Date: 2021 Dec 14 Time: 2000 Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
 QT interval: _____ QTc _____ Interpretation: off monitor

		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
✓ - Care given																										
Oral care		✓												✓						✓	✓			✓		
Eye care																										
Bath/Skin assessment																										
Activity/Repositioned		RT	LT		BK	RT	LT							B	R	R	R	R	L	L	LR	R	R	R	B	
Mobility step																										
Rotation therapy: % rotation																										
ROM splint/boot (On/Off - R/L)																	ROM					ROM				
DB&C (D) (I/S)																										
Chest percussion (C) Percs. & vibs. (PV)																										
Restraint Record	Restrains Type																									
	Circulation																									
	Care given																									
	Behaviour																									
Initial																										
Legend	Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothpaste Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back Restraints type: V - Vest L - Limb x P - Pinet On at _____ Off at _____ Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor																									

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 4 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



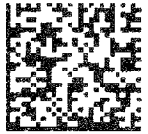
Date: DEC 14 2021

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
VITAL SIGNS	Blood pressure	230	220	210	200	190	180	170	160	150	140	130	120	110
	Heart rate	170	160	150	140	130	120	110	100	90	80	70	60	50
	Invasive monitoring in red													
	Alarms set/checked		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Levelled													
	Zeroed													
	Resp. rate alarm limits		60	60	60	60	60	60	60	60	60	60	60	60
	MAP	88	80	87	81	78						84		
	Temperature	37.7			37.9					37.1	37.9			
	CVP													
ICP/ CPP														
RASS/Goal														
INTAKE	Site	RL	RL	RL	RL	RL		20	68	12	8	15	6	
	Hum R	2	2	2	2	2		4	2	2	2	3	1	
	TPN	54	40	51	57	44		10	45	47	31	32		
	Blood products													
	PO/Enteral	50	50	50	50	50	50	60	60	60	60	60	60	
	Flushes		60			60					60			
	Running total	117	377	401	521	686	736	830	1005	1126	1227	1397	1463	
	Chest tube													
	Drains													
	NG/Emesis													
OUTPUT	Bowel	Ueo				150				350		200		
	Urine	30	175	210	150	125	125	150	180	185	125	125	140	
	Running total	30	205	415	565	690	815	965	1115	1295	1480	1655	1795	
	Initial	K1	K1	K1	K1	K1	K1	K1	K1	K1	K1	K1	K1	
	Previous 24 hour balance:		-1145											
Cumulative balance to date:														

(-154)

(957)

(-11603)



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

DEC 14 2021

Date: _____

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	
VITAL SIGNS	Blood pressure	230	220	210	200	190	180	170	160	150	140	130	120	110
	Heart rate	110	105	100	100	100	100	100	100	100	100	100	100	100
	Invasive monitoring in red													
	Alarms set/checked		✓								✓			✓
	Levelled													
	Zeroed													
	Resp. rate alarm limits:													
	MAP		84								80			87
	Temperature		37.3 (oral)			38.1 (urinary)					37.5			
	CVP													
Blood sugar			9.7											
ICP/ CPP														
RASS/Goal		0/0				0				0				
INTAKE	Site													
	Sol'n/Med													
	R/L	10	8		50	47	10	11	17	6		20	72	
	Blood products													
	PO/Enteral	70	70	70	70	70	180	80	80	80	80	80	80	
	Flushes			60		60				30			60	
	Running total	80			408	60				979			2834	
	Chest tube													
	Drains													
	NG/Emesis													
Bowel		ileostomy												
Urine	125		8	325	200		650	175	110	150		100		
Running total	125			450	650			1615	1765			4610		
Initial	70	70	70	70	70	70	70	70	70	70	70	70		
24 hour balance:														
Cumulative balance:														

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC 14 2021

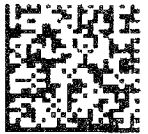
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)												
Mask/Nasal prong	35% COINB		NP SL	COINB					35% COINB			
Resp. rate	38	28	40	38	38		32	30	32	34		38
SpO ₂	99	98	92	94	98	97	97	97	97	97	98	96
ETCO ₂												
FiO ₂												
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious											
HOB at <u>30</u> °	30				30				30			
Gastric placement confirmed	✓				✓				✓			
Gastric residual	250				200				240			
Pedal pulses:	0 - Absent 3 - Bounding		Dorsalis pedis	RT								
	1 - Weak D - Doppler		Posterior tibialis	RT								
	2 - Normal			LT								

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to <u>moisture</u> .	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night	4	3	1	2	3 <i>subjected</i>	2	15
Check strategies in place. Record results in Progress Notes.	<input checked="" type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Spout bed	<input checked="" type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input checked="" type="checkbox"/> Revalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 14 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)	/				/				/			
Mask/Nasal prong	cold nose				cold nose				cold nose			
Resp. rate	30		28		30				35			30-35
SpO ₂	94	95	96	98	98	98	99	100	100	99	96	100
ETCO ₂												
FiO ₂	.35	.35	.35	.35	.35	.35	.35	.35	.35	.35	.35	.35
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous	S - Small M - Moderate C - Copious	mal white small	mal white med	mal white med				8MA white			SM wh
HOB at <u>30</u> °	✓				✓				✓			✓
Gastric placement confirmed	✓ to Duod				/				✓			✓
Gastric residual	55ml				150ml				85			200
Pedal pulses:	Dorsalis pedis	RT	LT									
0 - Absent	3 - Bounding	RT	LT	2	2				2	2		2
1 - Weak	D - Doppler	Posterior tibialis	RT	LT	2	2			2	2		2
2 - Normal				2	2				2	2		2

Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec 14/21 0730	Report received from night nurse. Pt received into CCIC - KIRN
0815	Initial assessment complete. Dulacodid 1mg IV given @ 0810 hrs for abd pain. Gen Surg team into see pt. See flowsheet for assessment findings - KIRN
0930	PT's wife in to visit. Update given - KIRN
0935	O ₂ ↓ 5L/NP. Will continue to monitor - KIRN
1000	Pt placed back on cold nebe 35%. Sats ↓ 91% - KIRN

INTENSIVE CARE UNIT (ICU) FLOW SHEET



Date: **DEC 14 2021**

SK UNKNOWN

MRN: RUH 1315031

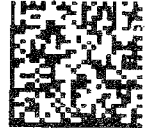
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec 14/21 1115	Rounds completed in ICU team. Orders received. EEG monitoring. Pld. Physio in to see patient. Pt dangle @ bedside x 5 minutes. Pt tolerated very well. Bilateral 0.5mg IV given for abd pain. Pt settled back to bed in cardiac chair. Pts wife @ bedside. TE/RN
1230	Assessment completed. Pt sitting up in bed watching hockey & wife. LS clear to bilateral upper lobes & to bases & fine crackles. O ₂ remains @ 35%. cold reb BS active to bilateral lower quads. ABG drawn @ art line. Pld. @ concerns — TE/RN
1300	Pt to CT - for CT abd Pelvis — TE/RN
1530	Disg to UQ changed. Necrotic area/Buster intact. @ drainage. Area mark = skin marker. Necrotic area ~ 4" wide. Polysporin applied. Wound covered @ 1x8 gauze. @ tpe. Mepore to abd disg changed. Wound well approximated. Surgical staples intact & healthy. ME New mepore applied. Mepore to ME RLQ removed for small amt & has drainage. Necrotic area marked & remains in line. Polysporin applied. Necrotic area has @ 1" skin tag. New Mepoxy applied. Ileostomy appliance d. Bag removed to assess stoma. Stoma pink & healthy. Bag trapped. TE/RN
1615	Gen Surg in to update pts wife on CT results. Pt settled @ sleeping @ concerns — TE/RN
1720	Assessment completed. @ changes notd — TE/RN
1930	Report given to oncoming RN — TE/RN
2020	Recd pt to care ~ 1930H. Bedside safety check completed. Physical assessment completed and documented. FE flow sheet. <u>MS</u> : Equal hand grasp but unable to reposition arms + legs. ... Able to speak clearly but only short sentences. Discomfort to throat. <u>INT</u> : Brushing to (R) medial calf. @ Redness to groin & closer to necrotic area @ abd area area x 2. Yellowish
2021 Dec 14 / 2145	Hydromorphone 1mg IV given for complaint of generalized discomfort. Pt turned and repositioned. @ open area noted to back. Mom present at bedside. Yellowish

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 TM

ATN: ESHTAYA, EHAB

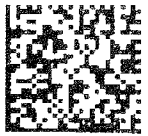
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
2021 Dec 14 2230	Hydromorphone 1mg IV given. CPOT 1-2. Resp <35/min. O2 sat 96%. HR 110-115. <i>zydburka</i>
2350	PT sleeping. Mom left at bedside. <i>zydburka</i>
2400	House easy environmental noise. Hated he felt perted. Slow to speak. Hoarse voice. Pilled to sleep afterwards. PT trying to move extremities. assisted ROM to arms + legs performed. Reported tenderness. No significant physical changes noted. <i>zydburka</i>
2021 Dec 15 0145	Requested ice chips to moisten mouth and suctioning afterwards. attempted to position up of water. coughing noted afterwards. ileostomy bag leaked. Appearance changed. Stoma beefy red. active for watery stool-brown + air. <i>zydburka</i>
0355	Hydromorphone 1mg IV given. PT reported generalized discomfort. Repositioned in bed. On + off sleeping since 0300H. Chest coughing. productive white secretions. <i>zydburka</i>
0400	Reassessment. Significant physical change noted. PT reported analgesia helping.
0630	Poor sleep since 0300H. Reassessment. CMS: improving mobility/movement to extremities. More to (R) side than left. Afebrile. CMS: HR <110/min. Denies chest pain/ discomfort. Pulses - radial palpable. Warm to touch. Resp: extensively chest sounds mostly LAE to bases. Oral congested w/ugh. Productive white secretions. Tolerating cold air. Denies difficulty breathing - cont -



RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 6

Admission weight: _____ kg Isolation precautions: Universal Preca.
Date: DEC 15 2021 Weight: 82.7 kg Family presence on rounds # hrs HOB greater than 30°: _____

delanded PRN helping

Nursing assessment at: RASS: <u>0</u> CAM ICU: <u>(-)</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes - location <u>To abd & palpation</u> Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: <u>2-3/10</u> <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																						
GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: <input checked="" type="checkbox"/> Spontaneously 3 - To speech 2 - To pain 1 - None Best verbal: <input checked="" type="checkbox"/> Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds 1 - None/ETT/Trach.		B Bronchial breathing Crackles wh Wheeze ↓ Decreased air entry																						
Best motor: <input checked="" type="checkbox"/> Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response 1 - Flaccid/No response		Inspired/Expired Anterior Posterior 																						
Pupils: LT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>3</u> RT <u>3</u> Scale:		Cough: <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour <u>clear/white</u> Amount <u>sm</u> Consistency <u>thick</u>																						
Muscle strength (Normal/Weak/Absent): RA <u>W</u> RL <u>W</u> LA <u>W</u> LL <u>W</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: _____ ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Medial/lateral <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravidly <input type="checkbox"/> Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing _____ <input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach # _____ Type _____ <input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder <input type="checkbox"/> Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline <input type="checkbox"/> Ventilated <input checked="" type="checkbox"/> Non ventilated P/F ratio _____																						
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Comments: <u>35 CAL SpO2 97-100%</u> Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent <input type="checkbox"/> NG <input type="checkbox"/> OG <input checked="" type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <i>gastro ves 200-300ml</i> <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction <i>PRN 9:30, 9:1</i> Drainage: Colour _____ Consistency _____ <i>24hrs with HFO</i>																						
Arterial pulse: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding 4 - Doppler		Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>70</u> cm (goal)																						
<table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>LT</td> <td>2</td> <td></td> <td></td> <td></td> <td>3</td> <td></td> </tr> <tr> <td>RT</td> <td>2</td> <td></td> <td></td> <td></td> <td>2</td> <td></td> </tr> </tbody> </table>			RAD	BRACH	FEM	POP	DP	PT	LT	2				3		RT	2				2		Diet: <u>ice chips</u> Tube feed: Type <u>promote</u> Rate <u>90</u> mL/hr <input checked="" type="checkbox"/> Stoma <u>WFA</u> Site <u>appliance to ilea</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM <u>high output</u> Colour <u>light brown</u> Consistency <u>Watery</u>	
	RAD	BRACH	FEM	POP	DP	PT																		
LT	2				3																			
RT	2				2																			
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area <u>to upper extrem.</u>		Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour Voiding: <input type="checkbox"/> Continment <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																						
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____		Genitalia: Appearance <u>WNL-male</u> Drainage <u>0</u> <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																						
<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____ Vasc. Cath. Art. CVC Other Peripheral Site <u>0</u> <u>R</u> <u>IT</u> <u>0</u> <u>0</u> Waveform _____ Dressing <u>D+I</u>		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membranes: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: <u>TCS</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																						
Total fluid intake goal: IV Rate/hr Site BL. Return <u>RL 10mls/hr</u>		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																						
Comments: <u>β cardiac monitoring</u>		Wounds: <u>heel ampulex bilat & coccyx - pri</u> Site Colour Dressing Drainage Drains <u>abd - midline drug intact - staples intact</u> <u>normal edges with approx</u> <u>abd - mechotic area - polypropylene 4x4 on top</u> <u>abd - lat. abd. mesh ex D+I</u> <u>2 @ ileostomy D+I</u> <u>neurotic area</u>																						

*MAP: 80x
120-125
BP 75*

Signature/Title: CM. McLaughlin

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN
MRN: RUH 1315031

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

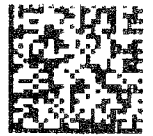


Date: DEC 15 2021

Isolation precautions: _____

CNS	Nursing assessment at: _____		Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert						
	RASS: CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		Chest excursion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical						
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation						
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Inspired/Expired Anterior Posterior						
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Fine/Coarse						
	GCS: _____ Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> B Bronchial breathing <input type="checkbox"/> Crackles <input type="checkbox"/> Wheeze <input type="checkbox"/> Decreased air entry						
	Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain 1 - None								
	Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive						
	2 - Incomprehensible sounds 1 - None/ETT/Trach.		Colour _____ Amount _____ Consistency _____						
	Best motor: 6 - Obeys commands 5 - Localize pain		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal						
4 - Semi-purposeful/Withdraws 3 - Flexor response		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____							
2 - Extensor response 1 - Flaccid/No response		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding Dressing _____							
Pupils: LT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		<input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach. # _____ Type _____							
Pupil size: LT _____ RT _____		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated							
Scale:		Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline							
Muscle strength (Normal/Weak/Absent): RA _____ RL _____ LA _____ LL _____		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____							
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Comments: _____							
HOB: _____ ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended							
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent							
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		<input type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ							
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction							
Comments: _____		Drainage: Colour _____ Consistency _____							
Arterial pulse:		Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray							
0 - Absent	LT	RAD	BRACH	FEM	POP	DP	PT	Tube depth: <input type="checkbox"/> Marked <input type="checkbox"/> Taped at _____ cm	
1 - Weak	RT							Diet _____ Tube feed: Type _____ Rate _____ mL/hr	
2 - Normal								<input type="checkbox"/> Stoma Type _____ Site _____ <input type="checkbox"/> Edema	
3 - Bounding								<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____	
D - Doppler								Comments: _____	
Capillary refill: <input type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		Urine - Colour: _____ <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour _____							
Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter _____							
Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized		Genitalia: Appearance _____ Drainage _____							
<input type="checkbox"/> Pitting - area _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____							
Heart sounds: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Comments: _____							
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny							
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____		Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic							
<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Mucous membrane: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact							
Vasc. Cath. _____ Art. _____ CVC _____ Other _____ Peripheral _____		Bed surface: _____ <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint							
Site _____		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record							
Waveform _____		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction							
Dressing _____		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction							
Total fluid intake goal:		Wounds:							
IV	Rate/hr	Site	BL Return	Site	Colour	Dressing	Drainage	Drains	
Comments: _____									

Signature/Title: _____



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: DEC 15 2021

ECG Monitor Record

Ø cardiac monitoring

Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:		QTc:	Interpretation:		

Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:		QTc:	Interpretation:		

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given	<input checked="" type="checkbox"/>																							
Oral care	<input checked="" type="checkbox"/>																							
Eye care																								
Bath/Skin assessment																								
Activity/Repositioned																								
Mobility step																								
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (I/S) Chest percussion (C) Percs. & vibs. (PV)																								
Restraint Record	Restrains Type																							
	Circulation																							
	Care given																							
	Behaviour																							
Initial																								
Legend	Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothette® Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back Restraints type: V - Vest L - Limb x P - Pinel On at Off at Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor																							

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 4 of 8

SK UNKNOWN

MRN: RUH 1315031

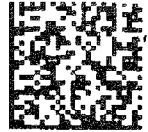
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: DEC 15 2021

94h vs.

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^												
	v												
	Heart rate	190											
	Invasive monitoring in red	180											
	170												
	160												
	150												
	140												
	130												
Alarms set/checked	120												
110													
100													
Levelled	90												
80													
Zeroed	70												
60													
Resp. rate alarm limits:	50												
40													
30													
MAP	88					92				89			
Temperature	37.1 oral					36.9				36.6			
SVP	80mm					8.8						9.9	
ICP/ CPP													
RASS/Goal	0					0				0			
INTAKE	Site												
	Sol'n/Med												
		DL + meds	12	19+20	9	-			72	50	-	-	
		IV meds				20							
	Blood products												
	PQ/Enteral	90	90	90	90	90	90	90	90	90	90	90	
	Flashes + meds	120				60						60	
	Running total	222	351	450	560	710	800	890	930	1020	1110	1260	
	Chest tube												
	OUTPUT	Drains											
NG/Emesis													
Bowel		also	150	150	250		75	260	175	100	30	-	350
Urine		also	125	100	125	120	165	120	175	110	125	-	115
Running total			275	525	900	1020	1260	1640	1815	2200	2355	2355	2820
Initial			MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM
Previous 24 hour balance:													
Cumulative balance to date:													



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

DEC 15 2021

Date: _____

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700		
VITAL SIGNS	Blood pressure	230													
	^	220													
	v	210													
		200													
	Heart rate	190													
		180													
		170													
	Invasive monitoring in red	160													
		150													
		140													
	<input type="checkbox"/> Alarms set/checked	130													
		120													
	<input type="checkbox"/> Levelled	110													
		100													
	<input type="checkbox"/> Zeroed	90													
		80													
	<input type="checkbox"/> Resp. rate alarm limits:	70													
	60														
	50														
	40														
	30														
MAP															
Temperature															
CVP															
ICP/ CPP															
RASS/Goal															
INTAKE	Site	Sol'n/Med													
	Blood products														
	PO/Enteral														
Flushes															
Running total															
OUTPUT	Chest tube														
	Drains														
	NG/Emesis														
	Bowel														
	Urine														
	Running total														
Initial															
24 hour balance:							Cumulative balance:								

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



Date: **DEC 15 2021**

Did the patient meet criteria for SBT? Yes No Time: _____

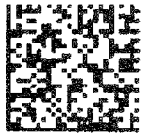
OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)												
Mask/Nasal prong	CN					SLNP			SLNP			
Resp. rate	28	26	24	26	28	26	28	30	30	30	28	
SpO ₂	98	97	96	97	98	93	93	95	91	92	92	
ETCO ₂												
FiO ₂	.35											
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions	C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious											
HOB at _____°	✓				✓				✓			
Gastric placement confirmed	✓				✓				✓			
Gastric residual	265				315				340			
Pedal pulses:												
0 - Absent 3 - Bounding												
1 - Weak D - Doppler												
2 - Normal												
Dorsalis pedis	RT				2				2/2			
Posterior tibialis	RT				2				2/2			
	LT											
	LT											

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

70cm
① nurse

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 15 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)												
Mask/Nasal prong												
Resp. rate												
SpO ₂												
ETCO ₂												
FIO ₂												
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious												
HOB at _____°												
Gastric placement confirmed												
Gastric residual												
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal												
Dorsalis pedis Posterior tibialis												
RT LT RT LT												

Date/Time	NURSING PROGRESS NOTES (Narrative)
15/12/21-0750hrs	Report received; Pt accepted into care. Pt's VSS - JM. r/dant
10755-0840hrs	Safety checks complete. Complete systems assessment done see flow sheet. 1130hrs - Pt's spouse @ bedside. PT assisted Pt & writer assisted Pt to dangle x 5mins. Pt tol. well Pt & Pt's spouse stated Pt improved from yesterday. 0.5mg dilaudid IV given post. Pt appears to be resting well @ present.
1100hrs	Attempted oral swallowing assessment Pt failed d/t coughing during assessment. SLP referral entered. Mr. RV 1130hrs rounds led by Mr. Eshtaya complete. Pt's spouse present. Orders to be processed. Mr. RV

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 8 of 8

SK UNKNOWN

MRN: RUH 1315031

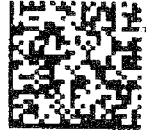
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN

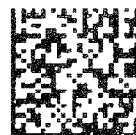


DEC 15 2021

Date: _____

Date/Time	NURSING PROGRESS NOTES (Narrative)
Dec. 15/21-1340hrs	Pt. asked spouse to leave bedside so Pt. can rest. Pt repositioned & appeared to have slept for ~45mins. Systems reassessed & Δ from previous. Pt. xed onto SLNP SpO2 ~91-93%. ~20g IV started to @ hand. Pt. tol. ice chips. Pt spouse returned to bedside & is presently speaking w/ SW off unit. → MRJ/N
1510hrs	Pt. turned towards @ & boasted up in bed SLP @ bedside to assess swallowing. → MRJ/N
1513hrs	Pt. stated to feel too tired to try swallowing assessment @ present. → MRJ/N
1600	Report given to oncoming RN. → MRJ/N
1600	Report received from RN initial bedside assessment complete, Ae & to bases, on SL NP @ 92% O2 sat; alert & able to answer questions w/ hoarse voice. Emptied ileostomy for 30 ml liquid brown gm. Residuals 340ml which were void. Wk @ bedside. → CCB
1720	Repositioned & assist of 2 ice chips given for comfort, still coughs when eating, cleared per self. m in @ bedside. → CCB
1830	Packed up for transport. → CCB
1915	Transferred to 6025. Report given to RN. → CCB

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: 75 kg Isolation precautions: Universal
Date: DEC 18 2021 Weight: 75 kg Family presence on rounds # hrs HOB greater than 30°: _____

CNS	Nursing assessment at: _____		Respirations: <input type="checkbox"/> No distress <input checked="" type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath		RESPIRATORY
	RASS: <u>-1</u> CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert		
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical		
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation		
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired Anterior Posterior		
	GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Bronchial breathing <input checked="" type="checkbox"/> Crackles <input checked="" type="checkbox"/> Wheeze <input type="checkbox"/> Decreased air entry		
	Eyes open: <input checked="" type="checkbox"/> Spontaneously 3 - To speech 2 - To pain 1 - None				
	Best verbal: <u>5</u> Oriented 4 - Confused 3 - Inappropriate		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive		
	2 - Incomprehensible sounds 1 - None/ETT/Trach.		Colour: _____ Amount: _____ Consistency: _____		
	Best motor: <u>6</u> Obeys commands 5 - Localize pain		Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal		
4 - Semi-purposeful/Withdraws 3 - Flexor response		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____			
2 - Extensor response 1 - Flaccid/No response		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding Dressing _____			
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		<input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach. # _____ Type _____			
Pupil size: LT _____ RT _____		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated			
Scale:		Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline			
Muscle strength (Normal/Weak/Absent): RA <u>N</u> RL <u>N</u> LA <u>LLN</u>		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____			
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Comments: <u>Nasal Prngs 4L SpO2 95% RR 60</u>			
HOB: _____ ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended			
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input checked="" type="checkbox"/> Absent			
EVD: Levelled at _____ cmH2O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		<input checked="" type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ			
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LOW</u>			
Comments: <u>386 (6x)</u>		Drainage: Colour <u>yellow</u> Consistency _____			
Arterial pulse:		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray			
		Tube depth: <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Taped at _____ cm			
	RAD	Diet: <u>NPO</u> Tube feed: Type <input checked="" type="checkbox"/> Rate _____ mL/hr			
	BRACH	<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>LLD</u> <input type="checkbox"/> Edema			
	FEM	<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____			
	POP	Comments: <u>per report spontaneous today</u>			
	DP	Urine - Colour: <u>orange</u> <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour			
	PT	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter			
		Genitalia: Appearance <u>no sex</u> Drainage _____			
		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____			
		Comments: _____			
		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny			
		Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Fuddy <input type="checkbox"/> Jaundice <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic			
		Mucous membrane: <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Intact			
		Bed surface: _____ <input type="checkbox"/> POD <input type="checkbox"/> AES <input type="checkbox"/> Splint			
		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record			
		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction			
		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction			
		Wounds: _____			
		Site Colour Dressing Drainage Drains			
		<u>hepatec under ILLD + RLQ in bed, most say to ILLD</u>			
		Comments: <u>Shunt Tech 150-160</u>			
		Signature/Title: <u>[Signature]</u>			

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

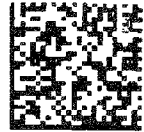
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



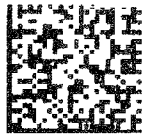
DEC 18 2021

Date: _____

Isolation precautions: universal

Nursing assessment at: <u>2000</u> RASS: <input checked="" type="checkbox"/> CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes - location _____ Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____ GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Respirations: <input type="checkbox"/> No distress <input checked="" type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation	
Eyes open: <u>4</u> Spontaneously 3 - To speech 2 - To pain 1 - None Best verbal: <u>5</u> Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds 1 - None/ETT/Trach. Best motor: <u>6</u> Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response 1 - Flaccid/No response		B Bronchial breathing Crackles wh Wheeze ↓ Decreased air entry	
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>2</u> RT <u>2</u> Scale:		Inspired/Expired Anterior Fine/Coarse Posterior 	
Muscle strength (Normal/Weak/Absent): RA <u>N</u> RL <u>N</u> LA <u>N</u> LL <u>N</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable <u>MA</u> HOB: <u>31</u> ° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour <u>or</u> Amount _____ Consistency _____ Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing _____ <input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach. # _____ Type _____ <input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline <input type="checkbox"/> Ventilated <input checked="" type="checkbox"/> Non ventilated P/F ratio _____	
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open coil <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____ Comments: <u>max 286</u>		Abdomen: <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent <input checked="" type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Continuous suction Drainage: Colour <u>yellow</u> Consistency <u>thick</u> Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Taped at _____ cm Diet: <u>NPO</u> Tube feed: Type _____ Rate _____ mL/hr <input type="checkbox"/> Stoma Type <u>NU</u> Site <u>pink</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM <u>NU</u> Colour _____ Consistency _____	
Arterial pulse: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler		Comments: <u>like output (1 part few dx) / 1/2</u> Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Genitalia: Appearance _____ Drainage _____ <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal Comments: _____	
Pacemaker: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary _____ cm Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: <u>padding</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction	
Vasc. Cath. Art. CVC Other Peripheral Site <u>Rad. (R) LS.</u> Waveform <u>✓</u> <u>3 waves</u> Dressing <u>DH</u> <u>DH</u> Total fluid intake goal IV Rate/hr Site BL Return <u>RL driver @ 25ml/hr - bridge.</u> <u>meds @ 10ml/hr - distal</u> <u>levophed @ 0.03 mcg/kg/min - bridge.</u> <u>dobutamine @ 2mcg/kg/min.</u>		Wounds: Site Colour Dressing Drainage Drains - nipples RL @ + LL @ - intact - staples to middle abdominal wound ORA and intact mw	
Comments: <u>Sms talk map goal 265.</u>		Signature/Title: <u>APPELWOOD</u>	

wt 79kg



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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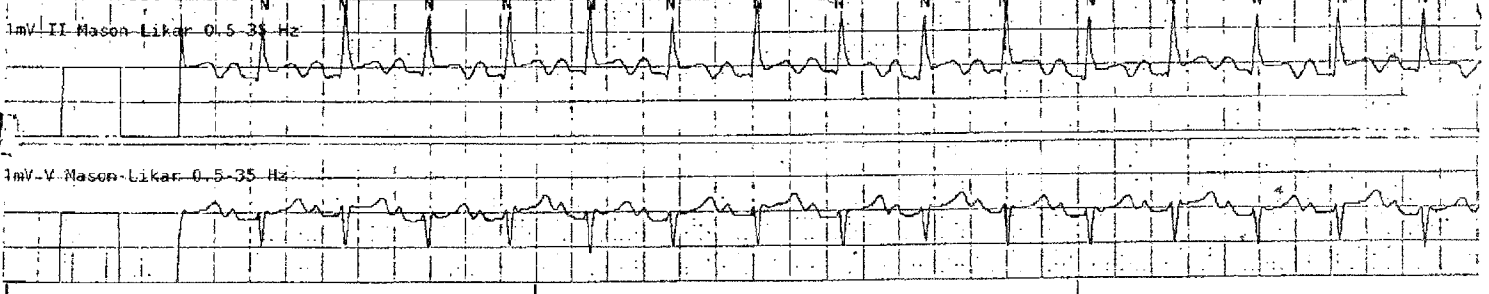
Date: DEC 18 2021 ECG Monitor Record

18/2021 18:29:55 3321-2 Richard, Fehr 2/23/1981 25.0 mm/s ***xTachy 162>140 HR 160 SV Tach PVC 0 SpO2 91 Pulse (SpO2) 157 Perf 1.3 RR 54 ST-I -7



Date: DEC 18 2021 Time: _____ Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
QT interval: _____ QTc: _____ Interpretation: _____

12/18/2021 20:22:47 3321-2 Richard, Fehr 2/23/1981 25.0 mm/s Saved strip PR 0.20 QRS 0.06 RR 0.48 QT 0.27 QTc 0.39 [20:22:57] HR 1



Date: _____ Time: _____ Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
QT interval: _____ QTc: _____ Interpretation: Sinus tachycardia

		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	
Restraint Record	✓ - Care given																									
	Oral care														✓	✓				✓		✓			✓	
	Eye care																									
	Bath/Skin assessment														✓					IR	✓				✓	
	Activity/Repositioned														✓					✓	IR	✓			✓	
	Mobility step																								✓	
	Rotation therapy: % rotation																									
	ROM splint/boot (On/Off - R/L)																									
	DB&C (D) (I/S)																									
	Chest percussion (C)																									
	Percs. & vibs. (PV)																									
	Restraint Record	Restraints Type																								
		Circulation																								
		Care given																								
		Behaviour																								
Initial																										
Legend	Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothette® Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back Restraints type: V - Vest L - Limb x _____ P - Piel On at _____ Off at _____ Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor																									

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

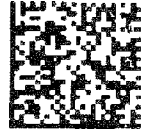
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



Date: DEC 18 2021

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
VITAL SIGNS	Blood pressure													
	^													
	v													
	Heart rate													
	•													
	Invasive monitoring in red													
	<input checked="" type="checkbox"/> Alarms set/checked													
	<input checked="" type="checkbox"/> Levelled													
	<input checked="" type="checkbox"/> Zeroed													
	Resp. rate alarm limits:													
	MAP													
	Temperature													
	CVP													
	INTAKE	ICP/ CPP												
		RASS/Goal												
Site														
Sol'n/Med														
Blood products														
PO/Enteral														
Flushes														
Running total														
OUTPUT	Chest tube													
	Drains													
	NG/Emesis													
	Bowel													
	Urine													
Running total														
Initial														
Previous 24 hour balance:														
Cumulative balance to date:														

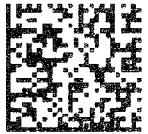
1837

88 08/10
38.6 (Pa)

43

44

LCS



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 18 2021

Date: _____

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure												
	^												
	v												
	Heart rate												
	Invasive monitoring in red												
	Alarms set/checked												
	Levelled												
	Zeroed												
	Resp rate alarm limits												
	MAP	74	82	74	79	71	77	71	75	78	73	86	
Temperature	37.6			36.9		37.0				37.0		37.1	
CVP													
ICP/ CPP													
RASS/Goal	0				0					0			
INTAKE	Site												
	Sol'n/Med												
	RL driver	83	54	-	-	-	-	-	-	-	-	-	-
	med line	24	220	73	155	153	154	-	43	74	-	-	173
	line	2	1	-	-	-	-	-	-	-	-	-	-
	dobutamine med line	2	8	7	9	9	9	-	17	9	11	8	8
	platelets			55			71		202	165			
	Albumin	100											
	Blood products												
	PO/Enteral		60		110	137							136
Flushes													
Running total	211	553	688	962	1261	1495	1704	1966	2214	2228	2233	2560	
OUTPUT	Chest tube												
	emesis		50										
	Drains LUR												
	NG/Emesis LIS										125		125
	Bowel ileo										125		875
	Urine	75	75	60	140	100	75	200	100	150	70		75
Running total	75	200	260	400	500	575	775	875	1150	1220		2420	
Initial													
24 hour balance:													
Cumulative balance:													

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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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: BREE, TERESA L

FAM: FRASER, JILLIAN



Date: DEC 18 2021

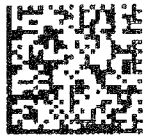
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18 ³⁰	19
ETT Placement (cm)												
Mask/Nasal prong											NP	
Resp. rate											61	
SpO ₂											94	
ETCO ₂												
FiO ₂											4/min	
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious												
HOB at _____°												
Gastric placement confirmed												
Gastric residual												
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal												
Dorsalis pedis RT LT	/	/	/	/	/	/	/	/	/	/	/	/
Posterior tibialis RT LT	/	/	/	/	/	/	/	/	/	/	/	/

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to <u>moisture</u> .	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: <u>Usual</u> food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date: _____

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)												
Mask/Nasal prong	4L NP	4L NP	50L NP	4L NP	4L NP		4L NP			4L NP		
Resp. rate	34	51	47	48	38	38	27	36	38	39	37	37
SpO ₂	95	99	94	96	98	97	98	97	96	96	95	99
ETCO ₂												
FI _{O₂}			.35									
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous		S - Small M - Moderate C - Copious									
HOB at _____°												
Gastric placement confirmed												
Gastric residual												
Pedal pulses:	0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal		Dorsalis pedis	RT LT	/	/	/	/	/	/	/	/
			Posterior tibialis	RT LT	/	/	/	/	/	/	/	/

Date/Time	NURSING PROGRESS NOTES (Narrative)
12/18/21 @ 1837 -1730	<p>pt received into care following repl of cardio RN. pt transferred over to ICU bed + placed on ambulatory nursing. RR 100, HR 60 SpO₂ 96%. on 4L NP. NBP 101/80. pt assessment completed + documented. see flow sheet. resident at bedside & (C) radial arterial line inserted 1st attempt & transduced. Norepi initiated @ 0.3 mcg/kg/min per physician order. Resident Dr. Feher at bedside performing ultrasound</p>

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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Date:

Dec 18

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

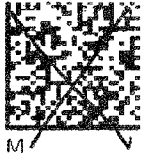
ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



Date/Time	NURSING PROGRESS NOTES (Narrative)
(cont)	Cultures & 2 other drawn, phlebotomy at bedside drawing peripheral cultures, admission labs incl. VBG, serum, sent to lab through Pts spouse. Update at the bedside received update from Dr. Gerhardt. Pts NG to LOS - draining thick yellow purulent fluid.
0735 DEC 18 0047	Report given to concerning RN care transferred. Received into care. Pumps verified. Pt's wife, and resident Andy Liu at bedside.
2000-2045	Safety checks complete. Pt assessed, see flow sheet for full systems assessment. Dobutamine started at 2005 as per Dr. Liu. @ 2mcg/kg/min. Insulin currently @ 0.03mcg/kg/h. Infusions moving to @ 11. Dr. Liu in bedside clothes and at bedside. More of all labs received. Atraps, alk, TURB. Albumin completed at 2240h. Surgeon in at bedside and assessing. Spoke to Dr. Liu and Dr. Schmitt ^{Katya} .
2100-2130	CRAP attempted per ET, but pt had bout of - chnosis, neck retracted prior to same. Intermittent suction on hold at this time for med given at 2100h, restarted same. ET changed pt to O ₂ 35%. SpO ₂ 100% per Dr. Schmitt ^{Katya} . Amore of emphysema in left and order to give another dose of fentanyl. Pt's wife left bedside and changed visiting pt's mom between. Doreen currently at bedside.
2145	Pt clo pain to abdomen, described as pressure and A'd from previous pain. Dr. Liu aware and in to assess. Urog endonection given in sumi mini bag for nausea. Pt clo pressure in OE. Renewed same. SpO ₂ 100% on EA at this time. ABG and VBG drawn and sent. Await results for plan.
2210	Dr. Liu aware of results of ABG and VBG. Unit PRBC ordered. Dr. Liu in to US abdomen.
2230	Unit PRBC started.
2345	Dr. Schmitt ^{Katya} and Dr. Liu in to pt's abd.
cont DEC 19 0020	Amore of repeat labs drawn. orders received. Pt reassessed. Sleeping but responsive to voice, pupils 2mm bilat and brisk. Denies pain but constant abd pain to LUQ and

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
cont.	radiating H.O. Physician aware. S, S ₂ audible, regular, tachy. dobutamine remains @ 2mg/kg/hr. Pt tachypneic. AE=AE, but ↓ to both bases R>L. Remains on HZMP. Abdomen remains distended. & since previous assessment, more firm and ↓ bowel sounds H.O. RLQ stoma pink and moist. UO = 25 + 100 ml/hr. Physician aware of all concerns. Speaking w/ surgery re: imaging tonight wife remains at bedside.
Dec 19 @ 0100	Pt repositioned at this time. on hr, pad check oc and soaked in ? melena stool, dark string in clots in pad → changed same and back — washed. Tol rated well. Dr Liv aware of same. Plan for IR guided drain insertion within the hour. — det
0025-0255	1g TxA given as per orders. Pt taken in bed to IR. wife present for same. Platelets infusion started in IR as per orders. Pt tolerated procedure well, Dr Liv, sister and CPA present for same. 25mg IV dilaudid given at 0215, prior to insertion and at 0230 in IR suite for pain. — det
0400	25mg IV dilaudid given Rv to hypnea and restlessness. Settled in same. — det
0500	Re-assessed. Pt opening eyes to voice. Appears comfortable, but remains tachypneic. Assessment grossly unchanged from midnight. HQ drain emptied for black/sang tinged fluid. replex to RLQ changed for med red/peppered area in open small area to centre. 2 drainage. — det
0545	orders received for AM BU. — det



NURSING
PROGRESS RECORD
Page 2 of 2

DATE/TIME	REMARKS
0615-0650	Unit PRBC started. Pt washed and repositioned. Small sang/clot noted in pad per action. Dark old blood. Dr Liu aware of same. Pt alert and waking up, but @ drowsy and falling back asleep. HR. Dr Liu aware and orders received. WQ drain emptied for black/sang froged fluid. New drained for brown/yellow thin fluid. Dr. Liu on for MS hept. deh

RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET
 Page 1 of 8

Admission weight: _____ kg Isolation precautions: _____
 Date: DEC 19 2021 Weight: _____ kg Family presence on rounds # hrs HOB greater than 30°: _____

CNS	Nursing assessment at: <u>0800</u>		Respirations: <input type="checkbox"/> No distress <input checked="" type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath																										
	RASS: <u>-1</u> CAM ICU: <u>Yes</u> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert <u>Tachypneic</u>																										
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location <u>L/R 2 palp</u>		Chest excursion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																										
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																										
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatomal level: _____		<table border="0"> <tr> <td></td> <td colspan="2">Inspired/Expired</td> <td colspan="2">Fine/Coarse</td> </tr> <tr> <td></td> <td colspan="2">Anterior</td> <td colspan="2">Posterior</td> </tr> <tr> <td>B</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>wh</td> <td colspan="2">Wheeze</td> <td colspan="2"></td> </tr> <tr> <td>J</td> <td colspan="2">Decreased air entry</td> <td colspan="2"></td> </tr> </table>			Inspired/Expired		Fine/Coarse			Anterior		Posterior		B					wh	Wheeze				J	Decreased air entry			
		Inspired/Expired			Fine/Coarse																								
		Anterior		Posterior																									
	B																												
	wh	Wheeze																											
	J	Decreased air entry																											
GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Eyes open: <u>4</u> Spontaneously 3 - To speech 2 - To pain 1 - None																													
Best verbal: <u>5</u> Oriented 4 - Confused 3 - Inappropriate																													
2 - Incomprehensible sounds 1 - None/ETT/Trach.																													
Best motor: <u>6</u> Obeys commands 5 - Localize pain																													
4 - Semi-purposeful/Withdraws 3 - Flexor response																													
2 - Extensor response 1 - Flaccid/No response																													
RESPIRATORY	Pupils: LT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive																										
	Pupil size: LT _____ RT _____		Colour _____ Amount _____ Consistency _____																										
	Scale:		Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal																										
	Muscle strength (Normal/Weak/Absent): <u>RAN RLN LAN LLN</u>		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____																										
	EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalng Dressing _____																										
	HOB: <u>31</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		<input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach. # _____ Type _____																										
	<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input checked="" type="checkbox"/> Inflated <input type="checkbox"/> Deflated																										
	EVD: Levelled at: _____ cmH ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed		Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline																										
	CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____																										
	Comments: <u>Absent</u>		Comments: <u>RR in 30's</u>																										
GI	Arterial pulse:		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended																										
	0 - Absent		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																										
	1 - Weak		<input checked="" type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ																										
	2 - Normal		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction																										
	3 - Bounding		Drainage: Colour <u>yellow</u> Consistency <u>thin/thick</u>																										
	D - Doppler		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray																										
	Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged		Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at _____ cm																										
	Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		Diet: <u>NPO</u> Tube feed: Type <u>1</u> Rate _____ mL/hr																										
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized		<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>RUG</u> <input type="checkbox"/> Edema																										
	<input type="checkbox"/> Pitting - area _____		<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____																										
GU	Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Comments: <u>ileo app. intact pink stoma</u>																										
	Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		Urine - Colour: <u>clear yellow</u> <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Odour																										
	Rate _____ Mode _____ MA _____ / Sensing _____ Capture _____		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																										
	<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires _____		Genitalia: Appearance <u>WNL</u> Drainage _____																										
	Vasc. Cath. Art. CVC Other Peripheral		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																										
	Site <u>L. RAD</u> <u>R. IJ</u>		Comments: _____																										
	Waveform <u>✓</u> <u>-</u>		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny																										
	Dressing <u>D+1</u> <u>D+1</u>		Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic																										
	Total fluid intake goal:		Mucous membrane: <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Intact																										
	IV Rate/hr Site BL Return		Bed surface: <u>TCS</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																										
<u>Dobutamine @ 2.4 mcg/kg/min. R.I.J.</u>		Wounds: Decubitus/Skin breakdown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record																											
Comments: <u>Stach</u>		NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction																											
		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																											
		Wounds:																											
		Site Colour Dressing Drainage Drains																											
		<u>L flank drain site drsg D+1 - output dark sang</u>																											
		<u>Mepiurex's to L/R abd D+1</u>																											
		<u>Midline stiches D+1</u>																											

Signature/Title: [Signature]

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



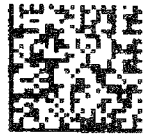
DEC 19 2021

Date: _____

Isolation precautions: universal

Nursing assessment at: <u>2000</u> RASS: <input type="checkbox"/> CAM ICU: <input type="checkbox"/> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes - location <u>abd all quad</u> Rating: <u>7/10</u> Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermotome level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input checked="" type="checkbox"/> Shortness of breath <u>exertion</u> <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																																											
GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: <input checked="" type="checkbox"/> Spontaneously 3 - To speech 2 - To pain 1 - None Best verbal: <u>6</u> Oriented 4 - Confused 3 - Inappropriate 2 - Incomprehensible sounds 1 - None/ETT/Trach.		B. Bronchial breathing Anterior Posterior Crackles wheeze ↓ Decreased air entry																																											
Best motor: <u>6</u> Obeys commands 5 - Localize pain 4 - Semi-purposeful/Withdraws 3 - Flexor response 2 - Extensor response 1 - Flaccid/No response		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input checked="" type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour _____ Amount _____ Consistency _____																																											
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>2</u> RT <u>2</u> Scale:		Chest tube: <input type="checkbox"/> RT <input checked="" type="checkbox"/> LT <input type="checkbox"/> Heimlich <input checked="" type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidal/ig Dressing _____																																											
Muscle strength (Normal/Weak/Absent): RA <u>N</u> RL <u>N</u> LA <u>N</u> LL <u>N</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable <u>N/A</u> HOB: _____° <input type="checkbox"/> Cervical collar: <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <u>Tachypneic / SpO2 95% on 2L NP</u> Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																																											
EVD: Levelled at _____ cm H ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Continuous suction Drainage: Colour <u>bile/yellow</u> Consistency <u>thick</u> Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input checked="" type="checkbox"/> Marked <input type="checkbox"/> Taped at _____ cm																																											
Comments: <u>afebrile</u>		Diet: <u>NPO</u> Tube feed: Type <u>8</u> Rate _____ mL/hr Stoma Type <u>11/5</u> Site <u>pink/most</u> <input type="checkbox"/> Edema																																											
Aerial pulse: <table border="1"> <tr> <td></td> <td>RAD</td> <td>BRACH</td> <td>FEM</td> <td>POP</td> <td>DP</td> <td>PT</td> </tr> <tr> <td>0 - Absent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 - Weak</td> <td>RT</td> <td></td> <td></td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>2 - Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Bounding</td> <td>RT</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>D - Doppler</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			RAD	BRACH	FEM	POP	DP	PT	0 - Absent							1 - Weak	RT				2		2 - Normal							3 - Bounding	RT				1		D - Doppler							Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murrur <input type="checkbox"/> Click	
	RAD	BRACH	FEM	POP	DP	PT																																							
0 - Absent																																													
1 - Weak	RT				2																																								
2 - Normal																																													
3 - Bounding	RT				1																																								
D - Doppler																																													
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Comments: <u>output green/brown / @ flank drain - sandy tan thin fluid</u> Urine - Colour: <u>amber</u> <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																																											
Vasc. Cath: <table border="1"> <tr> <td></td> <td>Art.</td> <td>CVC</td> <td>Other</td> <td>Peripheral</td> </tr> <tr> <td>Site</td> <td><u>Rad.</u></td> <td><u>RT</u></td> <td></td> <td></td> </tr> <tr> <td>Waveform</td> <td><u>✓</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing</td> <td><u>DT</u></td> <td><u>DT</u></td> <td></td> <td></td> </tr> </table>			Art.	CVC	Other	Peripheral	Site	<u>Rad.</u>	<u>RT</u>			Waveform	<u>✓</u>				Dressing	<u>DT</u>	<u>DT</u>			Genitalia: Appearance <u>healthy</u> Drainage _____ <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																							
	Art.	CVC	Other	Peripheral																																									
Site	<u>Rad.</u>	<u>RT</u>																																											
Waveform	<u>✓</u>																																												
Dressing	<u>DT</u>	<u>DT</u>																																											
Total fluid intake goal: <table border="1"> <tr> <td>IV</td> <td>Rate/hr</td> <td>Site</td> <td>BL Return</td> </tr> <tr> <td><u>et 0.5ml/hr</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>dobutamine @ 2.5 mcg/kg/min</u></td> <td></td> <td></td> <td></td> </tr> </table>		IV	Rate/hr	Site	BL Return	<u>et 0.5ml/hr</u>				<u>dobutamine @ 2.5 mcg/kg/min</u>				Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact Bed surface: <u>spat</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																															
IV	Rate/hr	Site	BL Return																																										
<u>et 0.5ml/hr</u>																																													
<u>dobutamine @ 2.5 mcg/kg/min</u>																																													
Comments: <u>status febrile / map 9 ra 1765</u>		Wounds: <table border="1"> <tr> <td>Site</td> <td>Colour</td> <td>Dressing</td> <td>Drainage</td> <td>Drains</td> </tr> <tr> <td><u>staples midline abdomen STA, healthy</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>map 9 LL + RL - DT - HIT site</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>@ Flank drain site RT dr sep.</u></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Site	Colour	Dressing	Drainage	Drains	<u>staples midline abdomen STA, healthy</u>					<u>map 9 LL + RL - DT - HIT site</u>					<u>@ Flank drain site RT dr sep.</u>																										
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Signature/Title: [Signature]

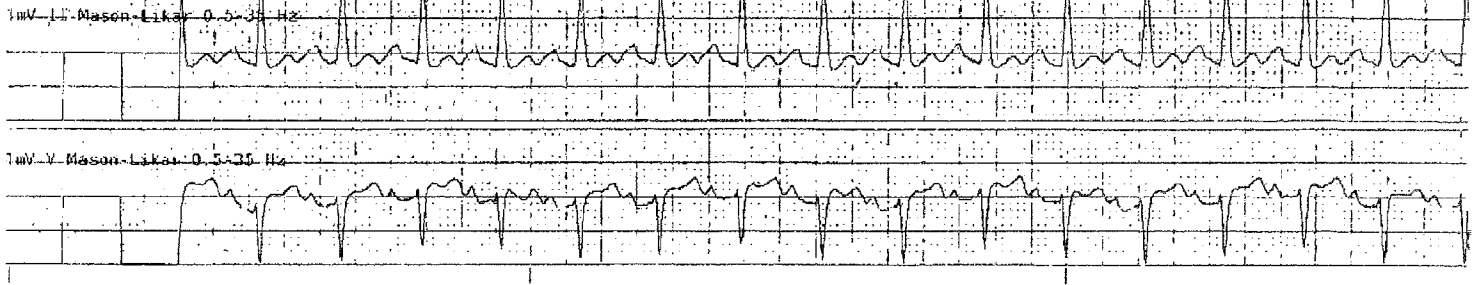


RUH SCH SPH Other _____
INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: DEC 19 2021 **ECG Monitor Record**

12/19/2021 07:59:53 3321-2 Richard, Fehr 2/23/1981 25.0 mm/s [08:00:03] HR 132 PVC 0 SpO2 96 Pulse (SpO2) 133 Perf 1.3 ABP 112/65



Date: Dec 19, 2021 Time: 07:59 Atrial rate: 130 Vent. Rate: 130 PR interval: 0.20 QRS complex: 0.08
 QT interval: 0.24 QTc _____ Interpretation: ST

12/19/2021 19:33:37 3321-2 Richard, Fehr 2/23/1981 25.0 mm/s Saved strip PR 0.16 QRS 0.10 RR 0.47 QT 0.23 QTc 0.34 [19:33:47] HR 133



Date: _____ Time: _____ Atrial rate: _____ Vent. Rate: _____ PR interval: _____ QRS complex: _____
 QT interval: _____ QTc _____ Interpretation: sinus tach

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given		✓		✓	✓	✓		✓	✓			✓		✓			✓		✓		✓	✓	✓	✓
Oral care		✓		✓	✓	✓		✓	✓			✓		✓			✓		✓		✓	✓	✓	✓
Eye care														✓			✓							
Bath/Skin assessment														Ⓟ			✓							
Activity/Repositioned		Ⓟ			Ⓟ				Ⓟ				Ⓟ	Ⓟ			Ⓟ		Ⓟ		Ⓟ	Ⓟ	Ⓟ	Ⓟ
Mobility step														Ⓟ			Ⓟ		Ⓟ		Ⓟ	Ⓟ	Ⓟ	Ⓟ
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (H/S)																								
Chest percussion (C)																								
Percs. & vibs. (PV)																								
Restraint Record	Restraints Type	Ⓟ																						
	Circulation																							
	Care given																							
	Behaviour																							
Initial	Ⓟ																							

Legend
 Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothette
 Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back
Restraints
 Restraints type: V - Vest L - Limb x _____ P - Pinel On at _____ Off at _____
 Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM
 Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 4 of 8

SK UNKNOWN

MRN: RUH 1315031

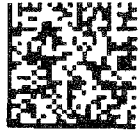
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: BREE, TERESA L

FAM: FRASER, JILLIAN

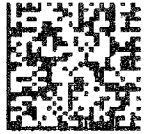


DEC 19 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^	220											
	v	210											
		200											
	Heart rate	190											
		180											
		170											
	Invasive monitoring in red	160											
	Alarms set/checked	150											
	Levelled	140											
Zeroed	130												
Resp. rate alarm limits: 8-30	120												
MAP	87	80	77	68	50	88	90	86	92	91	89	83	
Temperature	36.6				37.4					37.1			
CVP													
ICP/ CPP													
RASS/Goal	-1				-1					-1			
Site	Soln/Med												
	Dobutamine	11	7	11	10	15	6	14	14	10	10	11	
	Meds		110	65				200	200		65		
	RL bolus										500		
	RL										25	50	
Blood products													
PO/Enteral									325				
Flushes													
Running total	11	128	204	214	229	235	449	1038	1048	1123	1658	1719	
OUTPUT	Chest tube												
	Drains											195	
	NG/Emesis											250	
	Bowel											8	
	Urine	120	50	40	225	75	45	150	120	75	150	150	125
Running total	120	170	210	435	510	555	705	825	900	1050	1200	1525	
Initial	SW	SW	SW	S	SW	SW	SW	S	SW	SW	RN	S	
Previous 24 hour balance:	+130 ml						Cumulative balance to date: +130 ml						

151



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 19 2021

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	
VITAL SIGNS	Blood pressure	230												
	^ Bag valve	220												
	v Suction	210												
	Heart rate	190												
	Invasive monitoring in red	180												
	Alarms set/checked	170												
	Levelled	160												
	Zeroed	150												
	Resp. rate alarm limits:	140												
		130												
MAP		77	80	76	75	74	85	88	84	84	89	84	83	
Temperature		36.3			37.5	37.3			36.8	37.0				
CVP														
ICP/ CPP														
RASS/Goal		0			0				0					
INTAKE	Site													
	Sol'n/Med													
	250mg PL + meds	45	96	71	83	38	52	43	69	259	205	86	50	
	250mg dubicidamine	10	11	24	11	12	12	10	16	4	13	13	12	
	Blood products													
	PO/Enteral													
	Flushes													
	Running total	1774	1871	1966	2060	2110	2174	2227	2312	2341	2445	2514	2576	
	OUTPUT	Chest tube												
		Drains LOG												
(NG) Emesis US													75	
Bowel ilo													200	
Urine		75	75	75	100	75	85	90	100	100	125	100	125	
Running total		1845	1920	1995	2095	2170	2255	2345	2445	2545	2670	2770	3220	
Initial		mm	mm	mm	mm	mm	mm	mm	mm	mm	mm	mm		
24 hour balance:		-644 ml						Cumulative balance: -514 ml						

WA 75kg

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

SK UNKNOWN

MRN: RUH 1315031

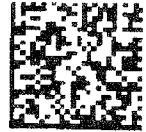
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



Date: **DEC 19 2021**

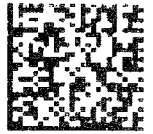
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)	N/A				N/A				N/A			
Mask/Nasal prong	NP				NP				NP			
Resp. rate	38	42	42	36	40	34	38	37	36	30	32	37
SpO ₂	96	95	96	96	96	96	96	97	98	98	97	96
ETCO ₂												
FiO ₂	4L						4L		4L		3L	
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious												
HOB at _____°	25°				20°				20°			
Gastric placement confirmed	ASP				ASP				ASP			
Gastric residual	LIS				LIS				LIS			
Pedal pulses:												
0 - Absent 3 -Bounding												
1 - Weak D - Doppler												
2 - Normal												
Dorsalis pedis	RT 1											
	LT 2											
Posterior tibialis	RT 1											
	LT 2											

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: _____

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)												
Mask/Nasal prong	NP 2L				NP 2L				NP 2L		EA	2L 2L
Resp. rate	38	37	33	31	32	29	32	34	31	30	38	34
SpO ₂	95	96	97	95	96	96	96	96	96	95	92	96
ETCO ₂												
FiO ₂												
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions	C - Clear P - Purulent S - Sanguinous		S - Small M - Moderate C - Copious									
HOB at _____°	✓				✓				✓			
Gastric placement confirmed	✓				✓				✓			
Gastric residual	115				115				115			
Pedal pulses:	0 - Absent 1 - Weak 2 - Normal		3 - Bounding D - Doppler		Dorsalis pedis	RT	LT					
					Posterior tibialis	RT	LT					

Date/Time	NURSING PROGRESS NOTES (Narrative)
0800	Report received, pt taken into care. Safety checks completed. SWEN
0845	Gen sx w to see. rectal exam completed per game. New orders received. Pt denying pain at rest. Grimacing to LWB & palp. Pt appearing uncomfortable & ↑RR/HR. Pt pale, dry mucous membranes. Mouth care given. Pt T+P'd WLU cont. to monitor. SWEN
0850	Update given to wife. SWEN
0950	Rounds completed & MRP/HC team. Dr. Luo w to see.

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 8 of 8



Date: _____

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

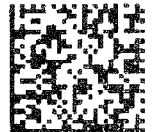
ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



Date/Time	NURSING PROGRESS NOTES (Narrative)
	New orders reviewed. SUNW
1110	ECG completed. Wife in @ bedside. Update given. Mother SUNW
	concerns also updated by phone. SUNW
1250	Pt reassessed. Noting pain as 7/10. Dilaudid given for SUNW
	same. Pt cleaned for gm dark gang. Bu. T+P & post. Wife SUNW
	providing mouth swabs pm. SUNW
1325	ABG / VBG sent to lab. SUNW
1430	PRBCs initiated. SUNW
1600	Pt reassessed. Pt remains tachycardic / tachypneic. Appears SUNW
	comfortable & dilaudid given pm. BS remains hyperactive SUNW
	tho, abd firm. No further A's noted. SUNW
1900	BW drawn / sent. Pt repositioned. SUNW
1947	Report given to oncoming RN. SUNW
Dec 19 @ 1947	Received into care. Pumps verified. SUNW
2000 - 2035	Safety checks complete. Full systems assessment complete SUNW
	see flow sheet for same. Pt washed at this time. SUNW
	0.5mg IV dilaudid given prior to same for ↑ SUNW
	abd pain & repositioning. Ice packs replaced SUNW
	behind knees. Pt settled. Pt's mother returned SUNW
	to bedside post. SUNW
(2145)	0.5mg IV dilaudid given for cp ↑ abd pain SUNW
2200	Update given to wife, Andrea, on phone. SUNW
2230	Pt c/o feeling hot. Temp 37.5 c/w at this time. Ice SUNW
	packs replaced. SUNW
2330 - 2350	Pt's mother left bedside at this time. Repeat ABG SUNW
	and VBG drawn and sent. Pt re-assessed. Warm SUNW
	to touch. oral temp 37.3, cold cloths applied to fore- SUNW
	head, and ice packs to groins and ampits. Abd SUNW
	distended, ↑ since previous assessment and firm. SUNW
	Pain and grimacing & palpation to L/O, with SUNW
	inform m of same. Assessment otherwise unchanged. SUNW
	0.5mg IV dilaudid given at this time for abd pain. SUNW
Dec 20 @ 0015	Dr Shumilak aware of concern of ↑ distention and SUNW
	warm. order for tylenol received. Also aware of SUNW
	ABG and VBG results. SUNW
0200	Pt awake, assisted & oral care, cold compress to SUNW
	forehead changed. Repositioned. Settled back to bed. SUNW
0340	Pt waking w/er in. Reporting 7/10 abd pain. 0.5mg IV SUNW
	dilaudid given for same. SUNW

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: 73.6 kg

Isolation precautions: universal

Date: _____ Weight: 73.6 kg Family presence on rounds # hrs HOB greater than 30°: _____

DEC 2 2021

Nursing assessment at: _____

RASS: CAM ICU: Drug induced paralysis Anesthetized

Pain present: None Yes - location Mouth & Abdomen

Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____

PCA Epidural Dermatomer level: _____

GCS: 15/15 Restraints: Yes No Side rails: Yes No

Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain 1 - None

Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate

2 - Incomprehensible sounds 1 - None/ETT/Trach.

Best motor: 6 - Obeys commands 5 - Localize pain

4 - Semi-purposelul/Withdraws 3 - Flexor response

2 - Extensor response 1 - Flaccid/No response

Pupils: LT - Brisk Slug Fixed RT - Brisk Slug Fixed

Pupil size: LT _____ RT _____

Scale:

Muscle strength (Normal/Weak/Absent): RA W RL W LA W LL W

EEG monitoring: Bedside Portable

HOB: _____° Cervical collar C/T spine precautions

Spinal cord assessment Logroll

EVD Levelled at _____ cmH₂O Open cont. Closed

CSF: Clear Blood tinged Cloudy Other _____

Comments: Temp 37.1

Arterial pulse:		RAD	BRACH	FEM	POP	DP	PT
0 - Absent							
1 - Weak	LT	<u>ART</u>				<u>1</u>	
2 - Normal							
3 - Bounding	RT	<u>2</u>				<u>1</u>	
0 - Doppler							

Capillary refill: Brisk Prolonged

Skin: Hot Warm Cool Clammy Diaphoretic Normal

Edema: None Mild Moderate Severe Generalized

Pitting - area _____

Heart sounds: S1 S2 S3 S4 Rub Murmur Click

Pacemaker: Permanent Temporary (_____ cm) Site _____

Rate _____ Mode _____ MA _____ Sensing _____ Capture _____

IABP _____ Site _____ Epicardial wires # _____

Vasc. Cath.	Art.	-CVC	Other	Peripheral
	<u>1 Rad</u>	<u>1 IJ</u>		
Site				
Waveform	<u>Good</u>			
Dressing	<u>D&I</u>	<u>D&I</u>		

Total fluid intake goal:

IV	Rate/hr	Site	BL. Return
<u>100ccated Ringers</u>	<u>50ml/hr</u>		
<u>Dobut+amine</u>	<u>2.5mcg/kg/min</u>		

MAP Goal ≥ 65

Comments: Sinus tach; 130's

Respirations: No distress Laboured Tachypneic Shortness of breath

Use accessory muscles Airway alert

Chest excursion: Symmetrical Asymmetrical

Trachea: Midline RT deviation LT deviation

Inspired/Expired Anterior Posterior

Crackles

Wheeze

Decreased air entry

Cough: Absent Strong Weak Non productive Productive

Colour _____ Amount _____ Consistency _____

Chest tube: RT LT Heimlich Mediastinal

Indirect _____ cm suction Gravity Drainage colour _____

Bubbling Tiding Dressing _____

ETT # _____ Type _____ Trach. # _____ Type _____

Tapes Ties ETT holder Trach. cuff: Inflated Deflated

Taped at _____ cm Teeth/Lips RT LT Midline

Ventilated Non ventilated P/F ratio _____

Comments:

Abdomen: Obese Soft Firm Hard Distended

Bowel sounds: Normal Hyperactive Hypoactive Absent

NG OG Small bore PGJ PEG ND NJ

Tube feed Clamped Intermittent/Continuous suction

Drainage: Colour Bilious Consistency thick

Placement confirmed: Aspirate Chest x-ray

Tube depth: Marked Taped at _____ cm

Diet: NPO Tube feed: Type _____ Rate _____ mL/hr

Stoma Type ileo Site RUQ Edema

FMS Last BM _____ Colour _____ Consistency _____

Comments:

Urine - Colour: Amber Cloudy Clear Odour

Voiding: Continent Incontinent Catheter

Genitalia: Appearance WNL Drainage _____

Intermittent dialysis Peritoneal dialysis CRRT goal _____

Comments:

Skin turgor: Normal Loose Tight Moist Shiny

Colour: Normal Ruddy Jaundice Pale Cyanotic

Mucous membranes: Moist Dry Pink Pale Intact

Bed surface: TCS PCD AES Splint

Wounds: Decubitus/Skin breakdown No Yes - See Wound Care Record

NPWT: Wound Abthera™ Incisional _____ mmHg suction

Continuous suction Intermittent suction

Wounds:

Site	Colour	Dressing	Drainage	Drains
<u>Midline Abdomen</u>	<u>staples healthy</u>			
<u>U&R abdomen</u>	<u>D&I</u>			
<u>Flank drain site</u>				

Signature/Title: Archie RN

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 2 of 8

DEC 20 2021

SK UNKNOWN

MRN: RUH 1315031

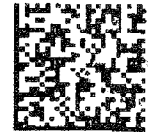
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHUMILAK, GEOFFREY

FAM: FRASER, JILLIAN

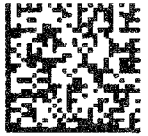


Date: _____

Isolation precautions: Ø

Nursing assessment at: RASS: <input type="checkbox"/> CAM ICU <input checked="" type="checkbox"/> <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized Pain present: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes - location <u>Abdomen gen</u> Rating: <u>5/10</u> Scale: 0 (none) - 10 (severe) CPOT: _____ <input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																						
GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eyes open: <u>4</u> Spontaneously <u>3</u> - To speech <u>2</u> - To pain <u>1</u> - None Best verbal: <u>5</u> Oriented <u>4</u> - Confused <u>3</u> - Inappropriate <u>2</u> - Incomprehensible sounds <u>1</u> - None/ETT/Trach.		Inspired/Expired Anterior Posterior Fine/Coarse B Bronchial breathing Crackles wh Wheeze ↓ Decreased air entry																						
Best motor: <u>6</u> Obeys commands <u>5</u> - Localize pain <u>4</u> - Semi-purposeful/Withdraws <u>3</u> - Flexor response <u>2</u> - Extensor response <u>1</u> - Flaccid/No response		Coughs: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive Colour: <u>Ø</u> Amount: _____ Consistency: _____																						
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed Pupil size: LT <u>4</u> RT <u>4</u> Scale:		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Hemlich <input type="checkbox"/> Mediastinal <input type="checkbox"/> Indirect <input type="checkbox"/> on suction <input type="checkbox"/> Gravity Drainage colour: _____ <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing: _____																						
Muscle strength (Normal/Weak/Absent): RA <u>W</u> RL <u>W</u> LA <u>W</u> LL <u>W</u> EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable HOB: <u>35°</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions <input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		ETT # _____ Type _____ Trach. # _____ Type _____ <input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline <input type="checkbox"/> Ventilated <input type="checkbox"/> Non-ventilated P/F ratio _____																						
EVD: levelled at _____ cmH ₂ O <input type="checkbox"/> Open conn <input type="checkbox"/> Closed CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Comments: <u>RSL NP</u> Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input checked="" type="checkbox"/> Distended (<u>mild</u>) Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																						
Comments: <u>Temp 37.5</u>		<input type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ <input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction <u>LIG</u> Drainage: Colour <u>bilious</u> Consistency <u>thin</u>																						
Arterial pulse: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding 0 - Doppler		Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at <u>150</u> cm																						
<table border="1"> <thead> <tr> <th></th> <th>RAD</th> <th>BRACH</th> <th>FEM</th> <th>POP</th> <th>DP</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td>LT</td> <td><u>2</u></td> <td></td> <td></td> <td></td> <td><u>2</u></td> <td><u>1</u></td> </tr> <tr> <td>RT</td> <td><u>2</u></td> <td></td> <td></td> <td></td> <td><u>2</u></td> <td><u>1</u></td> </tr> </tbody> </table>			RAD	BRACH	FEM	POP	DP	PT	LT	<u>2</u>				<u>2</u>	<u>1</u>	RT	<u>2</u>				<u>2</u>	<u>1</u>	Diet: _____ Tube feed: Type <u>Ø</u> Rate _____ mL/hr <input type="checkbox"/> Stoma Type <u>ileo</u> Site <u>RUB</u> <input type="checkbox"/> Edema <input type="checkbox"/> FMS Last BM _____ Colour <u>brown</u> Consistency <u>thin</u>	
	RAD	BRACH	FEM	POP	DP	PT																		
LT	<u>2</u>				<u>2</u>	<u>1</u>																		
RT	<u>2</u>				<u>2</u>	<u>1</u>																		
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input checked="" type="checkbox"/> Normal Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized <input type="checkbox"/> Pitting - area <u>Ø</u>		Comments: <u>Ice chips to request re assessment</u> Urine - Colour: <u>amber</u> <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour _____ Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter																						
Heart sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click		Genitalia: Appearance <u>normal</u> Drainage _____ <input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																						
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____ Rate _____ Mode _____ MA _____ Sensing _____ Capture _____ <input type="checkbox"/> ABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____		Comments: _____																						
Vasc. Cath: Ant. CVC Other Peripheral Site: <u>Ø</u> <u>Rad</u> <u>Ø</u> <u>IT</u> <u>Ø</u> Wavform: <u>Ø</u> <u>Ø</u> Dressing: <u>D+S</u> <u>D+S</u>		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic Mucous membrane: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact																						
Total fluid intake goal: IV Rate/hr Site BL Return <u>RL 50 ml/hr</u> <u>Dobutamine 2.5 mcg/kg/min</u> <u>TEN 80 ml/hr</u>		Bed surface: <u>Total care sport</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction <input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																						
Comments: <u>Signs back to PIC</u>		Wounds: Site Colour Dressing Drainage Drains <u>Abdo midline incision USA staples intact</u> <u>Mepilex re dressings bilated D+S of shadow</u> <u>Ø flange fitted drain D+S</u> <u>rash (B) Post edge marked, (D) Post edge marked</u>																						

Signature/Title: Talwind RW



RUH SCH SPH Other _____

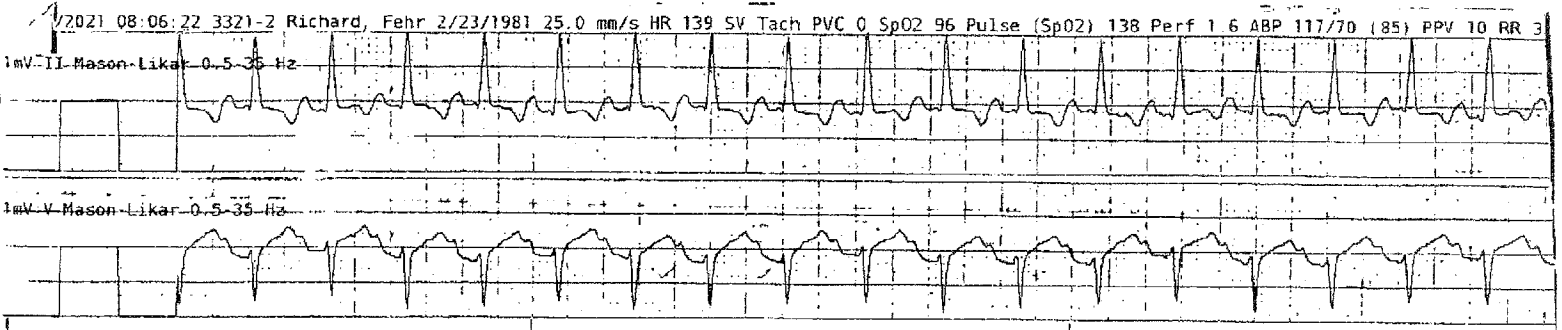
INTENSIVE CARE UNIT (ICU) FLOW SHEET

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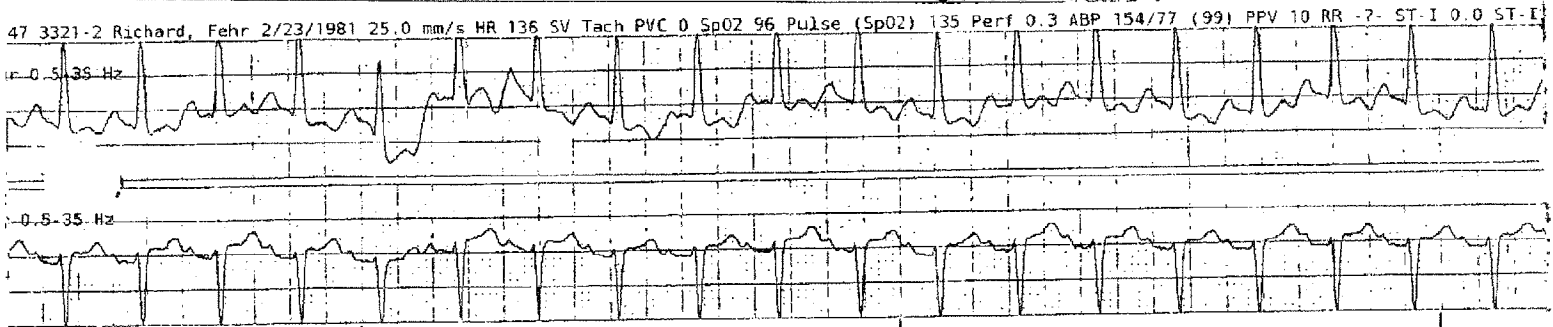
Date: _____

DEC 20 2021

ECG Monitor Record



Date: DEC 20/21 Time: 0806 Atrial rate: 139 Vent. Rate: 139 PR interval: 0.20 QRS complex: 0.08
QT interval: 0.24 QTc _____ Interpretation: Sinus Tach



Date: _____ Time: 2020 Atrial rate: 136 Vent. Rate: 136 PR interval: 0.2 QRS complex: 0.08
QT interval: 0.24 QTc _____ Interpretation: Sinus tach

✓ - Care given	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Oral care		✓												✓		Self								
Eye care		✓																						
Bath/Skin assessment																								
Activity/Repositioned		(L)												(L) walk	(L)	(L)								
Mobility step																								
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (I/S)																								
Chest percussion (C) Percs. & vibs. (PV)																								
Restraint Record	Restraints																							
	Type																							
	Circulation																							
	Care given																							
	Behaviour																							
Initial																								

Legend
 Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toothette
 Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back
 Restraints type: V - Vest L - Limb x _____ P - Pinel On at _____ Off at _____
 Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM
 Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

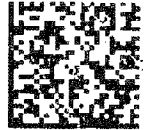
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHUMILAK, GEOFFREY

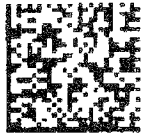
FAM: FRASER, JILLIAN



DEC 20 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
VITAL SIGNS	Blood pressure	230												
	^	220												
	v	210												
	•	200												
	•	190												
	•	180												
	•	170												
	Invasive monitoring in red	160												
	Alarms set/checked	150												
	Levelled ART	140												
Zeroed ART	130													
Resp. rate alarm limits: 8-30	120													
MAP	82	85	79	82	82	86	82	91	85	84	88	90		
Temperature	37.1				37.2				37.3					
CVP														
ICP/ CPP														
RASS/Goal	0													
INTAKE	Site													
	Sol'n/Med													
	R/L	42	50	47	45	18	0	0	50	82	57	47	53	
	Dobutamine	9	12	11	11	10	12	12	11	11	11	11	12	
	TPN												37	
Blood products														
PO/Enteral														
Flushes + Meds			30											
Running total	51	213	301	407	435	647	665	726	869	937	997	20		
Chest tube														
OUTPUT	Drains													
	NG/Emesis										30			
	Bowel											275		
	Urine	85	95	90	65	70	10	225	45	60	110	90	105	
	Running total	85	180	270	335	405	415	640	685	745	855	975	1355	
	Initial	0	0	0	0	0	0	0	0	0	0	0	0	
Previous 24 hour balance:	-644ml						Cumulative balance to date: -514ml							



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 2 0 2021

TIME 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 0700

VITAL SIGNS		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
Blood pressure	230 220 210 200 190 180 170													
Heart rate	160 150 140 130 120 110 100 90 80 70 60 50 40 30													
Invasive monitoring in red		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alarms set/checked														
Levelled														
Zeroed														
Resp. rate alarm limits:														
MAP		89	106	83	89	91	90	94	93	95	87	92	95	
Temperature		37.5				36.8				38.8	37.5			
CVP														
ICP/ CPP														
RASS/Goal		0				0				0				
INTAKE	Site Sol'n/Med													
	RL + med	134	57	84	93	43	55	52	50	48	41	52	37	
	Dobutamine	11	12	10	11	10	12	12	11	14	9	12	11	
	TPN	83	87	82	82	80	88	83	76	97	65	84	71	
Blood products														
PO/Enteral														
Flushes														
Running total		1377	1489	1659	1749	1978	2133	2262	2419	2638	2743	2841	2910	
OUTPUT	Chest tube													
	Drains LUG													
	NG/Emesis LIQ												30	
	Bowel Ileo Foley												200	
	Urine		150	200	100	60	100	125	100	125	150	60	60	75
Running total		1505	1605	1705	1765	1865	1990	2090	2215	2365	2425	2485	2560	
Initial		22	22	22	22	22	22	22	22	22	22	22	22	
24 hour balance:		+ 450						Cumulative balance: - 64						

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

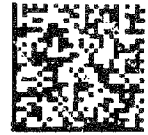
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHUMILAK, GEOFFREY

FAM: FRASER, JILLIAN



Date: DEC 20 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)												
Mask/Nasal prong	NP				NP							
Resp. rate	37	22	36	34	35	33	36	34	23	30	36	40
SpO ₂	96	96	96	97	97	98	96	95	96	96	96	96
ETCO ₂												
FiO ₂	2L				2L				2.5			
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious												
HOB at _____°												
Gastric placement confirmed	✓				✓				✓			
Gastric residual	LCS				LCS				LCS			
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal												
Dorsalis pedis	RT LT	/	/	/	/	/	/	/	/	/	/	/
Posterior tibialis	RT LT	/	/	/	/	/	/	/	/	/	/	/

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 -- No 15-18 -- Low 13-14 -- Moderate 10-12 -- High Less than/equal to 9 -- Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 20 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)												
Mask/Nasal prong	NR	NP			NP				N.P			
Resp. rate	34	35	31	29	38	29	34	32	38	40	41	43
SpO ₂	96	96	96	96	95	94	94	96	93	94	94	94
ETCO ₂												
FiO ₂	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume	/	/	/	/	/	/	/	/	/	/	/	/
Peak insp. Pressure	/	/	/	/	/	/	/	/	/	/	/	/
Pressure support	/	/	/	/	/	/	/	/	/	/	/	/
PEEP/CPAP	/	/	/	/	/	/	/	/	/	/	/	/
ETT/Trach. secretions C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious												
HOB at _____°	45				90				30			
Gastric placement confirmed	LIS				✓				✓			
Gastric residual	LIS				LIS				LIS			
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal	2/2	/	/	/	2/2	/	/	/	2/2	/	/	/
Dorsalis pedis Posterior tibialis	RT LT	/	/	/	RT LT	/	/	/	RT LT	/	/	/

Date/Time	NURSING PROGRESS NOTES (Narrative)
0730-0755	Received report & accepted pt into care. Anubera
0855	Safety checks completed; BVM @ HOB; ART line leveled & zeroed; pumps verified & alarm limits adjusted; system assessment completed per flowstreet; Gen & team into yellow up & assess; no concerns at this time. Pt's mother called & update given. (Anubera)
0940	Rounds completed & orders obtained; spouse andrea present @ end (Anubera)

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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DEC 20 2021

Date: _____

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

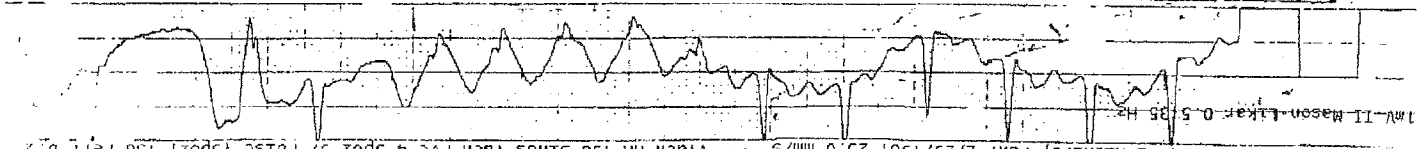
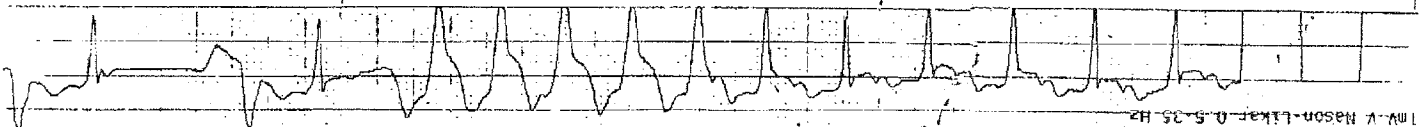
FEB-23-1981 40y IP V#10521726 M

ATN: SHUMILAK, GEOFFREY

FAM: FRASER, JILLIAN

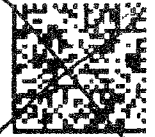


Date/Time	NURSING PROGRESS NOTES (Narrative)
1247	QNH assessment completed; GCS remains 15/15; c/o abdomen pain; dilaudid 0.5mg IV given for same. BS x4 hypo active; no new findings otherwise. <i>Amieberu</i>
1436	attempted to irrigate catheter yet unsuccessful. New #16 French Foley inserted for clear yellow urine. ++ Orange sediment in tubing once removed. Dilaudid 0.5mg given for discomfort. SLP @ bedside. <i>Amieberu</i>
1517	Dr. Gebhardt aware of SLP suggest order for ice chip & agrees to same. <i>Amieberu</i>
1550	Report received, pt accepted into care. <i>CM</i>
1615	Assessment complete. GCS 15/15 muscle strength weak to all limbs, pupils 3mm REPRIL. Sinus tachycardia, S ₂ audible, radial pulses +2, DP/PT ti bilat, no edema noted, skin warm and colour appropriate, Dobutamine infusion 2.5mcg/kg/min, R/L @ 50ml/hr. (C) red ART line dressing D/I, (C) IT dressing D/I. Nephlex boards to R & L flank D/I, Midline Abdo staples appears healthy. (C) Flank drain site appears healthy. BS normal x4, NG to LCS draining yellow/white. Colostomy site D/I & drainage in bag. Foley draining yellow. Spouse @ the bedside. <i>AMN</i>
1746	@ 1713 pt had 5 beats of VTach, assymp @ the event. <i>AMN</i>



1832	TPN started via medial port. <i>AMN</i>
1840	Nom @ bedside. <i>AMN</i>

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 20/21	Resident aware of rash, v-tach and
@ 1852	ABG/NBG _____ <i>CMN</i>
@ 1915	Family provided oral care throughout
	afternoon. Spouse washed pt just prior
	to leaving. Dilaudid 0.5mg IV given for
	b/o gen. abdo pain. Calcium Gluconate 1g
	infusing as per orders _____ <i>MM</i>
2000	Pt received into care. Safety checks done.
	Alarm limits checked _____ <i>R</i>
2140	Pt assessed refer to flow sheet. Oral care
	done. Temporal po given for temp 37.5.
	fresh ice bags provided per request.
	Mother present at bedside. Repositioned
	(R) pt not comfortable, pt backs on his
	side. Dilaudid IV 0.3mg given for pain
	re abdomen. NG suction turned off
	due to PO meals. New rash
	noted on (L) foot. Edges marked _____ <i>R</i>
2220	On back of his neck. Mother left at this
	time. Pt resting eyes closed resp easy _____ <i>R</i>
2300	(late entry) Pt Foley output 0 at 2200. Bladder
	irrigated w/ 10cc NS. Urine output good post flush _____ <i>R</i>
2355	Pt attached lead to mo. Discharge from previous
	admission. RAGS 0 GCS 15/15. Tachycardia
	at 120s, resp rate in 30s. AFEAP. Minimal
	output from right il drain. Ostomy bag
	1/3 full. Minimal output from NG suction.
	New ice bags provided per request. Update
	provided to wife over phone. Oral care
	done. Repositioned (L). Ice chips provided.
	Foley output adequate w/ some sediment _____ <i>R</i>



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: SHUMILAK, GEOFFREY

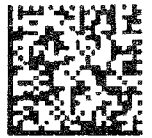
FAM: FRASER, JILLIAN



NURSING PROGRESS RECORD

Page 2 of 2

DATE/TIME	REMARKS
0130	Pt reports pain to abdomen. Directed to Surg N/line repositioned to back. RN
0340	Pt repositioned. Vital changes from before. GCS 15/15. PAss 0. Temp 38.8 (Ax). Tylenol prn given. Ice pack applied to skin. ICU resident notified. Pt awake and alert - Denies pain. NCA section off at 11:30 AM. RN
0350	ICU resident in to assist. RN
0415	Blood ox drawn from CMA reading and sent. Pulmonary in for peripheral blood c. urine collected and sent for ox. RN
0500	Temp re checked. Temp going down. RN
0645	Pt rechecked. CMA drug changed. Fresh ice pack provided. NCA back up no section. Blood drawn from urine and sent. RN
0615	Resident made aware of pt & Hyb in pt A/Bh results. Unit PRBC to be transfused. Consent form does not have pt signature. Resident notified. RN
0620	Resident in to obtain consent. RN
0638	Blood transfusion started as per order. RN



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 1 of 8

Admission weight: _____ kg Isolation precautions: Universal
Date: DEC 21 2021 Weight: 75.1 kg Family presence on rounds # hrs HOB greater than 30°: _____

CNS	Nursing assessment at: <u>0800</u>		Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath				
	RASS: <input checked="" type="checkbox"/> CAM ICU <input checked="" type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert				
	Pain present: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes - location <u>abd</u>		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical				
	Rating: <u>6/10</u> Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation				
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired Anterior Posterior				
	GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Side rails: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		B Bronchial breathing				
	Eyes open: <input checked="" type="checkbox"/> 4 Spontaneously <input type="checkbox"/> 3 - To speech <input type="checkbox"/> 2 - To pain <input type="checkbox"/> 1 - None		Crackles				
	Best verbal: <input checked="" type="checkbox"/> 5 Oriented <input type="checkbox"/> 4 - Confused <input type="checkbox"/> 3 - Inappropriate		wh Wheeze				
	<input type="checkbox"/> 2 - Incomprehensible sounds <input type="checkbox"/> 1 - None/ETT/Trach.		↓ Decreased air entry				
	Best motor: <input checked="" type="checkbox"/> 6 Obeys commands <input type="checkbox"/> 5 - Localize pain		Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive				
<input type="checkbox"/> 4 - Semi-purposeful/Withdraws <input type="checkbox"/> 3 - Flexor response		Colour _____ Amount _____ Consistency _____					
<input type="checkbox"/> 2 - Extensor response <input type="checkbox"/> 1 - Flaccid/No response		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Mediastinal					
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed		<input type="checkbox"/> Indirect <input type="checkbox"/> on suction <input type="checkbox"/> Gravity <input type="checkbox"/> Drainage colour _____					
Pupil size: LT <u>3</u> RT <u>3</u>		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Dressing _____					
Scale:		<input type="checkbox"/> ETT # _____ Type _____ Trach # _____ Type _____					
Muscle strength (Normal/Weak/Absent): RA <u>N</u> RL <u>N</u> LA <u>N</u> LI <u>N</u>		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder <input type="checkbox"/> Trough cuff <input type="checkbox"/> Inflated <input type="checkbox"/> Bellated					
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline					
HOB: _____ <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____					
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <u>DBLNP</u>					
EVD: Levelled at _____ cmH ₂ O <input type="checkbox"/> Open vent <input type="checkbox"/> Closed		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Disended					
GSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent					
Comments: <u>Astable 38.8</u>		<input checked="" type="checkbox"/> NG <input type="checkbox"/> OG <input checked="" type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ					
Arterial pulse:		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction					
0 - Absent	LT	BRACH	FEM	POP	DP	PT	Drainage: Colour <u>Green</u> Consistency <u>1</u>
1 - Weak	RT						Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray
2 - Normal							Tube depth: <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Taped at _____ cm
3 - Bounding							Dial: <u>achips</u> Tube feed: Type _____ Rate _____ mL/hr
D - Doppler							<input checked="" type="checkbox"/> Stoma Type <u>ileo</u> Site <u>RUO</u> <input type="checkbox"/> Edema
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged	Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input checked="" type="checkbox"/> Normal		<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____				
Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized	<input type="checkbox"/> Pitting - area _____		Comments:				
Heart sounds: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click	Urine - Colour: <u>ambu</u> <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Catheter				
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____	Genitalia: Appearance <u>N</u> <input type="checkbox"/> Drainage _____		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____				
Rate _____ Medo _____ MA _____ Sensing _____ Capture _____	Comments:		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny				
<input type="checkbox"/> MBR Site _____ <input type="checkbox"/> Epicardial wires # _____	Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Puddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic		Mucous membranes: <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact				
Vasc. Cath. Art. CVC Other Peripheral	Bed surface: <u>Propra</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splini		Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record				
Site <u>Dart</u> <u>D15</u>	Wounds: NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction		<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction				
Waveform <u>Dart</u> <u>D15</u>	Dressing <u>Dart</u> <u>D15</u>		Wounds: _____				
Total fluid intake goal:	IV Rate/hr Site BL Return		Site Colour Dressing Drainage Drains				
<u>Dobutamine @ 2.5 mcg/kg/min</u>	<u>Dart @ 80ml/hr</u>		<u>abd midline incision OIA - staples intact</u>				
<u>+ 450ml / - 64ml</u>			<u>right abd - Stry bridge</u>				
Comments: <u>Sinus tach & PVCs</u>			<u>bilat pink ple plex - On abd abd scars Shaker</u>				
			<u>both noted to sub bilat</u>				

Signature/Title: [Signature] A. Laster

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

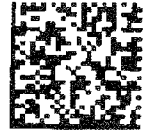
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHUMILAK, GEOFFREY

FAM: FRASER, JILLIAN

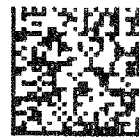


Date: DEC 21 2021

Isolation precautions: Universal

CNS	Nursing assessment at: _____		Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath					
	RASS: <input type="checkbox"/> CAM ICU (<u>-</u>) <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized		<input checked="" type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert					
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location <u>Abdomen general</u>		Chest excursion: <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical					
	Rating: <u>5/10</u> Scale: 0 (none) - 10 (severe) CPOT: _____		Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation					
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____		Inspired/Expired Anterior Fine/Coarse Posterior					
	GCS: <u>15/15</u> Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No		B <input type="checkbox"/> Bronchial breathing					
	Eyes open: <input checked="" type="checkbox"/> Spontaneously 3 - To speech 2 - To pain 1 - None		Crackles					
	Best verbal: <input checked="" type="checkbox"/> Oriented 4 - Confused 3 - Inappropriate		wh <input type="checkbox"/> Wheeze					
	2 - Incomprehensible sounds 1 - None/ETT/Trach.		↓ <input type="checkbox"/> Decreased air entry					
	Best motor: <input checked="" type="checkbox"/> Obeys commands 5 - Localize pain		Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive					
4 - Semi-purposeful/Withdraws 3 - Flexor response		Colour _____ Amount _____ Consistency _____						
2 - Extensor response 1 - Flaccid/No response		Chest tube: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal						
Pupils: LT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed RT - <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Slugg <input type="checkbox"/> Fixed		<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____						
Pupil size: LT <u>4</u> RT <u>4</u>		<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling Dressing _____						
Scale:		<input type="checkbox"/> ETT # _____ Type _____ <input type="checkbox"/> Trach. # _____ Type _____						
Muscle strength (Normal/Weak/Absent): RA <u>M</u> RL <u>M</u> LA <u>W</u> LL <u>W</u>		<input type="checkbox"/> Tapes <input type="checkbox"/> Ties <input type="checkbox"/> ETT holder Trach. cuff: <input type="checkbox"/> Inflated <input type="checkbox"/> Deflated						
EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable		Taped at _____ cm Teeth/Lips <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline						
HOB: <u>30°</u> <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions		<input type="checkbox"/> Ventilated <input type="checkbox"/> Non ventilated P/F ratio _____						
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll		Comments: <u>2 SL NP</u>						
EVD: Levelled at _____ cm H ₂ O <input type="checkbox"/> Open vent. <input type="checkbox"/> Closed		Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended						
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____		Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Absent						
Comments: <u>Temp 38.8</u>		<input type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> REG <input type="checkbox"/> ND <input type="checkbox"/> NJ						
Arterial pulse:		<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Intermittent/Continuous suction						
0 - Absent	RAD	BRACH	FEM	POP	DP	PT	Drainage: Colour <u>bilious</u> Consistency <u>thick</u>	
1 - Weak	LT	2			2	1	Placement confirmed: <input checked="" type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray	
2 - Normal	RT	2			2	1	Tube depth: <input type="checkbox"/> Marked <input type="checkbox"/> Taped at <u>ND</u> cm	
3 - Bounding							Diet: _____ Tube feed: Type <u>CS</u> Rate _____ mL/hr	
D - Doppler							<input type="checkbox"/> Stoma Type <u>J100</u> Site <u>RUG</u> <input type="checkbox"/> Edema	
Capillary refill: <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged	Skin: <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal		<input type="checkbox"/> FMS Last BM _____ Colour <u>dark green</u> Consistency <u>nick</u>					
Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized	<input type="checkbox"/> Pitting - area		Comments: _____					
Hear sounds: <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click	Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____		Urine - Colour: <u>amber</u> <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour _____					
Rate _____ Mode <u>MA</u> Sensing _____ Capture _____	<input type="checkbox"/> IABP Site _____ <input type="checkbox"/> Epicardial wires # _____		Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <u>LAometer</u>					
Vasc. Cath. Art. CVC Other Peripheral	Site <u>(L) rad</u> <u>(R) IJ</u>		Genitalia: Appearance <u>normal</u> Drainage _____					
Waveform <u>Dr J</u> <u>Dr J</u>	Dressing <u>Dr J</u> <u>Dr J</u>		<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____					
Total fluid intake goal: _____	Site _____ BL Return _____		Comments: _____					
IV Rate/hr Site BL Return	Site _____ Colour _____ Dressing _____ Drainage _____ Drains _____		Skin turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny					
<u>Dobutamine 2-5 mg/kg/min</u>	<u>RL 50 ml/hr</u>		Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundiced <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic					
<u>IRN 90 ml/hr</u>	<u>IRN 90 ml/hr</u>		Mucous membrane: <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact					
			Bed surface: <u>total care</u> <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint					
			Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See Wound Care Record					
			NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction					
			<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction					
Comments: <u>Sinus tach</u>			Wounds: _____					
			Site _____ Colour _____ Dressing _____ Drainage _____ Drains _____					
			<u>Midline abdo strap intact OIA</u>					
			<u>Bilateral flank neiphen OIA</u>					
			<u>Pigtail drain site Dr J</u>					
			<u>rash to feet bicard</u>					

Signature/Title: Talvin P...



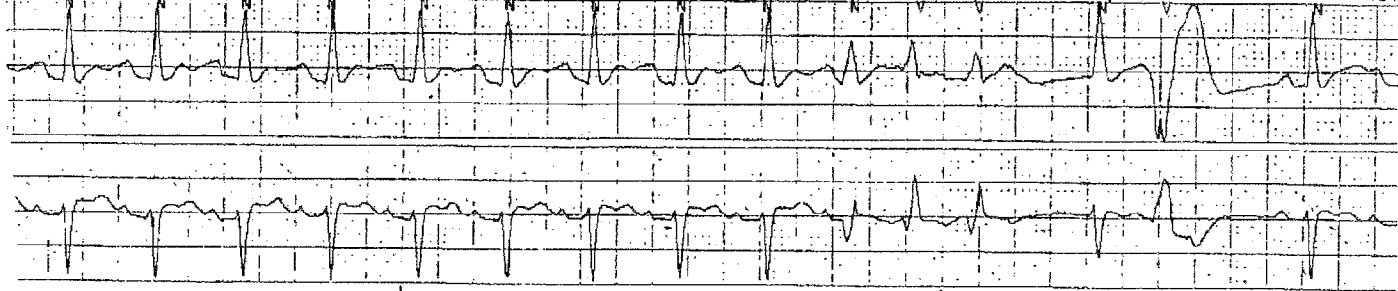
RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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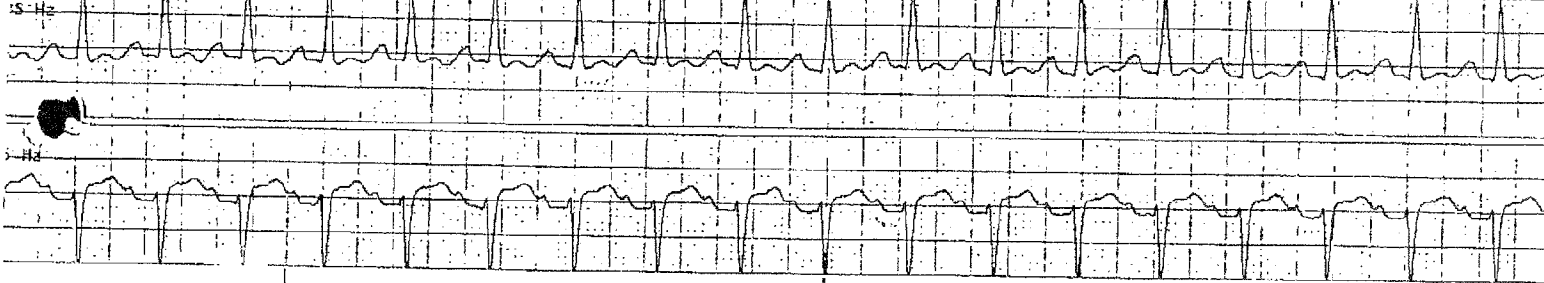
Date: DEC 21 2021 ECG Monitor Record

saved strip PR 0.21 QRS 0.10 RR 0.50 QT 0.28 QTc 0.40 [07:42:11] HR 120 PVC 0 SpO2 94 Pulse (SpO2) 121 Perf 0.7 ABP 151



Date: _____ Time: 0742 Atrial rate: 120 Vent. Rate: Do PR interval: 0.21 QRS complex: 0.10
QT interval: 0.28 QTc: 0.40 Interpretation: Sinus tach & PVC.

-2 Richard, Fehr 2/23/1981 25.0 mm/s HR 129 Sinus Tach PVC 0 SpO2 94 Pulse (SpO2) 128 Perf 0.6 ABP 159/75 (98) PPV 6 RR 44 ST-I -0.1 ST-II 0.9



Date: _____ Time: 2000 Atrial rate: 128 Vent. Rate: 128 PR interval: 0.20 QRS complex: 0.08
QT interval: 0.26 QTc: _____ Interpretation: sinus tach

Legend		Bath:	C - Complete	S - Self	P - Partial	PC - Percare	Oral care:	B - Brush	T - Toothette		
Activity:		B - Bedrest	C - Chair	A - Ambulate	D - Dangle	I - Independent	RT - Right	LT - Left	BK - Back		
Restrains		Care given:	S - Skin care	A - Ambulated	R - Reposition	CC - Constant care	M - ROM				
		Behaviour:	C - Calm	A - Agitated	R - Restless	S - Asleep	CD - Confused	Circulation:	G - Good	F - Fair	P - Poor

Restrains		08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Restraint Record	Type																								
	Circulation																								
	Care given																								
	Behaviour																								
	Initial																								

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

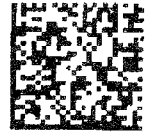
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHUMILAK, GEOFFREY

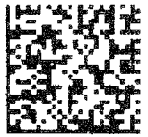
FAM: FRASER, JILLIAN



DEC 21 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^	220											
	v	210											
		200											
	Heart rate	190											
		180											
		170											
	Invasive monitoring in red	160											
		150											
		140											
Alarms set/checked	130												
	120												
Levelled	110												
	100												
Zeroed	90												
	80												
Resp. rate alarm limits: 8-50	70												
	60												
	50												
	40												
	30												
MAP		93	93	92	85	92	91	87	94	89	89	80	85
Temperature			37.3			37.4				37.4			
CVP													
ICP/ CPP													
RASS/Goal		0			0								
INTAKE	Site												
	Sol'n/Med												
	RL meds	0	42	68	65	238	124	248	40	77	61	45	
	Dobutamine	13	11	10	10	15	9	12	10	13	13	10	
	TPN	94	80	71	72	105	67	82	69	93	74	89	
													23
													149
	Orals	PRC	30						PRC				
	Blood products	148	158						316				
PO/Enteral		30											
Flushes													
Running total	255	606	744	901	1299	1459	1801	2234	2360	2502	2685	2810	
OUTPUT	Chest tube												
	Drains	LURIGHT											
	NO/Emesis												300
	Bowel	ilk			100					50			
	Urine		35	25	275	60	105	65	225	100	40	175	120
	Running total		35	60	335	495	570	635	860	960	1000	1175	1295
Initial		u	u	h	u	u	OB	h	u	v	OB	OB	
Previous 24 hour balance:		+ 450					Cumulative balance to date: - 64						



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: DEC 21 2021

TIME 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600 0700

VITAL SIGNS	Blood pressure	230												
	^	220												
	v	210												
	Heart rate	200												
		190												
		180												
		170												
	Invasive monitoring in red	160												
		150												
		140												
	<input type="checkbox"/> Alarms set/checked	130												
		120												
	<input type="checkbox"/> Levelled	110												
	<input type="checkbox"/> Zeroed	100												
<input type="checkbox"/> Resp. rate alarm limits:	90													
	80													
	70													
	60													
	50													
	40													
	30													

MAP	97												
Temperature	38.8					116	94	92	88	39	84	81	73
CVP						36.9	37.2			37.3		38.6	
ICP/OPP													
RASS/Goal	0									1			

INTAKE	Site	Sol'n/Med											
		RL + med	46										
		Dabigatran	10										
		TEN	85										
		Propofol											
	Blood products												
	PO/Enteral												
	Flushes												
	Running total		7951										

OUTPUT	Chest tube													
	Drains													
		A											20	
		B											25	
		C											50	
		D											8	
		E											10	
		Foley												35
		Ileostomy												15
		Perc VAC												50
	Urine		100										3180	
	Running total		1745											
	Initial													
	24 hour balance:		+ 1365											
	Cumulative balance:												+ 1301	

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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SK UNKNOWN

MRN: RUH 1315031

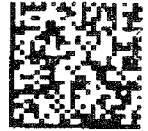
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SHUMILAK, GEOFFREY

FAM: FRASER, JILLIAN



Date: DEC 21 2021

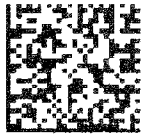
Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	08	09	10	11	12	13	14	15	16	17	18	19
ETT Placement (cm)												
Mask/Nasal prong	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP	NP
Resp. rate	41	33	37	26	40	44	35	37	35	37	30	29
SpO ₂	92	94	96	97	96	94	98	97	96	95	95	92
ETCO ₂												
FiO ₂	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L	2.5L
Vent. mode												
RA vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions C - Clear S - Small P - Purulent M - Moderate S - Sanguinous C - Copious												
HOB at _____°												
Gastric placement confirmed												
Gastric residual												
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal												
Dorsalis pedis	2				2							
Posterior tibialis												

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day	3	3	2	3	2	2	15
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex® sacrum <input type="checkbox"/> Prevalon® heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 21 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)		08				48 25 PRN			48 25 PRN			
Mask/Nasal prong		P										
Resp. rate	36	down				33						
SpO ₂	92					97	99	100	99	97	97	97
ETCO ₂						36	35	35	33	30	30	29
FiO ₂	2.5L					.50	.50	.50	.40	.40	.40	.40
Vent. mode		P				PRVC			PS			
RR vent./spont.						18/23	18/23	18/24	15	21	21	28
Tidal volume vent./spont.						300/450	350/450	444	600	568	462	550
% minute volume												
Peak insp. Pressure						26	26	20	21	21	21	21
Pressure support									12	12	12	12
PEEP/CPAP						8	8	8	8	8	8	8
ETT/Trach. secretions C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious						I mild brown						
HOB at _____°	30					30			30			
Gastric placement confirmed	✓					✓			✓			
Gastric residual	LCS					LCS			LCS			
Pedal pulses: 0 - Absent 3 - Bounding 1 - Weak D - Doppler 2 - Normal												
Dorsalis pedis	2					2			2			
Posterior tibialis	2					2			2			

Date/Time	NURSING PROGRESS NOTES (Narrative)
0748	Heart reviewed (0811) Safety checks complete - B/M @ HOB, Suction x2 appropriate alarms checked, intrusions verified. Systems assessment complete, see flow sheet.
0900	Gen Sk by, stat at my eye Sips of CE - 30ml HOB given. NB currently change to med given. Pt quite active, short patch given.
0933	bowls complete unless received of procedure
1213	ileo output now dark black/green mucousy stool. Trip to @ unavail. Systems assessment unavail.
1426	HOB reval @ 91, 1 unit PRBC ordered & initiated.

INTENSIVE CARE UNIT (ICU) FLOW SHEET

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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: VALIANI, SABIRA
 FAM: FRASER, JILLIAN



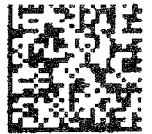
DEC 7 5 2021

Date: _____

Isolation precautions: _____

CNS	Nursing assessment at: _____							Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath																																																				
	RASS: CAM ICU: _____ <input type="checkbox"/> Drug induced paralysis <input type="checkbox"/> Anesthetized							<input type="checkbox"/> Use accessory muscles <input type="checkbox"/> Airway alert																																																				
	Pain present: <input type="checkbox"/> None <input type="checkbox"/> Yes - location _____							Chest excursion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical																																																				
	Rating: _____ Scale: 0 (none) - 10 (severe) CPOT: _____							Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> RT deviation <input type="checkbox"/> LT deviation																																																				
	<input type="checkbox"/> PCA <input type="checkbox"/> Epidural Dermatome level: _____							<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Inspired/Expired</p> </div> <div style="text-align: center;"> <p>Fine/Coarse</p> </div> </div>																																																				
	GCS: _____ Restraints: <input type="checkbox"/> Yes <input type="checkbox"/> No Side rails: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																											
	Eyes open: 4 - Spontaneously 3 - To speech 2 - To pain 1 - None							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">B</td> <td>Bronchial breathing</td> </tr> <tr> <td>cr</td> <td>Crackles</td> </tr> <tr> <td>wh</td> <td>Wheeze</td> </tr> <tr> <td>↓</td> <td>Decreased air entry</td> </tr> </table>							B	Bronchial breathing	cr	Crackles	wh	Wheeze	↓	Decreased air entry																																						
	B	Bronchial breathing																																																										
	cr	Crackles																																																										
	wh	Wheeze																																																										
↓	Decreased air entry																																																											
Best verbal: 5 - Oriented 4 - Confused 3 - Inappropriate							Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Non productive <input type="checkbox"/> Productive																																																					
2 - Incomprehensible sounds 1 - None/ETT/Trach.							Colour _____ Amount _____ Consistency _____																																																					
Best motor: 6 - Obeys commands 5 - Localize pain							Chest tube: <input type="checkbox"/> RT _____ <input type="checkbox"/> LT _____ <input type="checkbox"/> Heimlich <input type="checkbox"/> Mediastinal																																																					
4 - Semi-purposeful/Withdraws 3 - Flexor response							<input type="checkbox"/> Indirect _____ cm suction <input type="checkbox"/> Gravity Drainage colour _____																																																					
2 - Extensor response 1 - Flaccid/No response							<input type="checkbox"/> Bubbling <input type="checkbox"/> Tidalng Dressing _____																																																					
CNS	Pupils: LT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed RT - <input type="checkbox"/> Brisk <input type="checkbox"/> Slug <input type="checkbox"/> Fixed							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">ETT #</td> <td>_____</td> <td>Type</td> <td>_____</td> <td>Trach. #</td> <td>_____</td> <td>Type</td> <td>_____</td> </tr> <tr> <td>Tapes</td> <td><input type="checkbox"/></td> <td>Ties</td> <td><input type="checkbox"/></td> <td>ETT holder</td> <td><input type="checkbox"/></td> <td>Trach. cuff:</td> <td><input type="checkbox"/> Inflated <input type="checkbox"/> Deflated</td> </tr> <tr> <td>Taped at</td> <td>_____ cm</td> <td>Teeth/Lips</td> <td><input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline</td> <td colspan="4"></td> </tr> <tr> <td>Ventilated</td> <td><input type="checkbox"/></td> <td>Non ventilated</td> <td><input type="checkbox"/></td> <td>P/F ratio</td> <td colspan="3">_____</td> </tr> </table>							ETT #	_____	Type	_____	Trach. #	_____	Type	_____	Tapes	<input type="checkbox"/>	Ties	<input type="checkbox"/>	ETT holder	<input type="checkbox"/>	Trach. cuff:	<input type="checkbox"/> Inflated <input type="checkbox"/> Deflated	Taped at	_____ cm	Teeth/Lips	<input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline					Ventilated	<input type="checkbox"/>	Non ventilated	<input type="checkbox"/>	P/F ratio	_____																
	ETT #	_____	Type	_____	Trach. #	_____	Type	_____																																																				
	Tapes	<input type="checkbox"/>	Ties	<input type="checkbox"/>	ETT holder	<input type="checkbox"/>	Trach. cuff:	<input type="checkbox"/> Inflated <input type="checkbox"/> Deflated																																																				
	Taped at	_____ cm	Teeth/Lips	<input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Midline																																																								
	Ventilated	<input type="checkbox"/>	Non ventilated	<input type="checkbox"/>	P/F ratio	_____																																																						
	Pupil size: LT _____ RT _____							Comments:																																																				
	Scale:							Abdomen: <input type="checkbox"/> Obese <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended																																																				
	Muscle strength (Normal/Weak/Absent): RA _____ RL _____ LA _____ LL _____							Bowel sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent																																																				
	EEG monitoring: <input type="checkbox"/> Bedside <input type="checkbox"/> Portable							<input type="checkbox"/> NG <input type="checkbox"/> OG <input type="checkbox"/> Small bore <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> ND <input type="checkbox"/> NJ																																																				
	HOB: _____° <input type="checkbox"/> Cervical collar <input type="checkbox"/> C/T spine precautions							<input type="checkbox"/> Tube feed <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous suction																																																				
<input type="checkbox"/> Spinal cord assessment <input type="checkbox"/> Logroll							Drainage: Colour _____ Consistency _____																																																					
EVD: Levelled at _____ cm H ₂ O <input type="checkbox"/> Open cont. <input type="checkbox"/> Closed							Placement confirmed: <input type="checkbox"/> Aspirate <input type="checkbox"/> Chest x-ray																																																					
CSF: <input type="checkbox"/> Clear <input type="checkbox"/> Blood tinged <input type="checkbox"/> Cloudy <input type="checkbox"/> Other _____							Tube depth: <input type="checkbox"/> Marked <input type="checkbox"/> Taped at _____ cm																																																					
Comments:							Diet: _____ Tube feed: Type _____ Rate _____ mL/hr																																																					
CNS	Arterial pulse:							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td></td> <td>RAD</td> <td>BRACH</td> <td>FEM</td> <td>POP</td> <td>DP</td> <td>PT</td> </tr> <tr> <td rowspan="2" style="width: 20px;">LT</td> <td>0 - Absent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1 - Weak</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2" style="width: 20px;">RT</td> <td>2 - Normal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Bounding</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>D - Doppler</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									RAD	BRACH	FEM	POP	DP	PT	LT	0 - Absent							1 - Weak							RT	2 - Normal							3 - Bounding									D - Doppler					
			RAD	BRACH	FEM	POP	DP	PT																																																				
	LT	0 - Absent																																																										
		1 - Weak																																																										
	RT	2 - Normal																																																										
		3 - Bounding																																																										
			D - Doppler																																																									
	Capillary refill: <input type="checkbox"/> Brisk <input type="checkbox"/> Prolonged							<input type="checkbox"/> Stoma Type _____ Site _____ <input type="checkbox"/> Edema																																																				
	Skin: <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal							<input type="checkbox"/> FMS Last BM _____ Colour _____ Consistency _____																																																				
	Edema: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized							Comments:																																																				
<input type="checkbox"/> Pitting - area _____							Urine - Colour: _____ <input type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Odour _____																																																					
Heart sounds: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub <input type="checkbox"/> Murmur <input type="checkbox"/> Click							Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter																																																					
Pacemaker: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ cm) Site _____							Genitalia: Appearance _____ Drainage _____																																																					
Rate _____ Mode _____ MA _____ Sensing _____ Capture _____							<input type="checkbox"/> Intermittent dialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> CRRT goal _____																																																					
<input type="checkbox"/> IABP _____ Site _____ <input type="checkbox"/> Epicardial wires # _____							Comments:																																																					
CNS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">Vasc. Cath.</td> <td></td> <td>Art.</td> <td></td> <td>CVC</td> <td></td> <td>Other</td> <td></td> <td>Peripheral</td> </tr> <tr> <td>Site</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Waveform</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Vasc. Cath.		Art.		CVC		Other		Peripheral	Site								Waveform								Dressing								Skin turgor: <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Moist <input type="checkbox"/> Shiny																			
	Vasc. Cath.		Art.		CVC		Other		Peripheral																																																			
	Site																																																											
	Waveform																																																											
	Dressing																																																											
	Total fluid intake goal:							Colour: <input type="checkbox"/> Normal <input type="checkbox"/> Ruddy <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic																																																				
	IV _____ Rate/hr _____ Site _____ EL Return _____							Mucous membrane: <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Intact																																																				
								Bed surface: _____ <input type="checkbox"/> PCD <input type="checkbox"/> AES <input type="checkbox"/> Splint																																																				
								Wounds: Decubitus/Skin breakdown <input type="checkbox"/> No <input type="checkbox"/> Yes - See <i>Wound Care Record</i>																																																				
								NPWT: <input type="checkbox"/> Wound <input type="checkbox"/> Abthera™ <input type="checkbox"/> Incisional _____ mmHg suction																																																				
							<input type="checkbox"/> Continuous suction <input type="checkbox"/> Intermittent suction																																																					
							Wounds:																																																					
							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">Site</td> <td></td> <td>Colour</td> <td></td> <td>Dressing</td> <td></td> <td>Drainage</td> <td></td> <td>Drains</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Site		Colour		Dressing		Drainage		Drains																																						
Site		Colour		Dressing		Drainage		Drains																																																				
Comments:																																																												

Signature/Title: _____



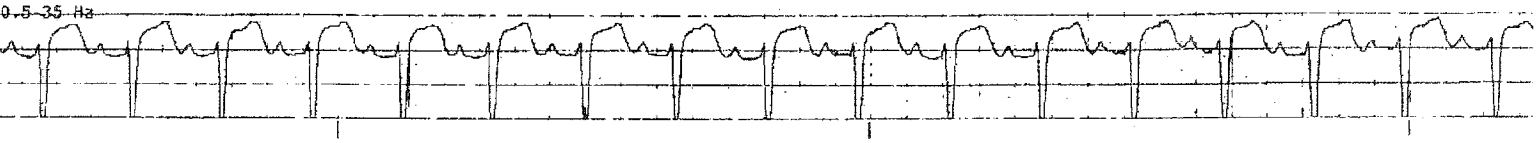
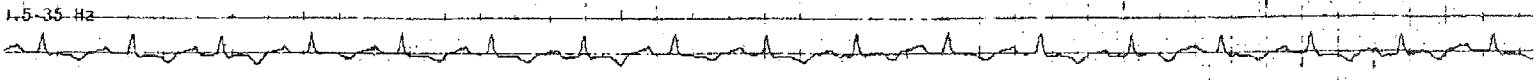
RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 3 of 8

Date: DEC 25 2021 ECG Monitor Record

3321-2 Richard, Fehr 2/23/1981 25.0 mm/s [07:56:55] HR 117 PVC 0 SpO2 97 Pulse (SpO2) 117 Perf 3.1 ABP 142/73 (95) PPV 7 RR 32 ST-I



Date: <u>Dec 25/21</u>	Time: <u>2000</u>	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:	QTc:	Interpretation:			

Date:	Time:	Atrial rate:	Vent. Rate:	PR interval:	QRS complex:
QT interval:	QTc:	Interpretation:			

	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
✓ - Care given																								
Oral care	✓			✓																				
Eye care																								
Bath/Skin assessment																								
Activity/Repositioned																								
Mobility step																								
Rotation therapy: % rotation																								
ROM splint/boot (On/Off - R/L)																								
DB&C (D) (I/S)																								
Chest percussion (C)																								
Percs. & vibs. (PV)																								
Restraint Record	Restraints Type	✓																						
	Circulation																							
	Care given																							
	Behaviour																							
Initial	✓																							

Legend
 Bath: C - Complete S - Self P - Partial PC - Pericare Oral care: B - Brush T - Toilettte®
 Activity: B - Bedrest C - Chair A - Ambulate D - Dangle I - Independent RT - Right LT - Left BK - Back
Restraints
 Restraints type: V - Vest L - Limb x P - Pinel On at Off at
 Care given: S - Skin care A - Ambulated R - Reposition CC - Constant care M - ROM
 Behaviour: C - Calm A - Agitated R - Restless S - Asleep CD - Confused Circulation: G - Good F - Fair P - Poor

INTENSIVE CARE UNIT (ICU) FLOW SHEET

SK UNKNOWN

MRN: RUH 1315031

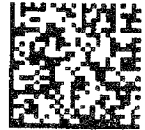
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: VALIANI, SABIRA

FAM: FRASER, JILLIAN



DEC 7 5 2021

Date: _____

TIME	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
VITAL SIGNS	Blood pressure	230											
	^												
	∨												
	Heart rate	190											
	Invasive monitoring in red	180											
	170												
	160												
	150												
	140												
	130												
Alarms set/checked	120												
110													
100													
Levelled	90												
80													
Zeroed	70												
60													
Resp. rate alarm limits:	50												
40													
30													
MAP		91	99	95	93	103	90						
Temperature		37.1				37.1							
CVP													
ICP/ CPP													
RASS/Goal		0	0			0	0						
INTAKE	Site												
	Sol'n/Med												
	Wg IV Fluid	11	8	72	75	124	10						
	Arterobun	9	6	10	8	7	8	9					
	PN	112	78	121	121	83	93	128					
	Drain A	10	10	10	10	10	10						
	Drain C	10	10	10	10	10	10						
	Blood products												
	PO/Enteral	20	20	20	20	20	20	20					
	Flushes												
Running total	172	304	527	797	1051	1202	1359						
OUTPUT	Urine												
	Stool												
	Drains												
	NG/Enteral												
	Bowel												
	Malecot												
	Urine	150	130	250	165	100	165	75					
VAC													
Running total	150	280	480	615	715	1120	1645						
Initial													
Previous 24 hour balance:		+595											
Cumulative balance to date:							+4034						



SK UNKNOWN

MRN: RUH 1315031

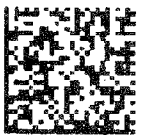
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FEHR, RICHARD NEIL

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

ATN: VALIANI, SABIRA

FAM: FRASER, JILLIAN



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 5 of 8

Date: _____

DEC 25 2021

TIME	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700
VITAL SIGNS	Blood pressure	230											
	^	220											
	∇	210											
		200											
	Heart rate	190											
	•	180											
		170											
	Invasive monitoring in red	160											
		150											
		140											
	<input type="checkbox"/> Alarms set/checked	130											
		120											
	<input type="checkbox"/> Levelled	110											
		100											
	<input type="checkbox"/> Zeroed	90											
		80											
	<input type="checkbox"/> Resp. rate alarm limits:	70											
		60											
	50												
	40												
	30												
INTAKE	MAP												
	Temperature												
	CVP												
	ICP/ CPP												
	RASS/Goal												
	Site	Sol'n/Med											
Blood products													
PO/Enteral													
Flushes													
Running total													
OUTPUT	Chest tube												
	Drains												
	NG/Emesis												
	Bowel												
	Urine												
	Running total												
Initial													
24 hour balance:													
Cumulative balance:													

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 6 of 8

DEC 25 2021

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: VALIANI, SABIRA

FAM: FRASER, JILLIAN



Date: _____

Did the patient meet criteria for SBT? Yes No *ADT* Time: _____

			OXYGEN THERAPY												
			08	09	10	11	12	13	14	15	16	17	18	19	
ETT Placement (cm)															
Mask/Nasal prong			2LNP				R/A 2LNP								
Resp. rate			32	37	36	34	35	38							
SpO ₂			97%	98%	95%	95%	93	97	97%						
ETCO ₂															
FiO ₂															
Vent. mode															
RR vent./spont.			/	/	/	/	/	/	/	/	/	/	/	/	
Tidal volume vent./spont.			/	/	/	/	/	/	/	/	/	/	/	/	
% minute volume															
Peak insp. Pressure															
Pressure support															
PEEP/CPAP															
ETT/Trach. secretions C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious															
HOB at 30°			/				/								
Gastric placement confirmed			/				/								
Gastric residual			0cc				20cc								
Pedal pulses.		Dorsalis pedis	RT	LT		RT		LT		RT		LT			
0 - Absent	3 - Bounding		2	2		2		2		2		2			
1 - Weak	D - Doppler	Posterior tibialis	2	2		2		2		2		2			
2 - Normal															

BRADEN SCALE - PRESSURE ULCER RISK ASSESSMENT

Document assessment. Check preventative strategies implemented for risk factor scores of 1 or 2.

Score/Risk indicators: 19-23 - No 15-18 - Low 13-14 - Moderate 10-12 - High Less than/equal to 9 - Very high	Sensory Perception: Ability to respond meaningfully to pressure-related discomfort.	Moisture: Degree to which skin is exposed to moisture.	Activity: Degree of physical activity.	Mobility: Ability to change and control body position.	Nutrition: Usual food intake pattern.	Friction & Shear: Ability to move independently or requires repositioning.	Total Score:
Day							
Night							
Check strategies in place. Record results in Progress Notes.	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Sport bed	<input type="checkbox"/> Foley <input type="checkbox"/> FMS <input type="checkbox"/> Absorbent pad <input type="checkbox"/> Barrier cream	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Rotation <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Q2h turn schedule <input type="checkbox"/> Consult PT <input type="checkbox"/> Consult OT	<input type="checkbox"/> Monitoring for adequate intake <input type="checkbox"/> Consult dietitian	<input type="checkbox"/> Slider sheets or repositioning sheet <input type="checkbox"/> Hips at 'gatch' of bed <input type="checkbox"/> Mepilex@ sacrum <input type="checkbox"/> Prevalon@ heel boots	



RUH SCH SPH Other _____

INTENSIVE CARE UNIT (ICU) FLOW SHEET

Page 7 of 8

Date: DEC 25 2021

Did the patient meet criteria for SBT? Yes No Time: _____

OXYGEN THERAPY												
	20	21	22	23	24	01	02	03	04	05	06	07
ETT Placement (cm)												
Mask/Nasal prong												
Resp. rate												
SpO ₂												
ETCO ₂												
FI _{O₂}												
Vent. mode												
RR vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
Tidal volume vent./spont.	/	/	/	/	/	/	/	/	/	/	/	/
% minute volume												
Peak insp. Pressure												
Pressure support												
PEEP/CPAP												
ETT/Trach. secretions C - Clear P - Purulent S - Sanguinous S - Small M - Moderate C - Copious												
HOB at _____°												
Gastric placement confirmed												
Gastric residual												
Pedal pulses: 0 - Absent 1 - Weak 2 - Normal 3 - Bounding D - Doppler												
Dorsalis pedis												
RT LT												
Posterior tibialis												
RT LT												

Date/Time	NURSING PROGRESS NOTES (Narrative)
2021/12/25 0740	Report received from night shift RN care assumed.
2021/12/25 0800	Safety check completed; pumps checked, Abd drains reviewed. Please see flow sheet for details.
2021/12/25 0830	GI service around, reviewed drains @ GI service, I+O. From GI service perspective ok if ICU Drs provide order for cardiac chair. ? Plan to be transferred to ward once ICU Drs clear/sticker for this.
2021/12/25 0850	PTT re-drawn + sent as per nomogram.
2021/12/25 0900	pts Mother @ bedside to visit.

INTENSIVE CARE UNIT (ICU) FLOW SHEET

SK UNKNOWN
 MRN: RUH 1315031

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

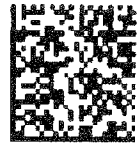


DEC 25 2021

Date:

Date/Time	NURSING PROGRESS NOTES (Narrative)
2021/12/25 c 0900	Description for OBOD Assessment. Drain LUQ JP attached to NS irrigate 10cc/hr, site D+1. Drain B LUQ (chest tube) LC suction c. 20, draining drsg OH, drainage appropriate for POD 4. (L) flank drain D+1. Drain C - LUQ JP, irrigate c 10cc NS D+1, Drain D LUQ malrot to low continuous suction c. 20 drainage appropriate for POD x4. Drain E LUQ midline JP to bulb suction, GI service indicates this drain is connected to the ileo, if drainage changes color this can possible indicate an issue c ileo and to let them know immediately. Midline incision has VAC drsg LC c 125mmHg d+1. 2 necrotic sites to lower abd appear 'stable' Rectal tube insitu, c concerns c this time.
2021/12/25 c 0920	Lab called + stated tube "underfilled", new sample req and sent c 0925.
2021/12/25 c 0955	PTT within range, plan to repeat c 1130am, if stable + in range next PTT Rhso.
2021/12/25 c 1120	Rounds complete, writer reviewed assessment details, new orders received, plan, pt is stuckered and able to tsf to ward when bed available.
2021/12/25 c 1200	No change from baseline assessment, pt turned, ultrasorb D'd, tolerated ok. IV dulacid 0.5mg given for comfort on pt request after care.
2021/12/25 c 1400	Artline d'd. pressure held to stabilized, drsg A ⁺ c gauze
2021/12/25 c 1400	Pt to be tsf to ward 500c-3.
2021/12/25 c 1430	pt tsf to ward, report given to ward staff.

Continued on Progress Record - Nursing (form #101434)





RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 15/21

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 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>W</u> LUE <u>W</u> RLE <u>W</u> LLE <u>W</u>	
	Pain: Score (e.g. 0-10) <u>0/10</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>pleasant & care</u>	
	CVS	Capillary Refill: <input checked="" type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> Yes Type/location(s) <u>mild generalized</u>		
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 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 checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Abnormal <u>Murmur</u> <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 checked="" type="checkbox"/> Telemetry: # <u>30</u> <input type="checkbox"/> Cardiac Monitoring		
Access type: <u>peripheral</u> <u>central-CVL</u>		
Site/Condition: <u>Cham</u> <u>BIS</u>		
Dressing: <u>op site</u> <u>op site</u>		
Infusion(s): <u>S/L</u> <u>S/L x 3</u>		
Comments: _____		
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	
	<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;"> ANTERIOR R  L </div> <div style="text-align: center;"> POSTERIOR L  R </div> </div>	
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O2 nasal prongs <u>5</u> L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ 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"/> Tiding	
	Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____	
	Comments: <u>SpO2 98% on SL O2 via np. ↓ & tolerate well.</u> <u>0508.</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: ESHTAYA, EHAB

FAM: FRASER, JILLIAN

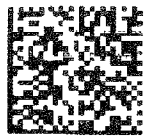


DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ 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 checked="" type="checkbox"/> N/A _____ Comments: _____																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>ice chips</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 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>ileostomy</u> Site <u>(R) upper quadrant</u> Colour _____ <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input checked="" 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 checked="" type="checkbox"/> Secured at/External length <u>70</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>ice chips given. tube feed to be started.</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 checked="" type="checkbox"/> N/A <input 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" 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>lateral mid abd incision</u></td> <td><u>gauze compress</u></td> <td><u>D&I o'shad.</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> <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		<u>lateral mid abd incision</u>	<u>gauze compress</u>	<u>D&I o'shad.</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*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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	<u>lateral mid abd incision</u>	<u>gauze compress</u>	<u>D&I o'shad.</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																					
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			<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>meperex coccyx D&I. meperex border to (R) side abdomen & (R) heel D&I. transparent dressing to abd. D&I.</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: Stall R Assessment time: 1915 Time charted: 1930



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec. 15/21

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 checked="" type="checkbox"/> Restless (with) <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 type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>W</u> LUE <u>W</u> RLE <u>W</u> LLE <u>W</u></p> <p>Pain: Score (e.g. 0-10) <u>0</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____</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>pt repositioned & assist x 2 a few times as pt - slightly restless</u></p>																				
CVS	<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 type="checkbox"/> None <input checked="" type="checkbox"/> Yes Type/location(s) <u>generalized, mild</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 type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input checked="" type="checkbox"/> Telemetry: # <u>30</u> <input checked="" type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Access type:</td> <td><u>BVL</u></td> <td><u>SL</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>RT patent</u></td> <td><u>LD hard patent</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Intact</u></td> <td><u>Intact</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>0</u></td> <td><u>0</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>BVL</u>	<u>SL</u>			Site/Condition:	<u>RT patent</u>	<u>LD hard patent</u>			Dressing:	<u>Intact</u>	<u>Intact</u>			Infusion(s): (solution/rate)	<u>0</u>	<u>0</u>		
Access type:	<u>BVL</u>	<u>SL</u>																			
Site/Condition:	<u>RT patent</u>	<u>LD hard patent</u>																			
Dressing:	<u>Intact</u>	<u>Intact</u>																			
Infusion(s): (solution/rate)	<u>0</u>	<u>0</u>																			
RESPIRATORY	<p>Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input checked="" 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> <p>POSTERIOR</p> <p>L L R</p> </div> </div> <p>Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O₂ nasal prongs <u>4L</u> 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: _____</p>																				

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

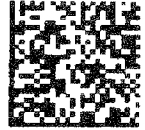
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



NIGHT SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour _____ Clear Cloudy Odour _____

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

Comments: *perfor*

GI

Nothing by mouth Diet *ice chips* Tolerating Nausea Emesis _____ Calorie Counts _____

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal _____ Hypoactive _____ Hyperactive _____ Absent _____ **Flatus:** Yes No

Last bowel movement: _____ Colour _____ Consistency/Size _____ Continent Incontinent

Stoma: Type *ileostomy* Site *RUB* Colour _____ Bridge _____

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

Tube depth: Secured at/External length *70* cm

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

Tube Feed: Formula *promote* Rate *90* mL/hr Tube Site Appearance: _____

Comments: *HOB @ 30°*

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	
<i>mid abd incision</i>	<i>meper</i>	<i>0</i>	<input 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*
			<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: *transparent dres to (1) side of abdomen, meper border to (2) side of abd. Coccyx - meper intact*

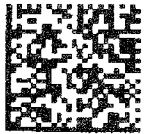
PRESSURE INJURY ASSESSMENT (see staging below):

<p>Stage 1: Non blanching, localized, reddened area</p> <p>Stage 2: Blister or partial-thickness loss of skin with exposed dermis</p> <p>Stage 3: Full-thickness skin loss, subcutaneous fat may be visible</p> <p>Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p>Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p>Deep Tissue: 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: *2000* Time charted: *2325*

Form #104271TRIAL (Saskatoon Area) 08/2019



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.

MOBILITY	Date: <u>DEC 15/21</u> Time: <u>1915</u> Initials: <u>AK</u>
	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 checked="" type="checkbox"/> Total/Ceiling track/Tub lift <input checked="" type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>AAT</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <u>Call bell in reach</u> Restraints - Type _____ (see Restraint Record)
MOBILITY	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 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	3
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	3
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	1
MOBILITY: Ability to change and control body position.				
1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	2
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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. Excellent 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.	2
FRICION AND SHEAR				
1. Problem 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	2
			TOTAL SCORE = 13	

Implemented Pressure Risk Interventions	Bed surface: <u>regular</u> <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	Time: <u>1915</u> Initials: <u>AK</u>
	<input checked="" type="checkbox"/> Other <u>pressure bed to be ordered. ON aware.</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: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 15/21 @ 1915	Pt arrive to 6025-3 via bed. Axilli side 4/F to bed. see assessment. HE tachy. see orders. tele applied. <i>OTall RN</i>
2020	tube feeds started @ 90 ml/hr, pt's HOB @ 30° his medications given via tube feed as well, pt. repositioned in bed to assist. <i>OTall RN</i>
2230	pt. c/o unable to sleep & being uncomfortable, helped reposition in bed. <i>OTall RN</i>
Dec. 16/21 0000	pt. trying to get up saying "let me up, I want to go home you can't keep me here, you are giving opiates to the kids", pt. becoming agitated & restless, writer & co-RN trying to reassure patient. Patient wanting to talk to his wife on his cellphone but unable to dial - Co-RN called pt's wife and informed her about the situation, pt's wife called his cellphone & pt. able to talk to his wife. <i>OTall RN</i>
0030	Pt. seemed to settle after talking to his wife, will monitor. <i>OTall RN</i>
0226	Pt on and off restless and sleepy. Many minor movements in bed. Currently voicing any concerns. Will monitor. <i>OTall RN</i>
0314	Writer and partner RN changed stomach incision drsg. Ostomy leaking small amounts to underneath the stomach incision drsg. Pt remains restless. 650mg Tylenol given crushed via NG tube. Will continue to monitor. <i>OTall RN</i>
0400	Pt continue to be restless on & off, turning from side to side & threw up at some point. tube feed stopped. Pt's bedding changed, repositioned patient, HOB raised at 30° and tube feed resumed, ice chips given as requested. <i>OTall RN</i>
0430	Pt. wanting to sit up, assisted to sit at edge of bed for 5 minutes offered ice chips. Writer had to support pt's. <i>OTall RN</i>

Continued on Progress Record - Nursing (form #101434)

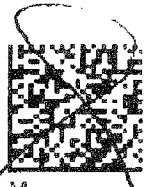


SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

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: PYLYPCHUK, STEPHEN
FAM: FRASER, JILLIAN



NURSING
PROGRESS RECORD
Page 1 of 2

DATE/TIME	REMARKS
Dec 16/21 cont'd 0430	back so he does not fall back into bed. Pt. seem to be not oriented as to where he is as he is looking for his wife. Writer told pt. wife is at home and he is currently in the cardio cory ward 6000. Assisted pt back to bed xii and repositioned.
0628	Pt washed up. Gown changed. Tolerated well. Abx ran trough @ 15. Pt A+O x 2-3 at this time. Pt voices concerns. Will monitor. <i>[Signature]</i>





RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 16 / 21

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>disorientated</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 checked="" type="checkbox"/> Restless <input checked="" 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 checked="" type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other <u>attempting to "go home", pulled out NG tube.</u>	
	PERLA: <input type="checkbox"/> N/A <input checked="" 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) <u>denied</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 <u>Haldol 2.5mg IV given to help calm</u> Comments: _____	
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 checked="" type="checkbox"/> Yes Type/location(s) <u># @ leg, generalized to arms.</u>	
	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>PUCS.</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 checked="" type="checkbox"/> Telemetry: # <u>30</u> <input type="checkbox"/> Cardiac Monitoring	
	Access type:	<u>CVL</u>
	Site/Condition:	<u>@ IT</u>
Dressing:	<u>tegaderm D37</u>	
Infusion(s): (solution/rate)	<u>Stk. patient</u>	
Comments: <u>BP 149/94, HR 94</u> <u>BP 146/75, HR 116 Apical.</u>		
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input checked="" type="checkbox"/> Shortness of breath <input checked="" 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 checked="" type="checkbox"/> <u>Shallow resp's.</u>	
	Draw symbols on the lung diagram to indicate assessment <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	ANTERIOR  POSTERIOR 
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O ₂ nasal prongs <u>4</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 ₂ 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>SpO₂ 98% on 4L</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: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour dark amber Clear Cloudy Odour _____

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

Comments: in situ, draining

GI

Nothing by mouth Diet ice chips po Tolerating Nausea Emesis _____ Calorie Counts _____

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal Rx2 Hypoactive Lx2 Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: _____ Colour _____ Consistency/Size _____ Continent Incontinent

Stoma: Type ileostomy Site RUG Colour _____ Bridge _____

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

Tube depth: Secured at/External length removed per self this am.

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

Tube Feed: Formula Pronode Rate 90 mL/hr Tube Site Appearance: ON HOLD - pt removed.

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>coccyx</u>	<u>mepilex border</u>	<u>∅</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Ⓡ heel</u>	<u>mepilex border - preventative</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>abd - midline Sx</u>	<u>staped + mepore</u>	<u>scant old sang</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
<u>Ⓡ abd</u>	<u>mepilex border</u>	<u>∅</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Ⓢ abd</u>	<u>nematoma - blood blister, outlined, OTA</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: Watching ordered air bed. Wound care into change and assess dressings.

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.

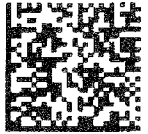
Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister. . . .

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

RN/ LPN signature: Hopkins RN

Assessment time: 0800

Time charted: 1009



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 11/21

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 2 (patient/place) 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 W LLE W

Pain: Score (e.g. 0-10) denies Self-report Behavioural Tool _____ Location(s) _____

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: pt able to nod or shake head to answer most questions. Able to say some words, voice hoarse

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: # 30 Cardiac Monitoring

Access type:	<u>CVL</u>		
Site/Condition:	<u>R15</u>		
Dressing:	<u>D01</u>		
Infusion(s): (solution/rate)	<u>S/L</u>		

Comments: site appears healthy

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:

<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	ANTERIOR 	POSTERIOR
	<input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED		
	<input type="checkbox"/> D↓ DECREASED AIR ENTRY		
	<input type="checkbox"/> ABSENT AIR ENTRY		

= EQUAL AIR ENTRY

Oxygen Therapy: Room air O₂ nasal prongs 4 L/min Simple mask _____ L/min
 CPAP/BiPAP at _____ Other _____ at _____ L/min

Chest Tube: Type _____ Location _____ Dressing _____
 Drainage - Colour _____ Gravity Suction _____ cmH₂O Bubbling Tidaling

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: pt 98% on 4L NP, RR ↑ to 38 but does not appear to be in distress, accessory muscles used, denies feeling SOB. Audible to heard through pts mouth

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

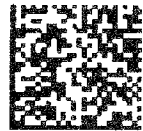
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



NIGHT SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ilea conduit Nephrostomy Other _____

Urine: N/A Colour yellow 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: _____ Colour _____ Consistency/Size _____ Continent Incontinent

Stoma: Type ileostomy Site RUG Colour _____ 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 promote Rate 90 mL/hr Tube Site Appearance: intact

Comments: flushed promed 2x (120mL)
ileostomy empty at this time

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>coccyx</u>	<u>mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>(R) abd</u>	<u>mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>(L) abd</u>	<u>mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>abd</u>	<u>staples DTA</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>(R) heel</u>	<u>mepilex</u>	<u>Ø</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):

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

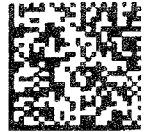
Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

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.

<p>Location #1: <u>coccyx</u></p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input checked="" 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: <u>(R) heel</u></p> <p><input type="checkbox"/> At risk (reddened, blanching)</p> <p><input checked="" 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 #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: WNV Assessment time: 2040 Time charted: 2057



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.

MOBILITY	Date: <u>Dec 16/21</u> Time: <u>0800</u> Initials: <u>AK</u>
	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 checked="" type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>WSAT</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <u>universal</u> <input checked="" type="checkbox"/> Restraints - Type <u>panels x 4 limbs</u> (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)

SENSORY PERCEPTION: Ability to respond meaningfully to pressure-related discomfort.				
1. Completely Limited 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score 3
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	Score 3
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	Score 1
MOBILITY: Ability to change and control body position.				
1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	Score 2
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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 <u>tube feeding</u> regimen, which probably meets most of nutritional needs.	4. Excellent 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 3
FRICION AND SHEAR				
1. Problem 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	Score 1
TOTAL SCORE = 13				

Implemented Pressure Risk Interventions	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

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

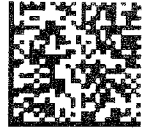
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

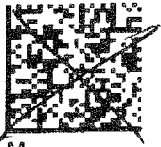
ATN: ESHTAYA, EHAB

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 16/21 @0853	pt pulled off NG tube, pulled out Foley, and pulled off O2. soft restraints to arms applied
@0800-0815	Dr. Pylupchuk and security here, pt +++ agitated. wife called and aware of same. Foley & pulled out. 2.5mg IV haldo given. 4 point joint restraints applied & assist of security. O2 reapplied. Pt attempted at biting writer while applied. Pt bit and held onto O2 tubing. When pt let tubing go, applied backwards over head. pt settled at this time
@0900	pt wife in at bed, had update from Dr. Pylupchuk. pt repositioned in bed. oral care completed. pt remains settled. O2 on @ 4L pm. Ar completed at this time
@0930	feet restraint removed
@1000	ostomy wound care nurse in to assess pt and address wounds/ostomy. wife at bedside
@1020	sw came and talked with wife, provided support. pt was lucid and combative yesterday. See sw progress note.
@1100	Dr. E. Sall (cardio fellow) inserted soft bore NG feeding tube. Pt aspirated for S.O. CXE/AXE placed (ordered) to confirm placement
@1145	RD in to assess pt. new orders received & processed.
late entry for 0915	SLP in to see pt. advised SLP that pt was restrained and sedated. SLP advised writer that if pt's RR was "above 30 that it isn't conducive to swallowing"

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 16/21 @ 0915 @ 1239	and she would check back this afternoon. wife remains at bedside. Portable CXR done to check placement of NG. Wife states pt "isn't sleeping, but ignoring us" SpO ₂ 96% on 4L. RIZ remains high. Will continue to monitor
@ 1400	Remaining limb restraints removed pt more alert, calm and cooperative & care call bell in reach
@ 1430	NG tube placement confirmed & Cardio fellow, Dr. Elsa L. pt transferred to air bed and tube feed started per dietitian orders. Pt's wife gave sips of water and ice chips. reminded wife he needs to at this 90° for sips of water.
@ 1445	Pt calm, comfortable, and visiting wife
@ 1454	Spoke SLP re wife giving pt sips of water while sitting up. Also requested that SLP come to see pt. SLP @ pager # 12702 - that advised writer, "I did mention to her that his respiratory rate was too high for him to drink safely." SLP advised that she would try to come to see him this afternoon.
@ 1557 @ 1600	Pt, Jody, in to see pt wife left. Pt resting in bed watching TV. Denies needs when asked
@ 1645	mom in @ bedside.



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

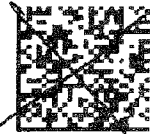
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: PYLYPCHUK, STEPHEN

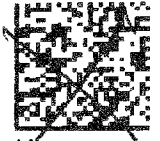
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

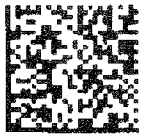
Page 2 of 2

DATE/TIME	REMARKS
Dec 10 21 @ 1920	pt repositioned in bed. O ₂ humidified. pt sleeping. tele transmitting - Cl
@ 1920	pt's mother at bedside. Assisted pt in eating a popsicle. ileostomy emptied for a total 1L fluid today. Will pass into Nx - to give Immodium. & no other concerns at present.
2058	pt received into care asleep in bed, moved easily. PM ax done, HR & RR elevated but pt appears comfortable despite same. Other VSS & meds given via NG & CVL. Pt requested popsicle, advise he's only allowed to lick it & not bite, same given
2135	eat entry - during PM ax vs 2050, attempt of to sit pt up in bed via 2 person assist pt unable to fall self up, reassurance provided - 2 new
2145	repositioned pt, denied concerns. Pt's wife called, update given informed pt of same - 2 new
0025	pt spontaneously coughed VSS & BGM done. Ileostomy emptied. Pull on pt under (L) arm & blankets pulled down to pt's knees as he reports feeling warm will stay - 2 new
0110	pt CID feeling very warm still. repositioned pt on his side per request & 2 ice packs given. Denied other concerns - 2 new
0230	ice pack behind head & popsicle given. Pt states feels better. Ileostomy emptied. TV turned on per pt request - 2 new
0510	pt asleep, RR still increased & appear shallow, no distal noted - 2 new
0620	Repositioned & boosted pt up in bed. Tube feed bags changed per protocol. → continue



**NURSING
PROGRESS RECORD**

DATE/TIME	REMARKS
Dec. 17/21 @ 0620	cont'd: Pt c/o feeling very hot. Ice pack given. Will check temp shortly @ V/S. Foley emptied for 900mls tea colored urine. ileostomy bag emptied for 450mls loose brown stool (watery). Klegush RN
0645	Vitals taken + HR 140 ^s bpm. Pt denies CP + palpitations. BP 117/75. Temp 38'. pt states feeling very hot. Cardio resident made aware of V/S + Septic work up initiated. Tylenol 650mg given via NG tube. cold cloth to pt's forehead. Klegush RN
0715	CNS Elise aware of situation + cardio resident will pass on to attending. CXR, EGG, BW, blood cultures all complete, as well as UA + urine cts sent. Popsicle given to pt as per request. Resting in bed + appears comfortable. Klegush RN



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 17/21

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>2 (update)</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 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 _____ LUE _____ RLE _____ LLE <u>D</u></p> <p>Pain: Score (e.g. 0-10) <u>9/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____</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>Denies pain: good strength to extremities, but has difficulty moving them; d/t d/t, d/t dizziness, speech quiet but clear.</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 checked="" type="checkbox"/> Diaphoretic (slight)</p> <p>Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes Type/location(s) <u>mild to arms (tq-mild)</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 <u>Tachy</u> 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 checked="" type="checkbox"/> Telemetry: # <u>30</u> <input type="checkbox"/> Cardiac Monitoring</p>																
	<table border="1"> <tr> <td>Access type:</td> <td><u>CVL</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R11/Healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D1</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>patent</u></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>denies CP/pressure</u></p>	Access type:	<u>CVL</u>			Site/Condition:	<u>R11/Healthy</u>			Dressing:	<u>D1</u>			Infusion(s): (solution/rate)	<u>patent</u>		
	Access type:	<u>CVL</u>															
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Dressing:	<u>D1</u>																
Infusion(s): (solution/rate)	<u>patent</u>																
<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-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> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div> <p>Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O₂ nasal prongs <u>4</u> 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>Shallow breathing, RR 52 MRP/ACS aware of same. O₂ humidified</u></p>																	

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

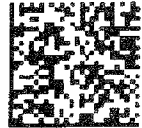
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: PYLYPCHUK, STEPHEN

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Antric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour sea colored Clear Cloudy Odour _____

Genitalia (appearance/drainage/flow): N/A no concerns to Foley

Comments: pt denied posey strap to leg for traction to urethra

GI

Nothing by mouth Diet _____ Tolerating Nausea Emesis _____ Calorie Counts _____

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal 4 Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: _____ Colour _____ Consistency/Size _____ Continent Incontinent

Stoma: Type Heostomy Site RUA Colour yellow Bridge _____

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

Tube depth: Secured at/External length 57 cm

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

Tube Feed: Formula PROMOTE Rate 90 mL/hr Tube Site Appearance: healthy

Comments: does have papules and small wechpts - oval. care completed by RN

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	
abdo-midline	staplas-DIA	Ø	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
abdo-left	mepilex	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
abdo-right	mepilex	Ø	<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*

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

Comments: skin has generalized rash to arms hypo-blanching. Ø on legs. MKP/MS aware of same worse than yesterday. pt on oral med.

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

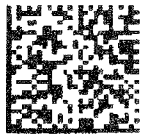
Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

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>Collar</u>	Location #2: <u>Chest</u>	Location #3: _____	Location #4: _____
<input checked="" type="checkbox"/> At risk (reddened, blanching)	<input checked="" 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 checked="" 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*
*See Wound Care Record	*See Wound Care Record	*See Wound Care Record	*See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 0800 Time charted: 0915



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: DEC 17 2021

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>W</u> LLE <u>W</u> Pain: Score (e.g. 0-10) <u>0/10</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 type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>Speech soft and hoarse from intubation - before, denies hca</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 checked="" type="checkbox"/> Abnormal <u>ST 100's</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 checked="" type="checkbox"/> Telemetry: # <u>30</u> <input type="checkbox"/> Cardiac Monitoring		
	Access type: <u>CVL @ RT</u>		
	Site/Condition: <u>Healthy looking</u>		
Dressing: <u>ADP</u>			
Infusion(s): <u>0.9% NaCl</u>			
Comments: _____			
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: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;"> Draw symbols on the lung diagram to indicate assessment. </div> <div style="width: 60%;"> <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 </div> <div style="width: 15%; text-align: center;"> ANTERIOR POSTERIOR </div> </div>		
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O ₂ 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 ₂ 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>SpO2 - 95% on RA</u>		

NURSING RECORD

Page 4 of 6

SK UNKNOWN

MRN: RUH 1315031

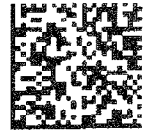
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: PYLYPCHUK, STEPHEN

FAM: FRASER, JILLIAN



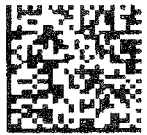
NIGHT SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ile 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>irritation</u>																								
G	<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 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 checked="" type="checkbox"/> X4 <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>ileostomy</u> Site <u>RUO</u> Colour <u>light</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input checked="" 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 checked="" type="checkbox"/> Secured at/External length <u>57</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>70</u> mL/hr Tube Site Appearance: <u>moist</u> Comments: <u>pt will tolerate ice chips and applesauce.</u>																								
I	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 _____																								
INTEGUMENTARY	<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>abdominal incision</td> <td>staples - ORA</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>abds @</td> <td>meplax</td> <td>Ø</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>abds @</td> <td>meplax</td> <td>Ø</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> </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>rash noted to arms/upper body. Ø to legs. Pt reports Ø pain/itchiness & same.</u> </p>	Wound/Incision/Drain Location	Dressing Type	Drainage		abdominal incision	staples - ORA	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	abds @	meplax	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	abds @	meplax	Ø	<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*
Wound/Incision/Drain Location	Dressing Type	Drainage																							
abdominal incision	staples - ORA	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
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abds @	meplax	Ø	<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*																						

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> <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: <u>heel</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 type="checkbox"/> No Dressing dry/intact: <input checked="" 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: 2100



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.

MOBILITY	Date: <u>DEC 17 2021</u> Time: <u>0800</u> Initials: <u>OK</u>
	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 checked="" type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>ADT & PT</u> <input checked="" type="checkbox"/> Assistive devices <u>Walker & PT</u>
	Fall Prevention: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <u>bed & posture</u> <input type="checkbox"/> Restraints - Type <u>not on</u> (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)

SENSORY PERCEPTION: Ability to respond meaningfully to pressure-related discomfort.				
1. Completely Limited 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently 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 Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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. Excellent 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 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
				TOTAL SCORE =
Implemented Pressure Risk Interventions	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

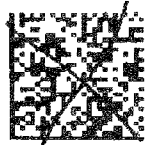
ATN: PYLYPCHUK, STEPHEN

FAM: FRASER, JILLIAN



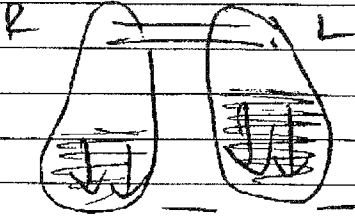
DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 17/21 @0915	received pt into care at shift D. Ax Completed pt more tachyneic than yesterday ACS (Genex) team rounded on pt - they are aware of pt status and recent septic w/in. ACS team of needing a new CI. apparent working diagnosis is pneumosepsis & ↑ temp ↑ the overnight. Aware of rash. New suggest orders received. 300mls drained from stoma this morning. wife in at bedside. Curtains remain open for observation
@1000	wife remains visiting. pt repositioned. calm and cooperative & care
@1200	Dr. Lubianin in to assess pt aware of Genex suggest B. New orders received. pt's wife advised of fluid replacement based on GI output. Output same
@1200	abdo portable xk in/ completed. pt tolerated repositioning well. Dr. Lubianin in to see picture before they left
@1315	wife left. pt sleeping
@1407	ID and RD in to see patient. Dr. Theriault av pt's rash, and leggsounds. pt tolerated well.
@1524	pt ambulated to broda chair & Ax II and walker & Physio, TERRA. pt tolerated well. pt upright in chair & mom at bedside. sup in, and prayed 1e chips @ 90° but one at a time. mom completed oral care. Pt completed some coughing & Pt. Ate to bases of pillows!

Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Dec 17/21 @ 1524	 <p>Pt SOBIE & ambulating. Mom videorecorded pt ambulating. Colleague RN watched same video to confirm appropriateness. Curtains remain open for observation. Sling under pt for later trf.</p>
@1700h	wife in at bedside. pt up visiting & per. Colleague RN starting new tube feed per orders.
@1810h	IV Bil Ross replacement started to get mls. Wife in at bedside. (1) Concern from pt. VSS.
@1907	pt makes needs known. Curtains remain open for observation. IV fluids running.
Dec 17/21 @ 1907	Pt received into care at 1930. Pt settled in bed. VSS on RA. Denies any pain/discomfort. Tube feed continuously infusing as per orders. Pt tolerating well. Pt reported sleeping poor last night. Received scheduled melatonin & zopiclone. c his meds. Will monitor. Resp easy. Blooded cernms.
@2005	Illeostomy emptied. 150mls yellow base stool. Mouth care provided. Pt reports "comfortable".
@2007	Pt repositioned c Axii. Appears comfortable. Call bell breach.



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

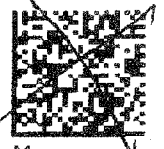
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: PYLYPCHUK, STEPHEN

FAM: FRASER, JILLIAN



NURSING
PROGRESS RECORD

Page 2 of 2

DATE/TIME	REMARKS
Dec 18/21 @ 0039	VSS on 3up. BGM 7.9. Pt sleeping well. Resp easy. (RP)
@ 0125	Water went to empty ice bag making and lost contents onto bed. Approx ~30mls lost. Complete bed change done. Pt repositioned. Pt tolerated well. Heedrom bag sealed. Will monitor for (RP)
@ 0300	Ice bag emptied for 325mls yellowish-brown liquid stool. No voiced concerns @ this time. Call bell in reach. Tele on. Cree, Koel
@ 0534	HR 130-140 ST. RR 40's. Pt denies any dizziness. Pt unable to touch. Afebrile. Cold cloth applied to head. Brood wipe down from CVL. Water helped pt brush teeth. Heedrom emptied 250mls yellow stool. (RP)
@ 0645	Metoprolol 25mg am dose given now + Tylenol 650mg PO given crushed via NG tube for (D) of HR + RR. Will continue to monitor. Cree, Koel
@ 0645	Resident paged RE: pt's bld work (CBCs, + neutrophils), ↑ HR + RR. Resident states will come assess. Cree, Koel
@ 0738	Resident up to assess pt and review chart. VBG drawn from CVL per resident's orders. (RP)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

SK UNKNOWN
MRN: RUH 1315031
Admit Date: DEC-2-2021
FEHR, RICHARD NEIL
FEB-23-1981 40y IP V#10521726 M
ATN: BREE, TERESA L
FAM: FRASER, JILLIAN



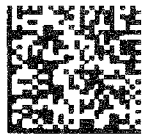
RUH SCH SPH Other _____

NURSING
PROGRESS RECORD

Page 1 of 2

pt progress cont'd.

DATE/TIME	REMARKS
<i>Dec 17</i>	<i>Sepsis w/yo.</i>
<i>Dec 18</i>	<i>CT chest/abdo/pelvis.</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 18/21

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 checked="" type="checkbox"/> Dysphasic <input type="checkbox"/> Other <u>hoarse voice.</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 _____																																																					
PERLA: <input 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>W</u> LUE <u>W</u> RLE <u>W</u> LLE <u>W</u>																																																						
Pain: Score (e.g. 0-10): <u>Denies</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: _____																																																						
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 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 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 type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																																																					
	<input checked="" type="checkbox"/> Telemetry: # <u>30</u> <input type="checkbox"/> Cardiac Monitoring																																																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td colspan="3"><u>Central</u></td> </tr> <tr> <td>Site/Condition:</td> <td colspan="3"><u>on to R12</u></td> </tr> <tr> <td>Dressing:</td> <td colspan="3"><u>D+1</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="3"><u>R13/13 ZOMEQ KCl</u></td> </tr> </table>				Access type:	<u>Central</u>			Site/Condition:	<u>on to R12</u>			Dressing:	<u>D+1</u>			Infusion(s): (solution/rate)	<u>R13/13 ZOMEQ KCl</u>																																				
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Infusion(s): (solution/rate)	<u>R13/13 ZOMEQ KCl</u>																																																					
Comments: <u>weights @ MWFR</u>																																																						
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input checked="" 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: 20px; text-align: center;">cr</td> <td>CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px; text-align: center;">wh</td> <td>WHEEZE: INSPIRED/EXPIRED</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px; text-align: center;">↓</td> <td>DECREASED AIR ENTRY</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="width: 20px; text-align: center;">■</td> <td>ABSENT AIR ENTRY</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">= EQUAL AIR ENTRY</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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Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																																																						
Comments: <u>Breaths shallow. Tachypneic @ 30-40 resps/min.</u>																																																						

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

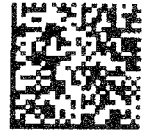
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour _____ Clear Cloudy Odour _____

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

Comments: _____

GI

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: _____ Colour _____ Consistency/Size _____ Continent Incontinent

Stoma: Type Ileostomy Site _____ Colour _____ 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: high amount output from ostomy. yellow liquid.

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	
	Abdo incision.	ATA, stapled.		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Abdo wound X2 (R+L) mepilex			<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*

*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 noted to trunk + arms.

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

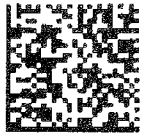
Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

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

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: UNO/SO/REN Assessment time: 0820 Time charted: 0938



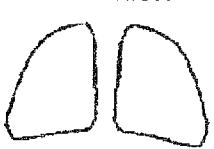
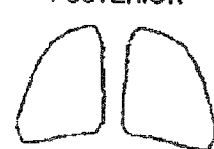
RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT 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.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input 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>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 type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input type="checkbox"/> N/A <input 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) _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____</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: _____</p>																
CVS	<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</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 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</p> <p>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 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 type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p>Chest Pain: <input 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 style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Site/Condition:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:				Site/Condition:				Dressing:				Infusion(s): (solution/rate)			
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RESPIRATORY	<p>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</p> <p>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 _____</p> <p>Breath Sounds:</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"/> 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="text-align: center;"> <p>ANTERIOR</p> <p>R  L</p> <p>POSTERIOR</p> <p>L  R</p> </div> </div> <p>Oxygen Therapy: <input 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"/> Tidalng</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: _____</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: BREE, TERESA L

FAM: FRASER, JILLIAN

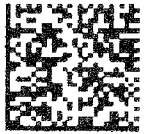


NIGHT SHIFT

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 _____ <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 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 type="checkbox"/> Stoma: Type _____ Site _____ 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: _____																								
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 <i>Pressure Injury Assessment</i> 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></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> <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</p> Comments: _____	Wound/Incision/Drain Location	Dressing Type	Drainage					<input 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*				<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: _____



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.

MOBILITY	Date: <u>Dec 18/21</u> Time: <u>0820</u> Initials: <u>NO</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 checked="" type="checkbox"/> Total/Ceiling track/Tub lift <input checked="" type="checkbox"/> Reposition <input type="checkbox"/> Bedrest <u>PIVOT + IF.</u>
	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)

SENSORY PERCEPTION: Ability to respond meaningfully to pressure-related discomfort.				
1. Completely Limited 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	3
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	4
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	1
MOBILITY: Ability to change and control body position.				
1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	3
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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. Excellent 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
FRICION AND SHEAR				
1. Problem 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			TOTAL SCORE = 16	
Implemented Pressure Risk Interventions	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

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

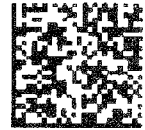
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

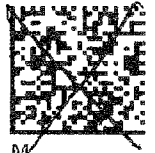
ATN: BREE, TERESA L

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec. 18/21 0820	Resp rate 30/minute. HR 125. otherwise VSS. Pt repositioned.
	Placement of NG tube checked prior to med admin by instilling 10ml air and auscultating over stomach for 'whooshing' of air. Care done.
0900	Dr Bree in to review/assess.
0925	New orders received and processed.
1030	Ostomy output 450ml yellow brown liquid since start of shift. RN x2 pivot assist pt to Broda Chair. OT paged to adjust broda cushion.
1115	Pt down c RN for CXR in broda + now back. Sit/Stand to bed + repositioned. Tube feed stopped ~ 1hr for CXR.
1230	Pt provided Wash. Day Mepilex x 2 disp. N'd. Cleansed sites c NS+ dried. Polysporin applied + new Mepilex applied. (R) Side wound 7cm x 6cm open. Black/dark red in colour. (L) wound 5cm x 3cm not open. Dark red/black in colour. Pt repositioned. Wife at bedside.
@ 1315	Pt shivering c/o "feeling unwell". + pale. See clinical data. Ax Temp 38.7 post tylenol. minimal sheet on for privacy. Dr. Bree made aware. Axii reposition on (R) side. Oral IV per CO-RN for c/o nausea. spouse remains @ bedside.
1334	Dr Bree and Dr Petrul in to assess. Pt looks poorly; Pale. feels unwell, nauseous.

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 18/21 1325	cont'd feeling rectal pressure & urge to have BM. Passing gas. Resp rate 40, HR 127 otherwise VSS. 25mg IV granisetron given. Stat CT abdo/pelvis ordered, Dr Bree spoke & radiology. Abdo appears more distended than earlier today. <u>UNASSURED</u>
1340	Dr Bree spoke & Gen Surg Resident
1350	writer spoke & CT, we can bring pt down @ 1420 for CT <u>UNASSURED</u>
1414	Tube Feed stopped per order for nausea <u>UNASSURED</u>
1420	Pt down for chest/abdo/pelvis CT via bed & RN 2 <u>UNASSURED</u>
1514	Pt woke up to 6025-C <u>UNASSURED</u>
1523	writer spoke & Dr Bree re: CT done HR 150's, resp rate 40's, abdo rigid, abdo rebound tenderness, dizzy, N&V. SBP 148 mmHg. <u>UNASSURED</u>
1545	NS Bolus complete, 1/3 1/2 KCl started at 250ml/hr per order. CT completed and no significant change noted. HR 160's + RR 50, Dr Bree in to see pt. <u>UNASSURED</u>
1620	Dr Bree phoned Surgical Resident to see if pt can tif to their obs due to Δ in status. Resident denied. NG removed per order. Plan to insert large NG to low intermittent suction. <u>UNASSURED</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: BREE, TERESA L

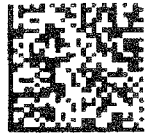
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Dec 18/21 1640	Pt reports still Nauseous but "Slightly better" Pt HR 160 - an increase from 130 BPM at start of shift. Pt RR 50 bpm up from 30 bpm at start of shift. Pt temp 37. Pt hot to touch, Diaphoretic + pale. MD aware of all concerns.
@ 1650	pt's small bore feeding NG tube removed from @nares, pt tolerated well. 14fr large bore ng inserted into the @nares. Pt trialed a sip of H ₂ O prior to procedure but didn't tolerate well, stating he would do the procedure without fluid. Placement length measured & inserted well on first attempt without vomiting or coughing/sputtering episodes. Portable xray here to confirm placement, Dr. Bree aware of same, pt was incontinent of stool during insertion.
1650	writer spoke w Dr Bree re HR 155-165 resp rate up to 60-60. writer asked Dr Bree to check NG tube placement on CXR. Dr Bree stated she was d/w ICU
1658	Pt had small amount BRBPR. writer spoke w Dr Bree re same. writer also made Dr Bree aware of Δ to BP
1729	Temp 39.4°C, Dr Bree away. VBS collected.
1740	ICU docs up to assess
1744	Plan for TIF to ICU
1830	TIF to ICU report given



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT

Date: December 25/2021

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>2/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>LO</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 checked="" type="checkbox"/> Other <u>Denies need for intervention</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 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>																
CVS	<table border="1"> <tr> <td>Access type:</td> <td><u>Right CVC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Tegaderm patch</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>TPN -</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>Right CVC</u>			Site/Condition:	<u>healthy</u>			Dressing:	<u>Tegaderm patch</u>			Infusion(s): (solution/rate)	<u>TPN -</u>		
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	Dressing:	<u>Tegaderm patch</u>															
Infusion(s): (solution/rate)	<u>TPN -</u>																
<p>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</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-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"/> 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>= 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 type="checkbox"/> Room air <input checked="" type="checkbox"/> O₂ 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</p> <p><input checked="" type="checkbox"/> Chest Tube: Type _____ Location <u>left chest</u> Dressing <u>Drain gauze</u> <input type="checkbox"/> Drainage - Colour _____ <input checked="" 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: _____</p>																	
<p>RESPIRATORY</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: WALL, ALASTAIR

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour light yellow Clear Cloudy Odour _____

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

Comments: _____

GI

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: Stoma Colour Dark brown Consistency/Size Scant loose Continent Incontinent

Stoma: Type Ileostomy Site RUA 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: _____

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 12.5 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	
"A" LUQ JP			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
"B" LUQ chest tube			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Left flank Perc drain			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
"C" LUQ JP			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
"D" LUQ Malecot			<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 #104265 TRIAL

Comments: "E" LUQ - Midline J - Drain gauze dry + intact, Midline Vae to 12.5 mmHg dry + intact, Nectatic sites RLQ + LUQ - Telfa (changed, see notes) "F" Rectal malecot

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.

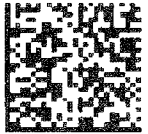
Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

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: _____

Assessment time: 1435

Time charted: 1525



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 25/21

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 checked="" 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>abd. diffuse</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 type="checkbox"/> See MAR <input type="checkbox"/> Other <u>Requesting analgesic but is due</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 type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) <u>(R) foot is pitting</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 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 type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input checked="" type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Abnormal <u>Tachy</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 _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p>																
CVS	<table border="1"> <tr> <td>Access type:</td> <td><u>CVL</u></td> <td><u>Peripheral</u></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(R) jugular</u></td> <td><u>20 G (L) arm</u></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Tegaderm</u></td> <td><u>Tegaderm D+I</u></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="3"><u>TPN @ 100</u> <u>AspaTroban @ 2mcg/kg/min</u> <u>RL @ 25</u></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>CVL</u>	<u>Peripheral</u>		Site/Condition:	<u>(R) jugular</u>	<u>20 G (L) arm</u>		Dressing:	<u>Tegaderm</u>	<u>Tegaderm D+I</u>		Infusion(s): (solution/rate)	<u>TPN @ 100</u> <u>AspaTroban @ 2mcg/kg/min</u> <u>RL @ 25</u>		
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RESPIRATORY																	

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

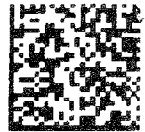
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: WALL, ALASTAIR

FAM: FRASER, JILLIAN

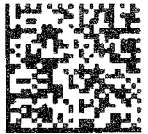


NIGHT SHIFT

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>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: <u>Foley draining adequately</u>																								
G	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>stop H₂O</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 checked="" type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>X 4</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>ileo</u> Colour <u>brown</u> Consistency/Size <u>liquid</u> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ Stoma: Type <u>ileostomy</u> Site <u>RUQ</u> Colour <u>pink moist</u> <input type="checkbox"/> Bridge _____ 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 _____ Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>ileo bag lifting. Reinforced c Hypafix.</u>																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input checked="" 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 checked="" type="checkbox"/> NPWT at <u>125</u> mmHg Therapy type: <input checked="" 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><u>See nursing notes</u></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> <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>		Wound/Incision/Drain Location	Dressing Type	Drainage		<u>See nursing notes</u>			<input 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*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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			<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> <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: [Signature] RN Assessment time: 2000 Time charted: 2023



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

MOBILITY	Date: <u>Dec 25/21</u> Time: <u>1550</u> Initials: <u>[Signature]</u>
	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: <u>AAT</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <u>bed to lowest height</u> Restraints - Type _____ (see Restraint Record)
MOBILITY	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 _____ Restraints - Type _____ (see Restraint Record)

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

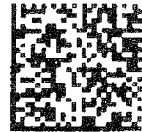
SENSORY PERCEPTION: Ability to respond meaningfully to pressure-related discomfort.				
1. Completely Limited Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	2. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently 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 Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	
NUTRITION: Usual food intake pattern.				
1. Very Poor 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 NPD and/or maintained on clear liquids or IV's for more than 5 days.	2. Probably Inadequate 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. Adequate 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. Excellent 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 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
TOTAL SCORE =				
Implemented Pressure Risk Interventions	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: WALL, ALASTAIR
 FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 25/21 1430	Pt ok transferred into 5021-3. Transfer sheet used to slide from one bed into other. Pt tolerated well with minimal pain. Initial assessment complete.
1515	Pt's Stoma appliance leaking. Appliance removed, SKM cleansed, new appliance applied with eakon 360 ring under. RLQ Necrotic site dressing soiled with stoma drainage due to prior appliance leak. Dressing removed, site cleansed with normal saline. New Telfa dressing applied. LLQ Necrotic site dressing removed, site cleansed with normal saline. Telfa applied. "A" LUASP, "B" LUchlorbutol, "C" LLQTP, "D" LLQ Mallecot, "E" LLQ midline TP Dressings all loose but dry + intact. All sites cleansed with NS, and new Drain gauze applied. Left flank Perc open to air with Statlock in place. Site cleansed with chlorhexidine. Tegaderm X2 applied. Pt tolerated well with minimal discomfort. Old abdominal binder removed due to stoma drainage on binder. Pt able to roll from side to side with minimal assistance. New abdominal binder applied, and cut to fit stoma appliance.
1625	Pt resting in bed, eyes closed RR 12, wife @ bedside
1707	Perc drain flushed @ 20mls NS + Mallecot rectal tube flushed @ 40mls NS per order, pt tolerated well. Pt abdo Mallecot drain is connected to trachlose suction applied + LUQ Chest tube - drain B connected to trachlose + suction applied. Pt resting in bed, wife @ bedside. RR 40 (norm)
1737	Pt given 0.5mg IV diazepam for rest of

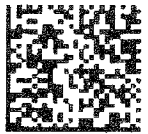
Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

21³

DATE/TIME	REMARKS
Dec 25/21 @ 1757 cont	1 st abd pain + rectal pain. Aptt collected from cul. pt tolerated well. Autoclave applied to cul line. common
1803	Pt in bed. Denies needs at this time
@ 1810	APTT 61, therapeutic rate A. Next aptt due @ 1930.
1900	Pt in bed. Resp rate 42, HR-129. Pt denies needs at this time
2023	Pt received into care. Pt. reports pain but no analgesic due at this time. Pt's ileo. bag lifting - reinforced @ Hypafix. Midline abd. wound vac intact. LUQ JP A flushed @ NS drain sponge intact. LUQ CT B drain sponge intact. LLQ JP C B flushed @ NS. Drain sponge intact. LLQ mallecott D true-close drain sponge intact. LLQ JP E drain sponge intact. Rectal mallecott F + (L) PERC drain sponges intact. To flush same later. Lower abd telfa intact. All drains draining sang. Liquid brown from ileo. Meds given via NG. Tolerated well. Denies nausea. no other voiced needs. DRN
2134	Update given to wife via phone. Dilaudid IV given for pain. Rectal mallecott flushed. Brown liquid from same. no output from LLQ drain D. DRN
2152	APTT drawn + sent to lab. DRN
@ 2313	Pt reporting back + abd pain. Dilaudid PO + Tylenol given for same. Denies other needs at present. DRN



RUH SCH SPH Other _____

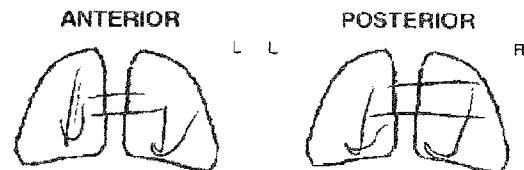
NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 26, 2021

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>7/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>lower back</u> Quality: <input type="checkbox"/> Dull <input checked="" 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: <u>pt denies w/d, dizziness, n/t, reports pain "because of bed"</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 type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Abnormal <u>Tachy (120^s)</u> S1 S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input checked="" type="checkbox"/> Cardiac Monitoring	
	Access type:	<u>R CVL</u> <u>PIV</u>
	Site/Condition:	<u>(R) healthy</u> <u>(L) brm</u>
	Dressing:	<u>op site</u> <u>(L) brm</u>
	Infusion(s): (solution/rate)	<u>(1) PN @ 100</u> <u>(2) Argatroban @ 20</u> <u>RL @ 25</u>
	Comments:	<u>pt denies chest pain</u>
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input checked="" 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 type="checkbox"/> Room air <input checked="" type="checkbox"/> O ₂ 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 ₂ 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>SOB due to "abdo binder too tight. CoO denied a bit"</u>	



NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

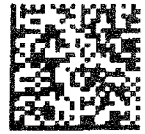
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

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"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>straw</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>no adequacy</u>		
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>CF</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>percut</u> Colour <u>br.</u> Consistency/Size <u>lax</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type _____ Site _____ Colour _____ <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input checked="" 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 checked="" type="checkbox"/> Secured at/External length <u>65</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>pt taking sips CF & med</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 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>125</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
	Wound/Incision/Drain Location	Dressing Type	Drainage
	JP-A bulb - serosang in bulb		Drain
	Chest Tube B - serosang in bag		orange
	perc Drain (L) Flank - Stat Lock - serosang		
	JP-C bulb - scant sang - orange		
Malleolus - scant sang			
JPE - bulb - serosang scant			
*Document: incision and drain dressing changes in Nurses Note; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TPHAL Comments: <u>Rectal malleolus - stool digit - Cooccep Murex 0+1</u> <u>(Abdo binder)</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: [Signature] Assessment time: 0815 Time charted: 0122



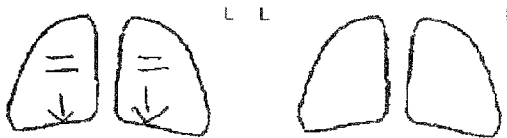
RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 26/21

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>5-6/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>abd / back</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 type="checkbox"/> Other <u>Dilaudid IV given</u></p> <p>Comments: _____</p>																				
CVS	<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>feet non-pitting bilat. (L) arm old IV site</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 checked="" 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 checked="" type="checkbox"/> Abnormal <u>tachy</u> <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2</p> <p>Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input checked="" type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>CVL</u></td> <td><u>Peripheral</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(R) jugular</u></td> <td><u>(R) arm</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Tegaderm</u></td> <td><u>Tegaderm</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>TPN @ 100</u> <u>Argatroban @ 2mg/kg/min</u></td> <td><u>RL @ 25</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>CVL</u>	<u>Peripheral</u>			Site/Condition:	<u>(R) jugular</u>	<u>(R) arm</u>			Dressing:	<u>Tegaderm</u>	<u>Tegaderm</u>			Infusion(s): (solution/rate)	<u>TPN @ 100</u> <u>Argatroban @ 2mg/kg/min</u>	<u>RL @ 25</u>		
Access type:	<u>CVL</u>	<u>Peripheral</u>																			
Site/Condition:	<u>(R) jugular</u>	<u>(R) arm</u>																			
Dressing:	<u>Tegaderm</u>	<u>Tegaderm</u>																			
Infusion(s): (solution/rate)	<u>TPN @ 100</u> <u>Argatroban @ 2mg/kg/min</u>	<u>RL @ 25</u>																			
RESPIRATORY	<p>Respirations: <input type="checkbox"/> No distress <input checked="" 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; 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"/> 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="text-align: center;"> <p>ANTERIOR POSTERIOR</p> <p>R L L R</p>  </div> </div> <p>Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O2 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</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"/> 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 but remains tachypneic. Denies cough.</u> <u>DB + C encouraged.</u></p>																				

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

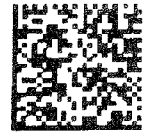
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



NIGHT SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour yellow Clear Cloudy Odour _____

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

Comments: Foley draining adequately

G

Nothing by mouth Diet slps CF Tolerating Nausea Emesis _____ Calorie Counts _____

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal X4 Hypoactive _____ Hyperactive _____ Absent _____ **Flatus:** Yes No

Last bowel movement: ileo Colour brown Consistency/Size liquid Continent Incontinent

Stoma: Type ileo Site (R) abd 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: N/A pH _____

Tube Feed: Formula _____ Rate _____ 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 125 mmHg **Therapy type:** Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	
Midline VAC	Vac.	sero-sang	<input type="checkbox"/> Intact
JP (A) - LUQ	Gauze	sero-sang	<input type="checkbox"/> Changed*
CT (B) - LUQ	Triclose + gauze	sero-sang - scant	<input type="checkbox"/> Intact
JP (C) - LLQ	Gauze	sero-sang	<input type="checkbox"/> Changed*
Mallecott (D) - LLQ	Triclose + gauze	sero-sang - scant	<input type="checkbox"/> Intact
JP (E) - LLQ	Gauze	Ø	<input type="checkbox"/> Changed*
PERC LLQ	Gauze	sero-sang	<input type="checkbox"/> Intact
Rectal Mallecott (F)	Blue pad	brown liquid - some scant	<input type="checkbox"/> Changed*
Abd binder	—	bypassing	<input type="checkbox"/> Intact
Ileo Appliance + Hypafix	—	brown liquid	<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

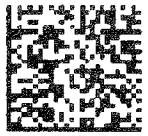
Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

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 checked="" 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] RN Assessment time: 2010 Time charted: 2044



RUH SCH SPH Other _____

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

NURSING RECORD

Page 5 of 6

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

MOBILITY	Date: <u>Dec 26/21</u> Time: <u>2044</u> Initials: <u>EP</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: _____ <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
MOBILITY	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 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score 4
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	Score 4
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	Score 2
MOBILITY: Ability to change and control body position.				
1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	Score 2
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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. Excellent 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 3
FRICION AND SHEAR				
1. Problem 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	Score 2
			TOTAL SCORE = 17	

Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>2044</u> Initials: <u>EP</u>
	<input type="checkbox"/> ROHO® cushion <input checked="" type="checkbox"/> Encourage mobility <input checked="" type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	

NURSING RECORD

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21-31

SK UNKNOWN

MRN: RUH 1315031

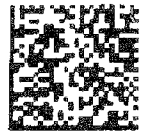
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

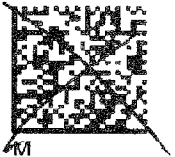
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec. 21 @ 0805	Pt provided a dropstick per request. Stated he did not sleep well due to bed, requested - A to air bed, will A later today if available. Pt given ice chip Carmy RW
0818	Dr. Wicke in to see pt. Carmy RW
0830	NA out - Sam tape off. UG readvanced to marked spot + secured F tape. Pt tolerated well. APT down off central line. Pt no pain, diazepam given for same. Pt's wife in to visit Carmy RW
Clateen @ 0930	Pt assessment complete Safety checks done. Pt took 20 meds & sips of water - JPA flushed @ 10ml NS, JPC flushed @ 10ml NS, Perc & Rocio Malloca flushed @ 20cc NS. Pt tolerated well Clateen
enter chest @ 1000	Dr. Graham in to see pt. Carmy RW
1055	Eyes closed, eyes 38, reg. wife @ bedside Carmy RW
@ 1109	Dr. Pon in to see pt. Clateen
@ 1138	1mg IV Diazepam administered for up to back & prior to ambulating. Clateen
@ 12:5	Pt IV to (L) arm removed, went interstitial. Pt assisted to sit @ EOB xiii. Pt bed bath provided. wife @ bedside. Clateen
@ 12:5	Pt assisted back to lying in bed - gown/brain emptied for 10ml drk medium liquid. Clateen
@ 1235	Mingrale provided per request. Clateen
1325	New #20 & inserted into RT FIA. IV alk infusing. Pt tolerated well. Plan to sit up @ EOB again today. PCS on wife @ bedside Carmy RW
@ 1410	2mg Mg (Quinifusing) for mg 0.69 Clateen
1550	In bed Denies needs at this time Clateen
1703	Pt given 2mg IR PO Diazepam. Pt swallowed Clateen

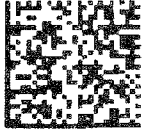
Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 20/19 1730 cont.	well & gingerale & is tolerating sm. amounts of CF. It did not want to mobilize again today. Stated he would like to try mobilize to chair tomorrow. Perc drain & rectal Mallecot + flushed w 20mls NS each. Pt tolerated each well. <u>CRN RN</u>
1730	Pt repositioned in bed. & further wiced <u>CRN RN</u>
1858	Pt VS & voided <u>CRN RN</u>
2044	Pt. received into care. Reports okay day. Reporting abd pain. Dilaudid IV given. Reports heartburn from pills - denies nausea. If & improvement = Dilaudid to notify staff. Swallowing pills well - same crushed for pt. Denies other present needs. <u>GRN RN</u>
2111	Boosted pt. in bed. Denies other needs - <u>GRN RN</u>
2153	Blood drawn from CUL + sent to lab. Flushed drains = NS. Some bypassing to rectal mallecot. Changed blue pad underneath pt. Pt remains sleeping. <u>GRN RN</u>
2324	Pt. in bed. Playing on phone. Denies needs - <u>GRN RN</u>
0015	Pt. requesting analgesic. Dilaudid IV given - <u>GRN RN</u>
0039	Pt. repositioned in bed. Ileo emptied of 150mls brown liquid. Pt coughing up phlegm, white/crown + thin. Same encouraged. <u>GRN RN</u>
e 0110	pt appears to be sleeping. Resps even. <u>GRN RN</u>
0244	Pt. awake. VIS WNL except remains tachycardic. Requesting Dilaudid IV - same given - <u>GRN RN</u>
0327	Flushed PERC + rectal mallecot. Pt sleeping through same. <u>GRN RN</u>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 27, 2021

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) buttocks - low back

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: pt denies h/a, dizziness, d/v, n/t - pt rolls in bed easily from side to side - lifts hips up.

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 Sinus Tach (120's) baseline s1 & s2

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>PIV</u>	<u>CVL</u>		
Site/Condition:	<u>RIFA/healthy</u>	<u>neck/healthy</u>		
Dressing:	<u>op site</u>	<u>op site</u>		
Infusion(s): (solution/rate)	<u>RL @ TKO</u>	<u>(1) TPN @ 100</u> <u>(2) Amphotroban @ 2.0</u>		

Comments: pt denies chest pain

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 L R

POSTERIOR

R L L R

Oxygen Therapy: Room air O₂ nasal prongs 2 L/min Simple mask _____ L/min
 CPAP/BiPAP at _____ Other _____ at _____ L/min

Chest Tube: Type TrueClose Location LUQ Dressing Drain gauze
 Drainage - Colour _____ Gravity Suction _____ cmH₂O Bubbling Tidaling

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: SOB due to (baseline)

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

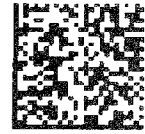
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DAY SHIFT

GU
Voiding: Continent Incontinent Anuric Catheter Ilea conduit Nephrostomy Other _____
Urine: N/A Colour straw Clear Cloudy Odour _____
Genitalia (appearance/drainage/flow): N/A mallecat tube - flushed c 40NS
Comments: w/o adequate

G
 Nothing by mouth Diet CE Tolerating Nausea Emesis _____ Calorie Counts _____
Abdomen: Soft Firm Distended Obese Tender _____
Bowel Sounds: Normal x4 Hypoactive _____ Hyperactive _____ Absent _____ **Flatus:** Yes No
Last bowel movement: per ileo Colour brown Consistency/Size loose Continent Incontinent
 Stoma: Type ileostomy 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: pt NG tube d/c'd this AM - pt tolerated well - pt taking meds c sips

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 125 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	
A) LUQ JP - drain gauze	seosang in bulb		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
B) LUQ chest tube	drain gauze - TruClose - seosang		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
C) LLQ JP - Drain gauze	seosang in bulb - on p+1		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
D) LLQ Mallecat to TruClose	seosang - drain gauze		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
E) LLQ midline JP	Drain gauze - seosang		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
F) Rectal mallecat	FRuClose - brown stool		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
G) (L) Flank Perc Drain	Stat Lock - seosang		<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: JPA flushed c 10cc NS - JPC flushed c 10ml NS - Rectal mallecat flushed c 40ml NS & Perc flushed c 20cc NS this AM
Coccyx Dressing for prevention

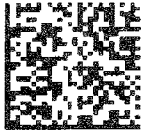
PRESSURE INJURY ASSESSMENT (see staging below):

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: 0830 Time charted: 1022



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 27/2021

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) 8/10 Self-report Behavioural Tool _____ Location(s) abd

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: Given 1mg IV dulacodid

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>Peripheral</u>	<u>① IJCVL</u>		
Site/Condition:	<u>#② @ 10 #20g</u>	<u>Central</u>		
Dressing:	<u>tegaderm dsf</u>	<u>tegaderm dsf</u>		
Infusion(s): (solution/rate)	<u>RL @ 25ml/hr</u>	<u>argatroban @ 2.0ml/hr</u>		
Comments:	<u>HR 120's.</u>			

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 O₂ nasal prongs 2 L/min Simple mask _____ L/min
 CPAP/BiPAP at _____ Other _____ at _____ L/min

Chest Tube: Type tracheal Location LUS Dressing Drain guard
 Drainage - Colour serous Gravity Suction _____ cmH₂O Bubbling Tidaling

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: SOB on exertion

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

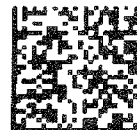
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

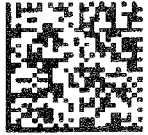


NIGHT SHIFT

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>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: <u>Foley insitu, adequate output.</u>		
	<input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet <u>CF</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>D27</u> Colour <u>br</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RUG</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: _____		
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 checked="" type="checkbox"/> NPWT at <u>125</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
	Wound/Incision/Drain Location	Dressing Type	Drainage
	<u>Midline vac @ i25mmHg SST</u>		
	<u>LUG JP A + C both to @ abdo - flushed @ 100ml NS. Drng serous-sang</u>		
	<u>LUG chest tube & drain graze - drng</u>		
<u>LUG mallecot drng sang drng.</u>			
<u>Rectal mallecot flushed @ 40ml NS. scant drng.</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>LUG mepilex @ serous-sang drng. @ Abdo mepilex 4x4. abd binder on</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: [Signature] Assessment time: 2036 Time charted: 2131



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.

MOBILITY	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)
MOBILITY	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 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently 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 Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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. Excellent 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 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			TOTAL SCORE =	
Implemented Pressure Risk Interventions	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		Time: _____
	<input type="checkbox"/> Other _____			Initials: _____

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

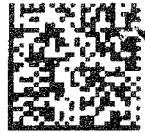
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: WALL, ALASTAIR

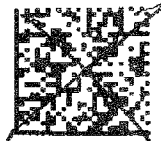
FAM: FRASER, JILLIAN



20-3

DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 27/2021 @ 07:50	Pt received into care. Pt resting in bed c/legs closed & respirations easy. ———— <i>Calderon</i>
@ 08:15	Dr. Waibe in to see pt. ———— <i>Calderon</i>
@ 08:50	Pt assessment complete. Pt c/abdo dressings Δ°. Cleared area around tube insertion sites c/ NS-patted dry & applied dressing & etc. ———— <i>Calderon</i>
1000	Pt repositioned higher up in bed pillow put under buttocks. ———— <i>Calderon</i>
1100	Pt states he is waiting for physio to come & mobilize. ———— <i>Calderon</i>
@ 11:45	1mg IV diclofenac administered for pain to buttocks. ———— <i>Calderon</i>
1215	Pt +/f'd to new bed as old one causing pt discomfort. ———— <i>Calderon</i>
1311	Pt tolerated approx 1/2 soup for lunch. Wife c/ bedside. Pt wishes to work later, no further concern. ———— <i>Calderon</i>
1333	Physio in at bedside c/ pt. ———— <i>Calderon</i>
@ 13:55	1mg IV Diclofenac administered for pain to abdomen & lower back. ———— <i>Calderon</i>
@ 15:05	Pt ileostomy dressing - removed old appliance - cleaned skin around stoma c/ warm water & soap + Nuderm. Placed ointment & 57" flat 2 piece appliance. Cleared LQ skin breakdown c/ NS. Placed Mepitel & 4x4 Mepitel to wound. Pt tolerated well. Removed Suprapubic TPE, as per policy/orders. Placed 2 by 2 Mepitel. Pt tolerated well. ———— <i>Calderon</i>
@ 16:30	Wife @ bedside. ———— <i>Calderon</i>
@ 16:31	Rectal Mallet flushed c/ 40ml NS & Perc. ———— <i>Calderon</i>

Continued on Progress Record - Nursing (form #101434)

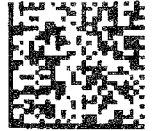


NURSING
PROGRESS RECORD

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Page 1 of 2

DATE/TIME	REMARKS
Dec 27/2021 @ 1631	Flushed c̄ 20cc NS. Pt tolerated well - <i>CK</i>
Cont	
e 1751	Pt tolerated 1/2 of soup for supper. Watching TV c̄ wife c̄ bedside. <i>CK</i>
@ 1833	UOI (c̄) concerns <i>CK</i> 2mg po dulcoid given for 5/10 abdo pain <i>CK</i>
1919	Pt sitting in bed. <i>ex</i> voiced concerns <i>CK</i>
@ 2055	A assessment performed sheet, given scheduled medications c̄ IV dulcoid for pain. Pt also drained for 100ml fecal fluid. all drains flushed according to orders. PD's applied <i>Johns</i>
@ 2207	Pt wife called + given an update. Bloodwork drawn via ITCVL. ECG lead stickers all b/d as coming off. VSS. IV piptaz hung + infusing. Foley emptied for 1500ml yellow urine - <i>Johnson</i>
@ 2330	Pt given IV dulcoid per request for 9/10 abdo pain ll easy. Resting on + off <i>Johnson</i>
Dec 28/2021 @ 0127	Pt appears to be asleep. RR easy. <i>Johnson</i>
0245	VSS. Given 1mg IV dulcoid for pain - <i>Johnson</i>
0350	Pt appears to be sleeping. Resps reg - <i>Aweilke</i>
0430	Pt appears to be sleeping. Resps reg - <i>Aweilke</i>
0500	Flushed perc c̄ 20ml NS as ordered. Flushed rectal mallecott c̄ 40ml NS as ordered <i>Aweilke</i>
0530	BW drawn off CVL. Pt settled in bed. <i>ex</i> further concerns <i>Aweilke</i>
0710	VSS. Pt settled in bed. <i>ex</i> voiced concerns. <i>Aweilke</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 28/21

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>2</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 type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____	
	Pain Management Interventions: <input type="checkbox"/> See MAR <input checked="" type="checkbox"/> Other <u>declines need</u>	
	Comments: _____	
	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 checked="" 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</u> <u>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>CVL</u> <u>PIV</u>		
Site/Condition: <u>R IJ</u> <u>R PA</u>		
Dressing: <u>OpSite</u> <u>Tegaderm</u>		
Infusion(s): <u>TPN @ 100</u> <u>Argatroban @ 9ml/h</u> <u>KL @ 25</u>		
Comments: <u>HR 118, BP 117/84</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 ANTERIOR POSTERIOR <input type="checkbox"/> wheeZE: INSPIRED/EXPIRED R L L R <input type="checkbox"/> DECREASED AIR ENTRY <input 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 type="checkbox"/> Room air <input checked="" type="checkbox"/> O2 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 checked="" type="checkbox"/> Chest Tube: Type <u>pleural</u> Location <u>LUG</u> Dressing <u>mepilex</u> <input checked="" type="checkbox"/> Drainage - Colour <u>sc. sang</u> <input checked="" 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 98% 2L NP, denies SOB</u> <u>Chest tube to fracture drain.</u>	

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

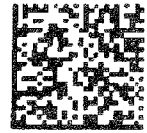
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



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: Adequate urine output

GI

Nothing by mouth Diet OF Tolerating Nausea Emesis _____ Calorie Counts

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal x4 Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: per ost Colour brown Consistency/Size liquid Continent Incontinent

Stoma: Type colostomy Site RLQ 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: Rectal mallecott #F

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 125 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

INTEGUMENTARY	Wound/Incision/Drain Location	Dressing Type	Drainage	
	Midline inc	activac	SL. Seng	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	LLQ JP A	mepilex	Seng	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	LLQ JP C	mepilex	Seng	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	LLQ mallecott D	mepilex	SL. Seng	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Ⓢ perc drain	mepilex	Ⓢ	<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: Abdo binder on old JP site mid pubis - mepilex D+I, old RLQ mepilex D+I, coccyx mepilex D+I

PRESSURE INJURY ASSESSMENT (see staging below):

<p>Stage 1: Non blanching, localized, reddened area</p> <p>Stage 2: Blister or partial-thickness loss of skin with exposed dermis</p> <p>Stage 3: Full-thickness skin loss, subcutaneous fat may be visible</p> <p>Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p>Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p>Deep Tissue: 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: 1520

Time charted: 0905



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec. 28, 2021

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 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> LLL <u>N</u>																	
	Pain: Score (e.g. 0-10) <u>5/10</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 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>Given IV dulaxid for pain. Tined today.</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 <u>S1 S2</u>																		
Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																		
Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Access type:</td> <td style="width:30%;"><u>Central</u></td> <td style="width:30%;"><u>Peripheral</u></td> <td style="width:20%;"></td> </tr> <tr> <td>Site/Condition:</td> <td><u>@ IJCVL</u></td> <td><u># 20 @ Jla</u></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>tegaderm DSI</u></td> <td><u>tegaderm DSI</u></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>Atropin @ 0.5mg/hr</u></td> <td><u>RL @ TKO</u></td> <td></td> </tr> </table>		Access type:	<u>Central</u>	<u>Peripheral</u>		Site/Condition:	<u>@ IJCVL</u>	<u># 20 @ Jla</u>		Dressing:	<u>tegaderm DSI</u>	<u>tegaderm DSI</u>		Infusion(s): (solution/rate)	<u>Atropin @ 0.5mg/hr</u>	<u>RL @ TKO</u>		
Access type:		<u>Central</u>	<u>Peripheral</u>															
Site/Condition:	<u>@ IJCVL</u>	<u># 20 @ Jla</u>																
Dressing:	<u>tegaderm DSI</u>	<u>tegaderm DSI</u>																
Infusion(s): (solution/rate)	<u>Atropin @ 0.5mg/hr</u>	<u>RL @ TKO</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 checked="" type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED ANTERIOR POSTERIOR <input checked="" type="checkbox"/> WHEEZE: INSPIRED/EXPIRED R L R L <input checked="" 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>																	
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O ₂ 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																	
	Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH ₂ O <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>RR 30/min</u>																	

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

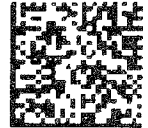
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



NIGHT SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour yellow Clear Cloudy Odour

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

Comments: Foley insitu adequate output

GI

Nothing by mouth Diet CF Tolerating Nausea Emesis _____ Calorie Counts

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal Hypoactive X4 Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: 028 Colour br Consistency/Size liquid Continent Incontinent

Stoma: Type ileo Site RUG 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: _____

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 125 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	
<u>Midline vac dress DSE - dmg penis - sang.</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>LUG JP ATC OTA - both drain dk brisang fluid. Flushed 6 LMONS</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>① Abdo moplex X2 i scant old dmg.</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>① Flank perc dmg dk brisang fluid. Flushed 20ml NS.</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>LUG trichose drain @ OTA, old dmg.</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: ① Abdo moplex DSE. Cecyx dress DSE 160 appl DSE
Rectal tube intact, suture noted. Flushed 6 9ml NS. abdo binder on

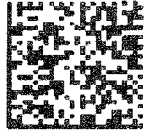
PRESSURE INJURY ASSESSMENT (see staging below):

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: 2050 Time charted: 284



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.

MOBILITY	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)
MOBILITY	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 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently 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 Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably inadequate 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. Adequate 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. Excellent 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.	
FRICTION AND SHEAR				
1. Problem 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
				TOTAL SCORE =

Implemented Pressure Risk Interventions	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 _____	

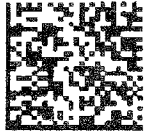


NURSING
PROGRESS RECORD

Page 1 of 2

21-31

DATE/TIME	REMARKS
Dec 28/21 1540	Given gingerale per request
1620	Rectal mallect flushed with 40mL NS, Perc flushed with 20 mL NS
1730	ID in to see, pt's mom @ bedside. Warfarin dose provided.
1805	New TPN bag initiated, & concerns.
1848	Pt given 1mg IV Dilaudid for 5/10 pain to abdomen. Pt has no other concerns
@ 2000	Pt. asleep in bed. RR easy
@ 2100	Pt. assessment per flow sheet. Scheduled meds given i.v. dilaudid. All drains flushed according to pt's orders. Pt has soaker pad & d - new blue pad placed over same to catch scant rectal dmg bypassing from rectal tube. Pt. repositioned in bed. Wife given an update.
@ 2204	Pt. APTT drawn per argatroban nomogram. (2) IJ CVL dressing + caps changed per nursing policy. Pt tolerated well. IV ppatz hung.
@ 2230	USS. Pt resting comfortably in bed. Pt appears to be asleep. RR easy. 97% on 2L O2, HR 114. Foley emptied for 1L of yellow urine.
0030	Pt appears to be sleeping. Resps reg.
Dec 29/2021 @ 0400	Pt. given IV dilaudid for pain. Ileo emptied for some & additional concerns. Pt repositioned.



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 29/21

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>2</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) <u>abdo</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 checked="" type="checkbox"/> Other <u>long Dilaudid IV given.</u>																											
	Comments: _____																											
	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																												
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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																												
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Infusion(s): (solution/rate)	<u>TAN @ 100</u> <u>Argatroban @ 9</u>	<u>RL @ 25</u>																										
Comments: <u>HR 107, BP 112/75</u> <u>Argatroban @ running, reconnected and restarted</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"> <tr> <td><input type="checkbox"/> CR</td> <td>CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td colspan="2" style="text-align: center;">ANTERIOR</td> <td colspan="2" style="text-align: center;">POSTERIOR</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</td> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td><input type="checkbox"/> ↓</td> <td>DECREASED AIR ENTRY</td> <td colspan="4" rowspan="2"> </td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>ABSENT AIR ENTRY</td> </tr> <tr> <td colspan="2" style="text-align: center;">= EQUAL AIR ENTRY</td> <td colspan="4"></td> </tr> </table>		<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					
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	<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																											
	Draw symbols on the lung diagram to indicate assessment.																											
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O ₂ nasal prongs <u>1</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 ₂ 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>SpO2 97% IL NP, denies SOB.</u>																												

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

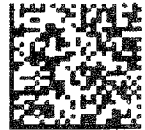
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



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: Inadequate urine output.

GI

Nothing by mouth Diet FF Tolerating Nausea Emesis _____ Calorie Counts _____

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal xy Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: per rect Colour brown Consistency/Size liquid Continent Incontinent

Stoma: Type colostomy Site RUG 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: Ø

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 125 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

INTEGUMENTARY	Wound/Incision/Drain Location	Dressing Type	Drainage	
		Midline inc.	Activac	sc. sang
	LUG ^(A) , LLG ^(C) JP	Mepilex	Sang	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	LUG ^(B) chest tube	drain fix ⁱⁿ OTA	red/brown sang	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	RLQ + LLQ old sites	mepilex	Ø	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Rectal mallecot	_____	red/brown purulent	<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: LUG per drain - drain fix - red/brown purulent
coccyx mepilex on, abdo binder on.

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/1PN signature: _____ Assessment time: 0830 Time charted: 0915



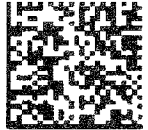
RUH SCH SPH Other _____
NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 29/21

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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 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>7/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>(R) 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 type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: <u>3+ given IV diclofenac for pain.</u></p>																				
CVS	<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 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" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Access type:</td> <td><u>MG</u></td> <td><u>(R) CVL</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(R) arm</u></td> <td><u>op site</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>DII</u></td> <td><u>DII</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 25</u></td> <td><u>TPN @ 100</u></td> <td><u>egatroban @ 2mg/kg/min</u></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>MG</u>	<u>(R) CVL</u>			Site/Condition:	<u>(R) arm</u>	<u>op site</u>			Dressing:	<u>DII</u>	<u>DII</u>			Infusion(s): (solution/rate)	<u>RL @ 25</u>	<u>TPN @ 100</u>	<u>egatroban @ 2mg/kg/min</u>	
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Dressing:	<u>DII</u>	<u>DII</u>																			
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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="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><input type="checkbox"/> EQUAL AIR ENTRY</p> </div> <div style="width: 50%;"> <p style="text-align: center;">ANTERIOR POSTERIOR</p> <p style="text-align: center;">R L L R</p> </div> </div> <p>Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O2 nasal prongs <u>1</u> 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: _____</p>																				



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 29/21

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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) (R) abdo

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: It given 10 diclofenid for pain.

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>MG</u>	<u>(R) CVL</u>	
Site/Condition:	<u>(R) arm</u>	<u>op site</u>	
Dressing:	<u>DHI</u>	<u>DHI</u>	
Infusion(s): (solution/rate)	<u>RL @ 25</u>	<u>TPN @ 100</u> <u>carotroban @ 2mg/kg/min</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:

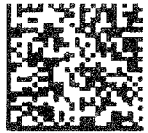
<input type="checkbox"/> cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR
<input type="checkbox"/> wh	WHEEZE: INSPIRED/EXPIRED	R	L L R
<input type="checkbox"/> ↓	DECREASED AIR ENTRY		
<input type="checkbox"/> ■	ABSENT AIR ENTRY		
<input type="checkbox"/> =	EQUAL AIR ENTRY		

Oxygen Therapy: Room air O₂ nasal prongs 1 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: _____



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 29/21

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 Irritable Anger Fear Other _____

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Pain: Score (e.g. 0-10) 7/10 Self-report Behavioural Tool _____ Location(s) (R) abdo

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: PT given IV dilaudid for pain.

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>MG</u>	<u>(R) CVL</u>	
Site/Condition:	<u>(R) arm</u>	<u>op site</u>	
Dressing:	<u>DTI</u>	<u>DTI</u>	
Infusion(s): (solution/rate)	<u>RL @ 25</u>	<u>TPN @ 100</u>	<u>egatroban @ 2mg/kg/min</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

ANTERIOR POSTERIOR

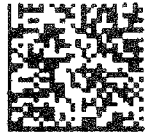
R L L R

Oxygen Therapy: Room air O2 nasal prongs 1 L/min Simple mask _____ L/min
 CPAP/BiPAP at _____ Other _____ at _____ L/min

Chest Tube: Type _____ Location _____ Dressing _____
 Drainage - Colour _____ Gravity Suction _____ cmH2O Bubbling Tidaling

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: _____



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.

MOBILITY	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)
MOBILITY	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 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently 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 Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate 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. Adequate 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. Excellent 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.	
FRICTION AND SHEAR				
1. Problem 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod risk 10-12 = High risk 9 or less = Very high risk	
			TOTAL SCORE =	

Implemented Pressure Risk Interventions	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

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

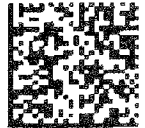
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

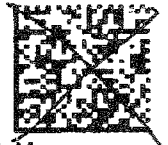
FAM: FRASER, JILLIAN



21-3

DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 29/21 @ 0830	Report received from night RN, care transferred. Assessment completed, see flow sheet. 1mg Dilaudid IV given for C10 "7110 abdo pain." Pt boosted in bed, argatroban infusion found to be disconnected from pt. Some restarted @ prev. rate of 9ml/hr. APTT to be rechecked @ 1000 <i>AK</i>
0930	Pt resting in bed & eyes closed; resps easy <i>AK</i>
@ 0945	Drains flushed per orders. Wife arrived @ bedside. & needs @ present. <i>AK</i>
@ 1115	1mg IV dilaudid given prior to JP A removal. Pt tolerated well but ++ thick sangy puss expelled from site upon removal. 2x2 mepilex applied once cleansed. @ - a drsg soiled & purulent sang. Cleansed, stri strips applied & new 4x4 mepilex applied. New blue pad placed beneath pt. sparse @ bedside <i>AK</i>
@ 1235	pt resting in bed, working on lunch. <i>AK</i>
1330	Pt resting in bed & eyes closed. Resps easy <i>AK</i>
1425	PT in to see, assist x 1 to chair, tolerated x 15 min while wife assisted & wash. T/F back to bed, old LLC mallect site oozing ++ thick purulent sang fluid. Site cleansed & NS and covered & hollister appliance. Mepilex applied to necrotic tissue. 2mg Dilaudid PO provided, wife @ bedside <i>AK</i>
1625	PE shaved by CCA Grant <i>AK</i>
1635	Perc drain and JP C flushed & NS.
	Awaiting residents to remove rectal mallect <i>AK</i>

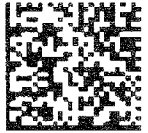
Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

5021³

DATE/TIME	REMARKS
Dec 29/21 @ 1720	I/Os completed. Pt boosted up for supper. no concerns <u>AWK</u>
@1840	Rectal tube d/c'd per orders from Dr. Mallette, pt tolerated well, benefit placed beneath, "just in case" Pt's Mom into visit. <u>AWK</u>
2015	Pt given dilaudid for pain + repositioned in bed. Family left for evening. <u>AWK</u>
2050	perc flushed @ 20ml NS as ordered. Flushed NPC @ 10ml NS as ordered. Pt settled in bed. no further concerns. <u>AWK</u>
2151	Pt laying in HOB elevated. Eyes closed, resps regular + unlaboured. <u>SMC</u>
2218	apth drawn from CVL. <u>SMC</u>
2243	apth 53, therapeutic, no rate change. <u>SMC</u>
0000	VSS. Iles emptied. no further concerns. <u>AWK</u>
0000	Abd binder loosened per pt request. <u>AWK</u>
0050	Pt given IV Dilaudid per request for pain. <u>AWK</u>
0040	Pt boosted in bed. no further concerns. <u>AWK</u>
0130	Pt appears to be sleeping. Resps reg. <u>AWK</u>
0300	VSS. Pt given IV dilaudid for pain. no further concerns. <u>AWK</u>
0409	Pt laying in HOB elevated. Eyes closed, resps regular + unlaboured. <u>SMC</u>
0506	Bloodwork drawn from CVL. Pt requesting analgesic for no visit pain, refusing PO. Dilaudid 1mg IV given. Iles + outs complete. <u>SMC</u>
0556	HOB elevated, eye mask on, resps regular. <u>SMC</u>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 30, 2021

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 _____												
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) _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>to ribs</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>po Dilaudid given for pain, making</u>												
	Comments: <u>ribs well. ONS. Headache & dizzy</u>												
	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 checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Abnormal <u>tachy ~120 bpm</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													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Access type:</td> <td><u>Rt c 25ml/hr</u></td> <td><u>(R) IS CVL</u></td> </tr> <tr> <td>Site/Condition:</td> <td><u>to (R) DA</u></td> <td><u>site healthy</u></td> </tr> <tr> <td>Dressing:</td> <td><u>#206</u></td> <td><u>in firming TPR c 100ml</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>DAI</u></td> <td><u>+ Argatroban c 2.0mg/kg/min.</u></td> </tr> </table>		Access type:	<u>Rt c 25ml/hr</u>	<u>(R) IS CVL</u>	Site/Condition:	<u>to (R) DA</u>	<u>site healthy</u>	Dressing:	<u>#206</u>	<u>in firming TPR c 100ml</u>	Infusion(s): (solution/rate)	<u>DAI</u>	<u>+ Argatroban c 2.0mg/kg/min.</u>
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Infusion(s): (solution/rate)	<u>DAI</u>	<u>+ Argatroban c 2.0mg/kg/min.</u>											
Comments: _____													
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												
	Draw symbols on the lung diagram to indicate assessment.												
	ANTERIOR POSTERIOR 												
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O ₂ nasal prongs <u>1</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 ₂ 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>mitel tachypnea</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: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ile conduit Nephrostomy Other _____

Urine: N/A Colour amber Clear Cloudy Odour _____

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

Comments: _____

GI

Nothing by mouth Diet FF Tolerating Nausea Emesis _____ Calorie Counts _____

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal _____ Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: _____ Colour _____ Consistency/Size _____ Continent Incontinent

Stoma: Type colost. Site (L) Abdo. 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: colost. active for brown stool, good appetite nausea

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 vac D&I	c 125 mmHg	minimal drainage	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
rep. Border D&I	to bilat. LQ D&I		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
colost. Appl D&I			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
perc drain to (L) Flank D&I	drainage mod creamy sang.		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
vac (LT) drain to (L) mid Flank D&I	drainage brown fluid		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

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

Comments: OP/Hollister to LQ D&I draining brownish fluid.

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.

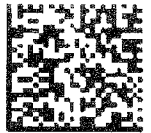
Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.

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: Maickler

Assessment time: 0810

Time charted: 0850



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 30/21

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 _____																	
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	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																	
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	Pain: Score (e.g. 0-10) <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>rib pain</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>PT given dilaudid IV for pain.</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																		
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Comments: _____																		
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																	
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	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="width: 50%; text-align: center;"> ANTERIOR </td> <td style="width: 50%; 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;"> ■ ABSENT AIR ENTRY </td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> = EQUAL AIR ENTRY </td> <td colspan="2"></td> </tr> </table>		cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR	wh WHEEZE: INSPIRED/EXPIRED	R	L L R	↓ DECREASED AIR ENTRY			■ ABSENT AIR ENTRY			= EQUAL AIR ENTRY			
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	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O ₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																	
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<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																		
Comments: _____																		

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: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



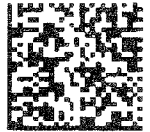
NIGHT SHIFT

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>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>No voiced concerns.</u>																											
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>FF</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 type="checkbox"/> Yes <input type="checkbox"/> No																										
	Last bowel movement: _____ Colour <u>br</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent																										
<input type="checkbox"/> Stoma: Type <u>colost</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: _____																											
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 checked="" type="checkbox"/> NPWT at <u>-125</u> mmHg Therapy type: <input checked="" 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 -125</u></td> <td><u>DZI</u></td> <td><u>dark (old) sang</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LLQ mepilex x3</u></td> <td><u>DZI</u></td> <td><u>∅</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LLQ CT to TC</u></td> <td><u>mepilex DZI</u></td> <td><u>purple/red liquid</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>⊙perc</u></td> <td><u>OTA</u></td> <td><u>purple/red liquid</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>COCCUX</u></td> <td><u>mepilex</u></td> <td><u>DZI</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline vac -125</u>	<u>DZI</u>	<u>dark (old) sang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>LLQ mepilex x3</u>	<u>DZI</u>	<u>∅</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>LLQ CT to TC</u>	<u>mepilex DZI</u>	<u>purple/red liquid</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>⊙perc</u>	<u>OTA</u>	<u>purple/red liquid</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>COCCUX</u>	<u>mepilex</u>	<u>DZI</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<u>COCCUX</u>	<u>mepilex</u>	<u>DZI</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: <u>bilat lower quad mepilex DZI</u>																											

PRESSURE INJURY ASSESSMENT (see staging below):

<p>Stage 1: Non blanching, localized, reddened area</p> <p>Stage 2: Blister or partial-thickness loss of skin with exposed dermis</p> <p>Stage 3: Full-thickness skin loss, subcutaneous fat may be visible</p> <p>Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage</p>	<p>Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.</p> <p>Deep Tissue: 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: Aveille Assessment time: 2100 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.

MOBILITY	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)
MOBILITY	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	
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	
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	
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	
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.	
FRICTION AND SHEAR				
1. Problem	2. Potential Problem	3. No Apparent Problem	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod risk 10-12 = High risk 9 or less = Very high risk	
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.		
TOTAL SCORE =				

Implemented Pressure Risk Interventions	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



213

SK UNKNOWN

MRN: RUH 1315031

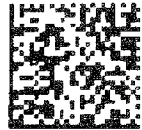
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

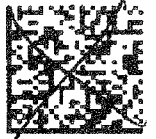
FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
0830	Pt awake. 40 ribs pain. 3 po Dilaudid given for same. Pt wanting to sleep more this Am. — <i>Cheryl</i>
Dec 30/21 @ 0905	Eyes closed. Rsp easy. Appears to be sleeping. — <i>Cheryl</i>
Dec 30/21 @ 1000	Pt given 1mg IV dilaudid in prep for JP removal. — <i>Cheryl</i>
Dec 30/21 @ 1005	Dilaudid infused. Pt resting in bed. Rsp easy. Visiting wife @ this time. — <i>Cheryl</i>
Dec 30/21 @ 1015	Pt visiting wife. Awake rps easy @ 18, RN Cheryl prepping to pull out JP. — <i>Cheryl</i>
1030	JP & Hollister removed. pt tol well small amount of creamy sang drainage. Folded 4x4 & moplex Borda applied. VSS. — <i>Cheryl</i>
Dec 30/21 @ 1126	Pt resting in bed. Wife in visiting. — <i>Cheryl</i>
1245	Tol FF lunch. 2mg po Dilaudid given for 40 ribs pain. — <i>Cheryl</i>
Dec 30/21 @ 1345	Stomy nurse Eunice in and doing VAC disq. Was given 1mg IV dilaudid for pain @ 1305 Pt has been awake during procedure RR18 @ the time. Wife @ bedside as well. — <i>Cheryl</i>
Dec 30/21 @ 1420	Eyes closed. Rsp easy. Appears to be sleeping. — <i>Cheryl</i>
Dec 30/21 @ 1450	VS stable. HR 114. Wife @ bedside. Pt resting in bed awaiting Ben @ PT. — <i>Cheryl</i>
Dec 30/21 @ 1546	Pt sat up @ RN Cheryl on side of the bed. Wife @ bedside. — <i>Cheryl</i>
Dec 30/21 @ 1627	Foley drained 2050 mls amber urine. Perc 100 mls and CT 10 mls. Ite 200 mls of liquid stool. New binder on. Pt waked up. Given 1mg dilaudid 1mg for pain @ 1600 by RN Cheryl. RR18. Adult visiting out. — <i>Cheryl</i>

Continued on Progress Record - Nursing (form #101434)

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**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Dec 30/21 1704	Pt resting in bed. Drawing APIT for 1700. <i>—</i>
1757	client bedding: appear to be asleep <i>—</i>
Dec 30/21 1831	Pt resting in bed. Visiting w his mom. RN Cheryl old old JP site + Tinzol site on G above as leaking creamy serous. Cleaned w NS. 4x4 gauze and Mepilex borders to cover. T369 P122 RR22 BP 118/78 O2sat 99% on LCP. <i>—</i>
1910	Pt's mom is visiting. Warm blanket for feet + no Dilaudid given for pain. <i>—</i> Assessment
Dec 30/21 1923	Soaker pad for small old serous drainage to bottom end. Pt resting in bed. Mom @ bedside. <i>—</i>
Dec 30/21 1931	New bag of Agatropan 250mg in 250mls. (signed w RN B. Henry. <i>—</i>
2030	Pt appears to be sleeping. Resps reg. <i>—</i>
2110	Pt given IV dilaudid for pain. Neo emptied for brown liquid. & further concerns <i>—</i>
2205	Pt laying w HOB elevated. Eye mask on. resps regular. <i>—</i>
2259	Pt awake, playing on phone, no voiced concerns Vital signs stable. Oxygen titrated to RA. <i>—</i>
2340	Old JP leaking creamy purple drainage. Removed old drsg. Cleaned skin. Applied nuclerm + mepilex 4x4. 2x2 mepilex to CT tube + 2x2 to necrotic site.
	Bedding changed. Pt settled in bed. <i>—</i>
Dec 31, 2021 @ 0055	Pt laying w HOB elevated. Eyes closed, resps regular + unlaboured. <i>—</i>
0130	Pt given dilaudid for pain <i>—</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Dec 31 2021

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.

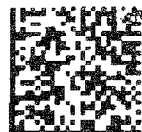
CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> 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 _____	
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) _____ <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>to ribs</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>no Dilaudid given for pain.</u>	
	Comments: <u>moving well. Oxycontin & headache approx. Awake & alert.</u>	
	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		
Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Abnormal <u>~115 bpm</u> <input type="checkbox"/> S1 <input 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>(P) IO CUL</u> <u>RL C 25ml</u>		
Site/Condition: <u>site healthy</u> <u>to (P) PA</u>		
Dressing: <u>impulsive TPN</u> <u>#20G</u>		
Infusion(s): <u>cycled</u>		
Comments: <u>RL C 25ml</u> <u>argatroban 2mg/kg/min (4ml/hr)</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 INSPIRED/EXPIRED ANTERIOR POSTERIOR <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED R L L R <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O ₂ 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 _____ cmH ₂ O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding	
	Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____	
	Comments: <u>O₂ sat's 95% on RA. @ cough. @ resp distress.</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: WALL, ALASTAIR
 FAM: FRASER, JILLIAN



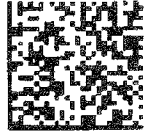
DAY SHIFT

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>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>good urine output</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>FP - DASH</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 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>colost</u> Site <u>(L) Abd</u> Colour <u>pink + healthy</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 hungry tol diet well. Some active for liquid Bowel stool.</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 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 D&I @ 125mmHg</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Perc drain to (L) flank D&I draining small creamy</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Surg drainage</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(L) Abd CT drain to tra close drain draining scant</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>brownish drainage. neplex Borden xII to RLQ D&I</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 D&I @ 125mmHg</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Perc drain to (L) flank D&I draining small creamy</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Surg drainage</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(L) Abd CT drain to tra close drain draining scant</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>brownish drainage. neplex Borden xII to RLQ D&I</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.		
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RN/LPN signature: Amurika Assessment time: 0810 Time charted: 0840



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 31 2021

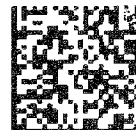
The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

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 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 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>6/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>head / ribs</u>																								
Quality: <input type="checkbox"/> Dull <input checked="" 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 checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>w/ Dilaudid given</u>																								
Comments: <u>Denies headache / dizziness. Moving all limbs well. Answers questions well.</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 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																							
	Access type:		<u>Central</u>																					
	Site/Condition:		<u>Rt ES UL Rt PA</u>																					
Dressing:		<u>DTE healthy DTE healthy</u>																						
Infusion(s): (solution/rate)		<u>DPPE 140 (cycled) 5L Dilaudid 2.0mg/kg/min</u>																						
Comments: <u>Denies parathion. 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="width: 20%;"></td> <td style="width: 20%;"><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20%; text-align: center;">ANTERIOR</td> <td style="width: 20%; text-align: center;">POSTERIOR</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><input type="checkbox"/> EQUAL AIR ENTRY</td> <td colspan="2"></td> </tr> </table>					<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR		<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	R	L L R		<input type="checkbox"/> DECREASED AIR ENTRY				<input checked="" type="checkbox"/> ABSENT AIR ENTRY				<input type="checkbox"/> EQUAL AIR ENTRY		
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		<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 checked="" type="checkbox"/> O ₂ 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 ₂ 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. Using 1L</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: WALL, ALASTAIR
 FAM: FRASER, JILLIAN

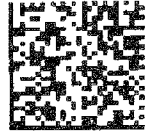


NIGHT SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ile 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 checked="" type="checkbox"/> N/A Comments: <u>adequate U/O.</u>																								
GI	<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 type="checkbox"/> Normal <u>KY</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>D31 (stomach)</u> Colour <u>RUC</u> Consistency/Size <u>love / hour</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>RUC</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>Drx nause strike 'good' appetite</u>																								
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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.		
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RN/LPN signature: Ku Ru Assessment time: 2135 Time charted: 2232



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.

MOBILITY	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)
MOBILITY	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 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. Very Limited 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. Slightly Limited 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. No Impairment Responds to verbal commands. Has no sensory deficit, which would limit ability to feel or voice pain or discomfort.	Score
MOISTURE: Degree to which skin is exposed to moisture.				
1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.	
ACTIVITY: Degree of physical activity.				
1. Bedfast Confined to bed.	2. Chair fast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently 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 Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	
NUTRITION: Usual food intake pattern.				
1. Very Poor 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. Probably Inadequate Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meal or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	3. Adequate 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. Excellent 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 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. Potential Problem 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. No Apparent Problem 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.	Total Score Indicators: 19-23 = No risk 15-18 = Low risk 13-14 = Mod. risk 10-12 = High risk 9 or less = Very high risk	
			TOTAL SCORE =	
Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels <input type="checkbox"/> ROHC® 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: WALL, ALASTAIR

FAM: FRASER, JILLIAN



21-31

DATE/TIME	24 HR NURSING NOTES NARRATIVE
Dec 31/21 @ 0830	Pt awake this AM. Dr. Mallette in to see pt. Resident to return to remove CT Abd late this AM. Pt eating breakfast. — Chmura
0945	Pt resting i eyes closed, resp easy and regular. — <i>[Signature]</i>
1030	VSS, wife @ bedside. — <i>[Signature]</i>
1140	Pt assisted to stand @ edge of bed, wife assisted i wash. Coccyx meplex remained, @ breakdown/redness noted. Settled back to bed, drsgs to old u/a drain site A'd for sang drng. — <i>[Signature]</i>
ERROR - wrong pt 1230	Pt up to BR per self, to be moved out of obs. — <i>[Signature]</i>
1230	Pt sitting up in bed for lunch, wife assisting i some. — <i>[Signature]</i>
1250	Pt quiet in Dilaudid for pain, tol all of OAT lunch. Give Enema for later. — Chmura
1330	Dr. Ryan in to pull @ chest tube, tol well, meplex applied. New abdo binder applied dit sang drng. — <i>[Signature]</i>
1500	@ neck CVL drsg A'd as falling off, sutures x2 intact. @ concerns. — <i>[Signature]</i>
1600	Pt resting in bed, @ voiced concerns. — <i>[Signature]</i>
1700	BC drawn from CVL. Pt repositioned self in bed for supper. I+Os completed. On face-time i family. — <i>[Signature]</i>
1915	2mg po dilaudid given. VSS. Mom visiting. — <i>[Signature]</i>
Dec 31/21 e 1931	Repeat meplex from days. Pt not lying in bed.
Dec 31/21 e 2010	Pt settles in bed, with left. @ voiced concerns. — <i>[Signature]</i>

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

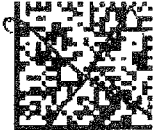
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

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DATE/TIME	REMARKS
Dec 31/2021 @ 2145	Assessment complete. 1mg IV dilaudid given for ribs + abdo pain, T & Marmax. EKG unprovoked for 150ml. Skies brown. Perc drain placed @ 2000 ml. pt tolerated same well. Sipping on fluids, w/ further verbal concerns. <u>Ken</u>
Dec 31/21 @ 2212	Pt settled in bed, eyes closed, resp easy. <u>Ken</u>
Dec 31/21 @ 2300	Eyes closed. Resps easy. <u>Ken</u>
Dec 31/21 @ 2340	VS stable. No concerns. <u>Ken</u>
Jan 1/22 @ 0007	Eyes closed. Resps easy. Appears to be sleeping. <u>Ken</u>
Jan 1/22 @ 0035	Pt feels fully unlocked, same adjusted. 2mg po dilaudid given for abdo pain. <u>Ken</u>
Jan 1/22 @ 0117	Pt resting in bed, eyes closed, resp easy. <u>Ken</u>
Jan 1/22 @ 0210	pain to ribs + abdo remain after po dilaudid, 1mg IV dilaudid given @ 0145 & effect. Pt head repositioned in bed. Pillow under ribs. @ verbal concerns. VS <u>Ken</u>
Jan 1/22 @ 0303	Pt resting in bed, eyes closed, resp easy. c/o adequate. <u>Ken</u>
Jan 1/22 @ 0406	Eyes closed. Resps easy. Appears to be sleeping. <u>Ken</u>
Jan 1/22 @ 0431	Pt c/o pain given 2mg po dilaudid. No other concerns. <u>Ken</u>
Jan 1/22 @ 0512	Eyes closed. Resps easy. Appears to be sleeping. <u>Ken</u>
Jan 1/22 @ 0601	AM bloodwork drawn from CVL and sent to lab. Ely drawn @ 2300 c/w yellow colostomy 175mls brown stool and Perc 25mls flushed @ 2000 cc vs. <u>Ken</u>