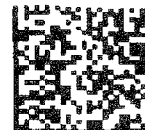


Richard Fehr
RUH Patient Records

JANUARY 2021
PART I of II



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 1 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																
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 for pain @ headache</u>																
	Comments: <u>moving well, afebrile.</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 type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																
Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																	
<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																	
Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <u>S1 S2</u>																	
Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																	
<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																	
<table border="1"> <tr> <td>Access type:</td> <td><u>RJIS CUL</u></td> <td><u>RLE 2.5ml/h</u></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>site healthy</u></td> <td><u>to RPA</u></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>infusing</u></td> <td><u>DIE</u></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>Acetron 2.5ml/h</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>RJIS CUL</u>	<u>RLE 2.5ml/h</u>		Site/Condition:	<u>site healthy</u>	<u>to RPA</u>		Dressing:	<u>infusing</u>	<u>DIE</u>		Infusion(s): (solution/rate)	<u>Acetron 2.5ml/h</u>		
Access type:	<u>RJIS CUL</u>	<u>RLE 2.5ml/h</u>															
Site/Condition:	<u>site healthy</u>	<u>to RPA</u>															
Dressing:	<u>infusing</u>	<u>DIE</u>															
Infusion(s): (solution/rate)	<u>Acetron 2.5ml/h</u>																
Comments: <u>Lamp (kg/min) sup.</u>																	
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input checked="" type="checkbox"/> Use of accessory muscles																
	Cough: <input 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																
	<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>resp. distress.</u>																

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

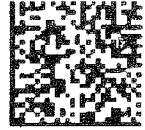
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

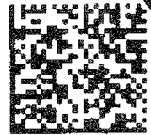


DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> 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>lots of urine.</u>																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DPT</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>@ Abod</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>colost Apple DoI active for liquid Bant Beer.</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" 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>mid line vac D&I @ 125mmHg</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>colost Apple @ Abod. DoI</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Perc to @ Plank DoI, draining small creamy sang.</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>rep Border to @ LQ DoI</td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>rep Border to @ LQ x TI DoI - Abd Binder to x</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</p> Comments: _____		Wound/Incision/Drain Location	Dressing Type	Drainage		mid line vac D&I @ 125mmHg			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	colost Apple @ Abod. DoI			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Perc to @ Plank DoI, draining small creamy sang.			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	rep Border to @ LQ DoI			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	rep Border to @ LQ x TI DoI - Abd Binder to x			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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rep Border to @ LQ x TI DoI - Abd Binder to x			<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: _____ <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: Cherish Assessment time: 0810 Time charted: 0800



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 1-2/2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x3 <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other <u>Neuroshla.</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 checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____												
	Numbness/Tingling: <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>to rds said from CPR</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 <u>worse to worst</u> Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>po 4mg IR Dilaudid given + Sch. Fentanyl.</u> Comments: <u>pt imbed, atd x3, able to make reads (normal). Able to turn in bed, assist w/ to body in bed (reposition). Told by day shift he'd changed x2 today and walked to doorway - with the help of staff. Frasier's notes ok. 1st floor taken.</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 <u>T37/</u>												
	Edema: <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes Type/location(s) <u>add to bilat. ankles & puffy neck.</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>normal & regular @ 120bpm.</u> <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2												
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input checked="" type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring												
	<table border="1"> <tr> <td>Access type:</td> <td><u>Central (R) neck</u></td> <td><u>Peripheral</u></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(R) neck.</u></td> <td><u>(R) fca</u></td> </tr> <tr> <td>Dressing:</td> <td><u> Tegidri</u></td> <td><u> Tegidri</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td colspan="2"><u>0.9% NS @ 90ml/hr (R) neck. Tegidri. Tegidri. Tegidri.</u></td> </tr> </table>	Access type:	<u>Central (R) neck</u>	<u>Peripheral</u>	Site/Condition:	<u>(R) neck.</u>	<u>(R) fca</u>	Dressing:	<u> Tegidri</u>	<u> Tegidri</u>	Infusion(s): (solution/rate)	<u>0.9% NS @ 90ml/hr (R) neck. Tegidri. Tegidri. Tegidri.</u>	
Access type:	<u>Central (R) neck</u>	<u>Peripheral</u>											
Site/Condition:	<u>(R) neck.</u>	<u>(R) fca</u>											
Dressing:	<u> Tegidri</u>	<u> Tegidri</u>											
Infusion(s): (solution/rate)	<u>0.9% NS @ 90ml/hr (R) neck. Tegidri. Tegidri. Tegidri.</u>												
	Comments: <u>BP 130/75. Central + peripheral W sites asymptomatic. Does change in labors / heart palpitations.</u>												
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles												
	Cough: <input 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"/> CT 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												
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 150px;"> Draw symbols on the lung diagram to indicate assessment. </div> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div>												
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min												
	<input checked="" type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding												
	<input checked="" type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>RLT4 Jan 2 941, on RA. It's encouraged - said he's using fork. Placed cont Sacult/te away in pt's o/n. noted hoarse voice said "from breathing tube". Does not cough/cold said full feels dry occ bit a water breather.</u>												

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

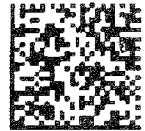
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: 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"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____
	Urine: <input type="checkbox"/> N/A Colour <u>amber</u> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Odour <u>ded ment & ded.</u>
	Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>noted.</u>
	Comments: <u>grey urine, dry odour, no dribble - urine</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 checked="" type="checkbox"/> Calorie Counts
	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____
	Bowel Sounds: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Hypoactive <u>xy</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Last bowel movement: <u>peristoma</u> Colour <u>dark brown</u> Consistency/Size <u>lumpy, small</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent
	<input checked="" type="checkbox"/> Stoma: Type <u>colost</u> Site <u>R abd</u> Colour <u>red</u> <input type="checkbox"/> Bridge
	<input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input 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: On area, ate fair w/ 2 xal. Colat. guidance (R) ded intact.

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	
	<u>midline abd</u>	<u>VAC</u>	<u>dry dr, dry small ed sang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>RLQ abd</u>	<u>4x4 replex border</u>	<u>dr</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>LLQ abd</u>	<u>4x4 replex border</u>	<u>shallow ed sang to inner perian</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>perc to LUQ/flank</u>	<u>stuck to kgadom flaked 200k all cal ordered tot.</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
		<u>well-healed small cream sample area - dry tabed down then asked JUNE LLQ replex localty 5 are flid - covered</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

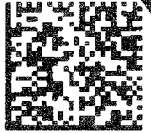
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL
 Comments: Red border on / and redound 2x2 gauze, 4x4 gauze, 4x4 Nelderin xl and 4x4 replex border. Inner LLQ 4x4 replex remain intact as noted above.
Perc stuck to abd and outer kgadom rid, site cleared & rt and cap removed. Perc draining

PRESSURE INJURY ASSESSMENT (see staging below); per-ill sang / cream ed sang.

Stage 1: Non blanching, localized, reddened area	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.
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	

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: S. Baban Assessment time: 2040hrs Time charted: 2330hrs



RUH SCH SPH Other _____

NURSING RECORD

Page 5 of 6

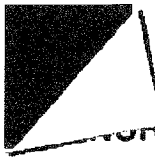
Mobility section must be filled out every 24 hours and/or with any changes in mobility.

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)
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	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	



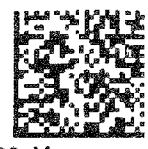
5-2

NURSING RECORD

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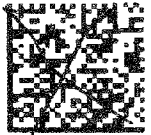
SK UNKNOWN
 MRN: RUH 1315031
 Admit Date: DEC-2-2021
 FEHR, RICHARD NEIL
 FEB-23-1981 40y IP V#10521726 M
 ATN: SOTHILINGAM, NIROSHAN
 FAM: FRASER, JILLIAN



21-3

DATE/TIME	24 HR NURSING NOTES NARRATIVE
0855	Pt quiet as Dilaudid for pain up to side of bed for breakfast. ————— Elnura
1100	Pt. resting in bed with partner at bedside. VSS. Pt watching TV. & voiced concerns at this time. ————— T. Pa
1210	Transferred to 3205-2, report received. wife in at bedside no other voiced concerns. ————— B. Pa
1245	Umg PO Dilaudid given for abdo pain prior to noon. Eating lunch, no other voiced pt concerns at present. ————— B. Pa
1335	Total basin wash provided by CNA. ————— B. Pa
1417	Resting at present; agreeable to go for walk "in a little while". ————— B. Pa
1505	up for walk - assist x1 w walker. walked from bed to unit 1 desk + back. Pt @ shaky on arrival back to bed, "I feel like I have a shoe" settled into bed post, warm blankets given. ————— B. Pa
1517	Resting in bed, wife at bedside. ————— B. Pa
1613	Resting in bed, no voiced concerns. ————— B. Pa
1655	up to EOB for upper x1 assist x1. ————— B. Pa
1705	Assisted back to bed as "having more abdo pain with sitting". Settled into bed for now. ————— B. Pa
1710	Umg PO Dilaudid given for abdo pain. ————— B. Pa
1805	mom in at bedside. ————— B. Pa
1820	Umg w Dilaudid given for abdo pain. RN draw of (AT) IT CVL via sterile technique. no other voiced pt concerns at this time. ————— B. Pa
1825	TTR, pillow placed under hip. ————— B. Pa
1924	Asleep at present, mom at bedside. APT therapeutic for aspiration infusion. Resting & easy now. ————— B. Pa
Jan 1/2022 @ 2000	Report received from day shift. ————— B. Pa

Continued on Progress Record - Nursing (form #101434)



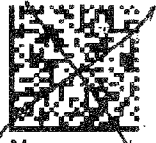
RUH SCH SPH Other _____

5005-2

NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 1/2022 @ 2001	walk into deck and introduce self. soiled needs. Family member & pts. writer and Hayley RN CN @ bedside to deck. Arg strober infection - bag lid. <i>SB</i>
@ 2040	walk into room and initial assessment started - see plan sheet for details. <i>SB</i>
@ 2120	Pt. settled in bed, repositioned to assist of writer and Vanessa RN. Pt given 4mg ibuprofen for pain trials - pt says fine. CPR given to him. Call unit @ bedside and cont. pt. <i>SB</i>
@ 2155	walk spoke to Brittany Hurdley RN in old unit who cared for pt last night. Instructed pt. has been elevated, Brittany Hurdley RN said had been similar in old unit, 75 death case. Pt received a 4mg ibuprofen. Brittany Hurdley RN said best HR was 116 bpm when pt relaxed. Will monitor closely. <i>SB</i>
@ 2215	Pt in bed, eye cloth over eyes, HR 126 bpm <i>SB</i>
@ 2240	Pt in bed, eyes covered to cloth mask, HR 117 bpm <i>SB</i>
@ 2343	Pt afebrile, requested IV D10, I feel a little but sore after reposition in bed earlier when writer did bag. I feel D10 given now. W-T37 HR 120 RR 24 BP 124/79 SpO2 94%. nRA. also emptied for 40ml Uspid brown fluid. Pt settled. <i>SB</i>
Jan 2/2022 @ 0010	Pt in bed, eye over let on, heard dec snoring sounds, RR 22/min, SpO2 93% on nRA. HR 113 bpm. <i>SB</i>
@ 0100	Pt in bed, eye next on, resp 24/min, SpO2 95% on nRA. HR 119 bpm. No ua Foley catheter adequate. <i>SB</i>
@ 0800	Pt in bed, eyes next on, resp 24/min, SpO2 93% on nRA. HR 120 bpm. <i>SB</i>



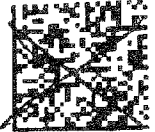
RUH SCH SPH Other _____

05-2

NURSING
PROGRESS RECORD

Page 2 of 2

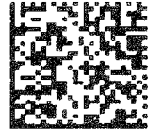
DATE/TIME	REMARKS
Jan 2/2022 @ 0315	Woke on break from D130 - 0315 placed Versica PN covered while under away. Todd pt just called down @ 0300 and given scheduled Tylenol and 4mg 101K. Dioided for pain, HR has been 115-120's - 5080W
@ 0325	Pt in bed, eye weak on HR 120 bpm, Sats 94% on 2L O2 @ 0325
@ 0405	Pt called, 40 gas pain, under heard funny gurgle @ bedside, pt said it has been doing it for a little while now, pt given warm blanket to dad - 5080W
@ 0410	Under @ bedside to check vitals - T 37.3 HR 127 RR 24 P 104/81 Sats 95% on 2L. Pt given 1mg IV Dioided for dizziness - 5080W
@ 0430	Under in room under pt and heard him say "I think I shit myself" under and told a nurse in to see pt. Pt said felt a rebound and now feels wet below. Under did pt for ~ 75 rounds dilute sang/old sang in bed. Colored sang similar to content of perc drain. Pt said that is the first time that has happened. Blue pad placed under pt on dressing in bed and he felt like he needed to go again - will monitor. HR 133 bpm during change, Sats 94% - 5080W
@ 0440	Dr. Jelle paged, called back + made sweep above, made aware HR has been 120's to 120's most of night, Up to 130's during episode after dilute sang passed per rectum. Sweep will have been drawn in am. Dr. Jelle laid to larea note on orange for Dr. Kallister to re-sweep come. Will monitor. - 5080W
@ 0447	Pt in bed, eye weak on Sats 95% on 2L, HR 130 bpm - 5080W
@ 0530	Under @ bedside to complete vitals. Perc drained to total 200ml dilute sang/coag/sang color drained total 900ml watery brown, vac drained small sang/old sang



NURSING
PROGRESS RECORD

05-2

DATE/TIME	REMARKS
Jan 2/2022 @ 0530 hrs cont'd...	Per my request for 1600ml auto urine to send to lab. Pt in bed HR 100bpm, eye mask off, eyes closed, RR 20/min, SpO2 93% OSK/RLW
@0600	Unplugged bed unit to draw BW - drain early off central CC line. Pt reported having passed another "shit" with pink change blue pad, med unit dilute grey/sandy creamy fluid on pad. Pericare done and pt settled again. HR remains 100's OSK/RLW
@0620	Pt called and passed another BM - med sang/old sang creamy fluid. Dr. Hallette came into room rounds and came to see what. Anaest 90 decl cramps starting around 0200 pt believes, never had cramps before, never noticed anything per rectum before until tonight. Anaest HR has been 115-120's earlier transit, now in 130's. Anaest HR RR 24-28/min SpO2 93%. Anaest sample sent to blood bank for typing if decide to transfuse. \approx 10 cc / cp / d / m / r will monitor closely + exact Hgb result. Dr. Hallette anaest pt remains in Argatroban qtt. OSK/RLW
@0635	Pt given low IV Dilaudid for abd discomfort OSK/RLW
@0640	U rechecked - T 36.7 HR 139 RR 28 BP 131/86 SpO2 94% on RA. Pt settled for now & benefit pericare OSK/RLW
@0658	BW - Hgb 83 (77) platelets 491 (462) WBC 11.46 (8.82) apt 49 - therapeutic in desired range for Arg 9 tubes qtt & adjustments made + BW to be repeated @ 1800 hrs today. INR 2.6. Hallett/RLW also checked BW to verify. Pt in bed said had another "large" poop. water + Hallett/RLW in to a pt. Pt said he thinks the IV Dilaudid helped to "slow down" his poop. Benefit pad RA for med sang/old sang creamy fluids. pericare given + renal



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 2, 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																
	Affect: <input 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 <u>Y not assessed</u>																
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																
	Pain: Score (e.g. 0-10) <u>9/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Abdominal</u>																
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																
	Comments: <u>Repeating IT ramping, bloating abdo pain - feel more. Denies headache or dizziness at present.</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																	
Heart Sounds: <input type="checkbox"/> N/A <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>Rate 130's</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"> <tr> <td>Access type:</td> <td><u>central IJ CVL</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(R) IJ</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>gauze IJ</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>Dopamine @ 9mg/hr (2mcg/kg/min)</u> <u>@ TPW cycled.</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>central IJ CVL</u>			Site/Condition:	<u>(R) IJ</u>			Dressing:	<u>gauze IJ</u>			Infusion(s): (solution/rate)	<u>Dopamine @ 9mg/hr (2mcg/kg/min)</u> <u>@ TPW cycled.</u>		
Access type:	<u>central IJ CVL</u>																
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Dressing:	<u>gauze IJ</u>																
Infusion(s): (solution/rate)	<u>Dopamine @ 9mg/hr (2mcg/kg/min)</u> <u>@ TPW cycled.</u>																
Comments: <u>PT denies CP, denies chest heaviness or palpitations. Apical foot 1 median 130's, BP 121/73.</u>																	
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																
	Cough: <input 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"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="text-align: center;">ANTERIOR</td> <td style="text-align: center;">POSTERIOR</td> </tr> <tr> <td><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">L L R</td> </tr> <tr> <td><input type="checkbox"/> DECREASED AIR ENTRY</td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td><input type="checkbox"/> ABSENT AIR ENTRY</td> <td colspan="2"></td> </tr> <tr> <td>= 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 L R	<input type="checkbox"/> DECREASED AIR ENTRY			<input type="checkbox"/> ABSENT AIR ENTRY			= EQUAL AIR ENTRY		
	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR														
	<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	R L	L L R														
	<input type="checkbox"/> DECREASED AIR ENTRY																
	<input type="checkbox"/> ABSENT AIR ENTRY																
	= EQUAL AIR ENTRY																
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O 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"/> Tiding																
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																	
Comments: <u>SpO₂ 93-94% RA. Resp ↑ 28-30/minute, shallow. Denies SOB or cough.</u>																	

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

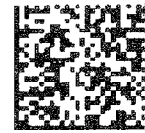
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

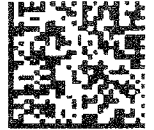


DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>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>no output adequate</u>		
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>xy</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>today</u> Colour <u>brown</u> Consistency/Size <u>soft / moderate</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ Stoma: Type <u>colost</u> Site <u>(R)</u> Colour <u>normal red</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>reports of bloating, abdo cramping - see notes. attends on no passing. long drainage weekly</u>		
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
	Wound/Incision/Drain Location	Dressing Type	Drainage
	<u>① meplat x2 left pelvis D+I, left meplat has more direct sarg now</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>② per @ abdomen</u>	<u>meplat DAT, draining small amt sarg</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>③ waist applicator DAT</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>④ anal midline abd D+I, sealed at 1.5mm hz, draining sim. sarg</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: _____		

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: Bearwin Assessment time: 0805 Time charted: 0935



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Dec 10 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																				
	Affect: <input checked="" type="checkbox"/> Calm <input 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"/> Angry <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																				
CVS	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																				
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																				
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																				
	Pain: Score (e.g. 0-10) <u>1/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abd/ribs</u>																				
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																				
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>Denies headache or dizziness on tx</u>																				
RESPIRATORY	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																				
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																				
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																				
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2 Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																				
<table border="1"> <tr> <td>Access type:</td> <td><u>central U CVL</u></td> <td><u>Peripheral</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>RJ</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>op site 0-1</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>Dargatroban @ 2mg/kg/hr</u></td> <td><u>R1 @ 25ml/hr</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>central U CVL</u>	<u>Peripheral</u>			Site/Condition:	<u>RJ</u>				Dressing:	<u>op site 0-1</u>				Infusion(s): (solution/rate)	<u>Dargatroban @ 2mg/kg/hr</u>	<u>R1 @ 25ml/hr</u>		
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Site/Condition:	<u>RJ</u>																				
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Infusion(s): (solution/rate)	<u>Dargatroban @ 2mg/kg/hr</u>	<u>R1 @ 25ml/hr</u>																			
Comments: <u>Denies chest pain</u> <u>BP 121/77 HR 120</u>																					
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input checked="" type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																				
	Cough: <input 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"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td>ANTERIOR</td> <td>POSTERIOR</td> </tr> <tr> <td><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</td> <td>R</td> <td>L L R</td> </tr> <tr> <td><input type="checkbox"/> DECREASED AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> ABSENT AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td>= EQUAL AIR ENTRY</td> <td></td> <td></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			= EQUAL AIR ENTRY							
	<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																					
= 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																					
<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 96% on RA</u> <u>Denies SOB or cough</u>																					

NURSING RECORD

SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



NIGHT SHIFT

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

GI
 Nothing by mouth Diet Regular Tolerating Nausea Emesis _____ Calorie Counts _____
Abdomen: Soft Firm Distended Obese Tender generalized
Bowel Sounds: Normal x4 Hypoactive _____ Hyperactive _____ Absent _____ **Flatus:** Yes No
Last bowel movement: today Colour liquid black consistency/Size liquid Continent Incontinent
 Stoma: Type colost Site RLQ Colour pink, moist Bridge _____
 Tube(s): NG - Salem Sump™ NG - Small bore NJ PGJ PEG PG Jejunostomy Other _____
 Tube depth: Secured at/External length _____ cm
 Clamped Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____
 Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____
Comments: denies nausea. Reports ↓ bloating from this am

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	Intact/Changed
<u>LUQ</u>	<u>Hollister</u>	<u>seroang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Q-flank perc</u>	<u>statlock</u>	<u>ang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>midline vac @ 125mmHg</u>		<u>small ang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>colost appliance</u>	<u>dr1</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>bilat pelvis</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: abdominal binders on

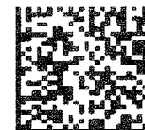
PRESSURE INJURY ASSESSMENT (see staging below):

Stage 1: Non blanching, localized, reddened area
Stage 2: Elicitor 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: J Macmillan, RN 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>Jan 2, 22</u> Time: <u>1413</u> Initials: <u>BP</u>
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input checked="" type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>APT</u> <input checked="" type="checkbox"/> Assistive devices <u>Walker</u>
	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.	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.	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.	3
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	2
			TOTAL SCORE =	19

Implemented Pressure Risk Interventions	Bed surface: <u>Convelia</u> <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>1413</u> Initials: <u>BP</u>
	<input type="checkbox"/> ROHO® cushion <input checked="" type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided <input type="checkbox"/> Other _____	

5-2

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



DATE/TIME	24 HR NURSING NOTES NARRATIVE
JAN 2, 2022 @ 0905	Pt reeval into unit. HR + RR ↑ thro mms pt reports ↑ abdo pain, abdomen feels firm to touch, non-tender. Reports "may be passing something rectally night now".
0910	1mg IV dilaudid given for ↑ abdo pain / cramping. Pt denied any chest pain or palpitations given that HR ↑ 130's.
0910	Pad changed, no rectal drainage noted. Pt states "pain mostly gone now", scheduled meds given except pad by "too big night now" settled for now. If RR ↑ to 140 me for total of of 110 mg/hr per order.
1000	CCA in E pt giving brain waves
1022	wife in at bedside, update provided.
1140	vital checked, wife, stable except HR remains 122- 125 bpm - pt remains asymptomatic. per physic = 20mc NS, reduced used 2 minimal resistance no rectal drainage on this shift thus far. no other noted pt concerns at this time.
1145 (11:50 entry at 1025)	1mg IV dilaudid given for abdo pain
1235	1mg IV dilaudid given for abdo pain. wife remains at bedside, no other noted pt concerns
1328	Asleep at present, appears comfortable.
1412	wife in at bedside, pt sleeping, appears easy
1430	1mg IV dilaudid given for abdo pain. Pt reporting "feet wet on right side". (Upper meplex wet = 2 pro- pulent / pink drainage: upper + lower meplex to vide both removed. Bottom meplex (1st site in site X 2 and tingsa - neville area noted lower drainage meplex removed. neville area reddish = new pink healthy tissue noted. Disrupted EMS, Anesthetic

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

5-2

SK UNKNOWN

MRN: RUH 1315031

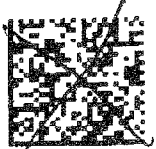
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

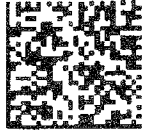
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Jan 2, 2022 @ 1430 (cont)	xl replaced, used i wrap border. I piece rubber m applied to old drain sites to UO. (red) upper meplex border removed. old JP B site using moderate amt ser-purulent drainage. cleaned NS, I piece rubber m applied to same, covered i meplex border. New scales pad applied, bed linen changed. TTR in bed, asked to ambulate at present "maybe at supper but depends how I feel!"
1546	Resting at present, wife at bedside
1600	long IV available given for abd pain + comping. Pt's upper meplex (red) abdomen looking moderate amt ser-sang drainage i 2 purulent drainage do well. Dressing removed. cleaned i NS and skin prep. old CT site (black) to ser-purulent drainage. Small wound appliance placed. Grand drape to catch drainage. secured i UAC drape xl covered i ABS pad. collect apparatus emptied for some liquid stool. PT status pain improved i U drape -
1740	resting at bedside - plate provided. collect emptied for additional some liquid stool. resting in bed for now; ins + outs complete
1835	long IV available given for abd pain. man at bedside. collect emptied for some stool.
1913	resting in bed. PT status feel "a lot better, not so much bloating or chole pain" in other words ok
Jan 2 @ 2000	Received into care. Pt appears comfortable resting in bed. Pt reports 0/10 abd/hip pain.



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 3, 2022

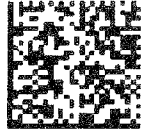
The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input 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 type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>2</u> LUE <u>2</u> RLE <u>2</u> LLE <u>2</u></p> <p>Pain: Score (e.g. 0-10) <u>6/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abd</u></p> <p>Quality: <input type="checkbox"/> Dull <input checked="" 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>IV dilaudid given 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 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>Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>CVL</u></td> <td><u>peripheral</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Rt neck</u></td> <td><u>Rt arm</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>open</u></td> <td><u>open</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>PN cycled</u> <u>Amtrabon infusion</u></td> <td><u>RL 025</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>CVL</u>	<u>peripheral</u>			Site/Condition:	<u>Rt neck</u>	<u>Rt arm</u>			Dressing:	<u>open</u>	<u>open</u>			Infusion(s): (solution/rate)	<u>PN cycled</u> <u>Amtrabon infusion</u>	<u>RL 025</u>		
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Site/Condition:	<u>Rt neck</u>	<u>Rt arm</u>																			
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Infusion(s): (solution/rate)	<u>PN cycled</u> <u>Amtrabon infusion</u>	<u>RL 025</u>																			
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input 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"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ■ ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 50%; text-align: center;"> <p>ANTERIOR POSTERIOR</p> <p>R L 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>Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH₂O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p>Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>Sats 95% on RA.</u></p>																				

NURSING RECORD

SK UNKNOWN
MRN: RUH 1315031

Admit Date: DEC-2-2021
FEHR, RICHARD NEIL
FEB-23-1981 40y IP V#10521726 M
ATN: 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"/> 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>Voiding as.</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 <input checked="" type="checkbox"/> Hypoactive <u>x4</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>today</u> Colour <u>brown</u> Consistency/Size <u>loose</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colost</u> Site <u>RT</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>denies nausea</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>midline vac</u></td> <td><u>vac drag</u></td> <td><u>d</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LLQ old mallecot site</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LLQ old jp site</u></td> <td><u>Hollister bag</u></td> <td><u>sero-song</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>meperex to bilat abd bs</u></td> <td></td> <td><u>small shadower</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>colostomy appl.</u></td> <td><u>2pc</u></td> <td><u>3/so!</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u>abd binder on.</u></p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline vac</u>	<u>vac drag</u>	<u>d</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>LLQ old mallecot site</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>LLQ old jp site</u>	<u>Hollister bag</u>	<u>sero-song</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>meperex to bilat abd bs</u>		<u>small shadower</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>colostomy appl.</u>	<u>2pc</u>	<u>3/so!</u>	<input checked="" 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: [Signature] Assessment time: 0820 Time charted: 0909



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 3/21

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 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) "Ok" Self-report Behavioural Tool _____ Location(s) _____

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: states pain manageable at moment.

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>CVL</u>	<u>AV</u>	
Site/Condition:	<u>@neck, O+I</u>	<u>@arm, O+I</u>	
Dressing:	<u>tegaderm</u>	<u>tegaderm</u>	
Infusion(s): (solution/rate)	<u>TPN 0g dext</u> <u>ara troban @ 2mg/ml/hr</u>	<u>BL 0.25ml/hr</u>	

Comments: VS stable. Denies chest pain.

RESPIRATORY

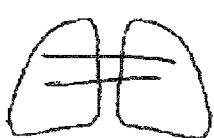
Respirations: No distress Laboured Shortness of breath Shortness of breath on exertion
 Use of accessory muscles

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


Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

ANTERIOR

R  L

POSTERIOR

L  R

CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED
 WH WHEEZE: INSPIRED/EXPIRED
 DECREASED AIR ENTRY
 ABSENT AIR ENTRY
 = EQUAL AIR ENTRY

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: denies dyspnea. Resps relaxed.

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

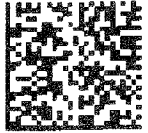


NIGHT SHIFT

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>light 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>voiced concerns re Foley.</u>																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>OAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>colostomy</u> Colour <u>brown</u> Consistency/Size <u>loose</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>PGA</u> Colour <u>pink moist</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>Denies NIV.</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input 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 _____																								
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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: Emilie Assessment time: 2010 Time charted: 2120



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)	
	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.	
FRICION 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 TOTAL SCORE =	
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation lead to almost constant friction.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		

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

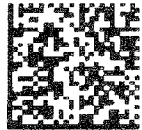
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 3/22 @ 0909	1mg IV dilaudid given for pain. pt resting in bed. ————
1020	pt resting in bed. will monitor. ————
1126	1 st unit of PRBC's infusing, vss. wife at bedside. ————
1301	1 st PRBC's infusing, vss, wife remains at bedside. pt tolerating transfusion well. ————
1420	2 nd unit of PRBC's infusing, vss. ————
1450	Wc drsg changed by wound care as well as colostomy appliance. drsg's changed per drsg care plan. pt tolerated well. 1mg IV dilaudid given for pain. wife remains at bedside. ————
1735	pt taking some for supper tray. ————
1920	pt vac drsg keeping that it was clogged, track pad did as was blocked, small clot removed from distal end of vac drsg. vac drap to cover. vac appears to be holding suction at this time continues to drain sang. Residual Ryan aware. ————
@ 1950	received into care. Day RN spoke to Dr. Ryan on phone re: vac drsg and moderate drainage, states will come to unit to assess. Pt. currently resting in bed watching TV, resps relaxed ————
@ 2120	Initial assessment complete. VS stable. denied need for analgesia at time of assessment, @ 2040 1mg dilaudid IV given for ABD pain. vac drsg has moderate sang, remains intact. Dr. Ryan in to assess same. new orders received, stated continue to monitor ————

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

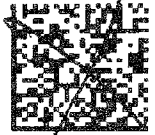
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

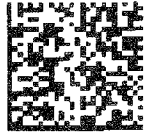
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Jan 3/22 @ 2120	continued - to ensure there is active pressure, will do same. Pt. denied any needs or concerns. currently resting in bed & eyes closed, resps relaxed, call bell in reach ————— EMEIER RN
@ 2200	Resting in bed & eyes closed, resps relaxed ————— EMEIER RN
@ 2330	q.o ↑ pain, 1mg dilaudid IV given. Vac drsg remains intact and on suction. Ostomy emptied for 100ml. Voiced & other needs — EMEIER RN
Jan 4/22 @ 0045	VS stable. Denied any needs or concerns ————— EMEIER RN
@ 0110	Eyes closed, resps relaxed, appears asleep ————— EMEIER RN
@ 0300	Appears asleep in bed, resps relaxed and regular ————— EMEIER RN
@ 0420	q.o ↑ pain, 1mg dilaudid IV given. VS stable. ostomy and hollister emptied. Voiced & other needs. currently resting, resps relaxed and regular — EMEIER RN
@ 0600	BW drawn and sent per protocol. CVL drsg peeling off, sites cleansed & chlorhexidine swabs and new tegaderm applied per protocol. some leakage present from hollister, pad + socker & d. 1mg dilaudid given for ↑ ABO pain. Voiced & other needs Resting in bed & resps relaxed ————— EMEIER RN
@ 0640	Eyes closed, resps relaxed in bed - EMEIER RN



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 4, 2022

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

CNS/PSYCH/SOCIAL

Level of Consciousness: 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) 6/10 Self-report Behavioural Tool _____ Location(s) abd

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: IV dilaudid given 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>CVL</u>	<u>peripheral</u>	
Site/Condition:	<u>Rt</u>	<u>Rt arm</u>	
Dressing:	<u>opaque</u>	<u>opaque</u>	
Infusion(s): (solution/rate)	<u>1) TDN cycled</u> <u>2) Argatroban @ 2.0mcg</u> <u>3) WBS locked</u>	<u>RL @ 25</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

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

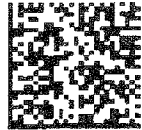
Chest Tube: Type _____ Location _____ Dressing _____
 Drainage - Colour _____ Gravity Suction _____ cmH2O Bubbling Tidaling

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: Sats 96% on RA.

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



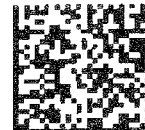
DAY SHIFT

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 type="checkbox"/> N/A _____ Comments: <u>Voiding as</u>			
	<input type="checkbox"/> Nothing by mouth <input 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 <input checked="" type="checkbox"/> Hypoactive <u>x4</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ Last bowel movement: <u>today</u> Colour <u>brown</u> Consistency/Size <u>loose</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ <input type="checkbox"/> Stoma: Type <u>colost</u> Site <u>Rt</u> Colour <u>Pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>denies nausea on assessment.</u> <u>abd binder on at all times.</u>			
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____			
	Wound/Incision/Drain Location	Dressing Type	Drainage	
	<u>abd vac drsg</u>	<u>vac 125mmHg</u>	<u>sero-sang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>LRA old mallecot site</u>	<u>npitex</u>	<u>g</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>LRA old jp</u>	<u>npitex</u>	<u>g</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
<u>Lt abd old ct site</u>	<u>Hollister</u>	<u>old sang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	
<u>pilot abd mepitex</u>	<u>mepitex</u>	<u>seroos</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	
Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u>sero drain to Lt abd.</u> <u>colostomy appliance chg.</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: 0810 Time charted: 0927



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 4 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____ Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____ PERLA: <input 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>9/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdomen - vac site</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 <u>abdomen</u> Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>img w/ diclofenac admin.</u> 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 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>(R) cvl</u> Dressing: <u>tegaderm</u> Infusion(s): <u>5. Araratroban @ 2mg/kg/min (9mL/hr)</u> (solution/rate) Comments: <u>3 - S10</u>
	peripheral (R) FIA Tegaderm PR @ 25 mL/hr
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 <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 <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>80% O2, RR 18</u>

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

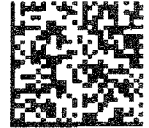
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



NIGHT 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: urine output adeq

GI

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

Abdomen: Soft Firm Distended Obese Tender _____

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

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

Stoma: Type colostomy Site (2) Colour visualized 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: colostomy bag in place opaque - unable to visualize stoma

INTEGUMENTARY

Colour: Normal/Appropriate to patient Jaundice Pale Cyanotic Other _____

Oral Mucosa: N/A Pink Pale Cyanotic Dry

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

NPWT at _____ mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	Intact/Changed
<u>midline vac @ 125mmHg</u>		<u>output in vac canister</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>LLQ - mepilex border (outward)</u>		<u>(2)</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>LLQ - mepilex border inward</u>		<u>purulent sang</u>	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
<u>colostomy appliance</u>		<u>brown liquid stool</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>old at site perc - (2) Franic</u>	<u>Hoister</u>	<u>purulent sang</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>staple</u>	<u>brown sang</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: ADD BLINDER 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

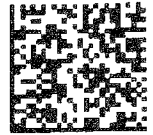
Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage

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: RBrown RN Assessment time: 2000 Time charted: 2000



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

NURSING RECORD

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

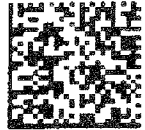
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

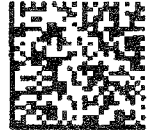
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 4, 2022 @0913	1mg iv dilaudid given for pain. Wound care by
	to speak to writer about changing vac drsg. - <i>Jan</i>
1010	wife at bedside. 1mg iv dilaudid given for pain. <i>Jan</i>
1147	wife remains at bedside. Wound care to be
	this afternoon. - <i>Jan</i>
1350	1mg iv dilaudid given for pain. Wound care
	to change the drsg and colostomy drsg. - <i>Jan</i>
1547	Basin wash provided by cc's and wife. Pt
	tolerated well. - <i>Jan</i>
1705	pt mom in to visit, pt resting in bed at this
	time. Will continue to monitor. - <i>Jan</i>
1848	pt mom at bedside, TPO in dressing, will
	continue to monitor. - <i>Jan</i>
Jan 4/2022 @	His assessment complete. 1mg IV dilaudid
2015	admin for pain. to drs. no gas pain
	+ feeling bloated warm blanket offered,
	pt refused. meplex to old JP site to lid
	soiled i patient sang drng. Same b'n.
	folded 4x4 muplex & meplex border
	applied. New 2x2 meplex applied to
	area beside i necrotic tissue. Pt well.
	Per. flushes i 20ml NS per orders.
	settled in bed & further voiced concerns <i>Brown</i>
@2200	1mg iv dilaudid admin. Some active for
	more liquid stool. Pt mother & wife called
	to unit. update provided. & voiced concerns <i>Brown</i>
Jan 5/2022	1mg IV dilaudid admin. Pt settled through
0035	All drsg dry & intact. to monitor - <i>Brown</i>

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 5, 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) _____ Self-report Behavioural Tool _____ Location(s) _____

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: Moving all limbs in bed herself. Not out of bed this morning Physio to come this afternoon

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>CVL</u>		
Site/Condition:	<u>(Rt) arm - redness</u>	<u>(Rt) neck - redness</u>		
Dressing:	<u>tegaderm dry + intact</u>	<u>tegaderm dry + intact</u>		
Infusion(s): (solution/rate)	<u>Rt @ 25mg/hr</u>	<u>1) TPN just finished 2) Argatroban therapeutic @ 1mg/hr 3) Unused</u>		
Comments:				

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED

wh WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR

R L

POSTERIOR

L L R

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: SpO₂ 96% on RA, AE clear bilaterally throughout.

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

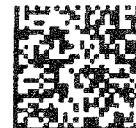
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ilea conduit Nephrostomy Other _____

Urine: N/A Colour amber Clear Cloudy Odour _____

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

Comments: _____

GI

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

Abdomen: Soft Firm Distended Obese Tender _____

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

Last bowel movement: 2021 ileostomy Colour yellow/brown Consistency/Size loose Continent Incontinent

Stoma: Type ileostomy Site (R) abdomen Colour unable to see opaque bag 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: No concerns of nausea. only took some ensure for breakfast

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	
	Ileostomy (R) abd	appliance	Dry + intact	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	VAC midline incision	VAC	Dry + intact	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	(R) Abdomen under ileo.	mepilex	Dry + intact	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
	mepilex to (R) Abd x 2	mepilex x 2	Both leaking mucky sang	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
	Perc (L) side	stat lock + tegaderm	Dry + intact.	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

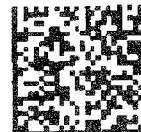
*Document: incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: Has Abdominal Binder on @ all times - Perc flushed = 20mls sterile NS. Perc bag draining mucky sang drainage. Hollister to (R) side Dry + intact draining old sang.

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: J Williams Assessment time: 0920 Time charted: 1200





RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 5/22

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

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic</p> <p><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</p> <p><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 checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>abdomen</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 <u>ing w/ diclofenac admin - see</u></p> <p>Comments: <u>progress note</u></p>																				
	<p>Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic</p> <p>Edema: <input 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>																				
	<table border="1"> <tr> <td>Access type:</td> <td><u>central</u></td> <td></td> <td><u>peripheral</u></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Rt CVL</u></td> <td></td> <td><u>FIA</u></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>tegaderm</u></td> <td></td> <td><u>tegaderm</u></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1 - 10N cycled</u> <u>2 - Plazmin LR</u> <u>3 - SID</u></td> <td></td> <td><u>SID</u></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>central</u>		<u>peripheral</u>		Site/Condition:	<u>Rt CVL</u>		<u>FIA</u>		Dressing:	<u>tegaderm</u>		<u>tegaderm</u>		Infusion(s): (solution/rate)	<u>1 - 10N cycled</u> <u>2 - Plazmin LR</u> <u>3 - SID</u>		<u>SID</u>	
	Access type:	<u>central</u>		<u>peripheral</u>																	
Site/Condition:	<u>Rt CVL</u>		<u>FIA</u>																		
Dressing:	<u>tegaderm</u>		<u>tegaderm</u>																		
Infusion(s): (solution/rate)	<u>1 - 10N cycled</u> <u>2 - Plazmin LR</u> <u>3 - SID</u>		<u>SID</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</p> <p><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>ANTERIOR</p> <p>R  L</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> <p>L  R</p> </div> </div> <p>Legend: cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED wh WHEEZE: INSPIRED/EXPIRED ↓ DECREASED AIR ENTRY ABSENT AIR ENTRY = EQUAL AIR ENTRY</p> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min</p> <p><input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____</p> <p><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>good 95% RA. denies SOB</u></p>																					

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

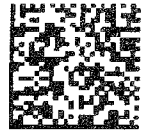
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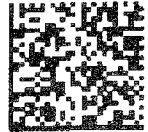
NIGHT SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>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>urine output adeq</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input checked="" 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 checked="" type="checkbox"/> No Last bowel movement: <u>ileo</u> Colour <u>brown</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>periumbilical</u> Colour <u>visualized</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 <u>perice</u> <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>ileo active for small amt liquid brown stool. minimal appetite - on calorie counts</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input 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 @ 125mmHg</u></td> <td></td> <td><u>small amt sang in cannister</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ileo appliance i peric - houster</u></td> <td></td> <td><u>dry + intact</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>perc drain u flank</u></td> <td><u>stetock</u></td> <td><u>brown/sang small amt</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>houster to old site (L) Flank</u></td> <td><u>Houster</u></td> <td><u>brown/sang @ fat smelting</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>mepilex x 3 (R) abd x 1 - (L) abd x 2</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline vac @ 125mmHg</u>		<u>small amt sang in cannister</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ileo appliance i peric - houster</u>		<u>dry + intact</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>perc drain u flank</u>	<u>stetock</u>	<u>brown/sang small amt</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>houster to old site (L) Flank</u>	<u>Houster</u>	<u>brown/sang @ fat smelting</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>mepilex x 3 (R) abd x 1 - (L) abd x 2</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Wound/Incision/Drain Location	Dressing Type	Drainage																						
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*Document. Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u>perc flushed i 200ML NS per orders</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: RB Braun RN Assessment time: 2030 Time charted: 2140



RUH SCH SPH Other _____

NURSING RECORD

Page 5 of 6

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

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



SK UNKNOWN

MRN: RUH 1315031

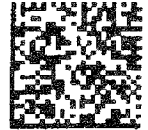
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

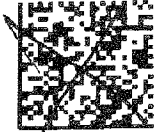
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



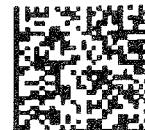
DATE/TIME	24 HR NURSING NOTES NARRATIVE
1055	PRBC Unit hung and started @ 50 ml/hr. Running through port of PICC line. Pre vital signs 36 ^o , HR 127, BP 116/77, RR 18, O ₂ sat 95% RA. Pt lying in bed \bar{c} with pt Jwillen
1100	Pt rates pain 9/10 to abdomen and request diclofenac for pain. Pt given 1mg IV Diclofenac via mini bag over 20min. Jwillen
1110	Temp 36 ^o , Pulse 125, BP 119/79, RR 18, O ₂ sat 96% on RA Rate for PRBC increased to 140ml/hr. Pt remains in bed sitting \bar{c} head of bed up and wife @ bedside. Jwillen
1210	Temp 36 ^o , Pulse 118, BP 117/81, RR 18, O ₂ sat 97% on RA. Pt and wife aware not to eat any lunch in prep for CT scan this afternoon. Jwillen
1250	Pt not wanting his tylenol. Pt stated comfortable now. Wife @ bedside pt lying \bar{c} eyes closed + regular even breaths. Jwillen
1340	Blood infused now IV NS ^{prog} just flushing the line - Jwillen
1500	Pt going down via bed for CT scan. Was just given 1mg IV Diclofenac for abdomen 9/10 by RN Gindy. Jwillen
1610	Pt back from CT scan. ^{PICC} (H) side abdomen mepilex x2 changed for large amt of sang slight brownish looking. Mepilex closer to midline old Drain site open area cleansed \bar{c} sterile NS and neoderm under a mepilex. Necrotic area beside this cleansed \bar{c} sterile NS then Adaptac applied \bar{c} small mepilex over top. Tegaderm wet to porc due to drainage from other sites new one applied. Physio in then to see pt and sat pt on side of bed. Pt now back to bed \bar{c} assist of physio. Jwillen
1630	Pt rates pain to abdomen 8.5/10 so requested Diclofenac Pt given 1mg IV Diclofenac for pain. Then blood thinner argatroban stopped/discontinued as per orders. Jwillen

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

DATE/TIME	REMARKS
1745	Pt wife just went home. No voiced concerns of pain or nausea @ this time. Blood work drawn from CVL line and sent. Pt stated going to have a rest. J Willem
1910	Pt rates pain @/10 to abdomen @ this time. Pt lying in bed has visitor with him @ bedside. No concerns of nausea. Visiting 2 visitor @ this time. J Willem
Jan 5/22 @ 210	HS assessment complete. VSS. Remains tachy @134 (baseline). Pt states the 1mg IV dulacodol is no longer effective requesting dose ↑. Feels restless/pagled re same. ordered 1x dose of 1.5mg IV dulacodol to be given when next dose due, then have team reassess pain meds in AM. ALSO stated to encourage PO Dilacodol, but pt continuously refusing states "I don't like how it feels in my body". Pt aware of 1x dose order of 1.5mg & happy w same. settled & resting in bed. to monitor ABOURN
@ 2230	1.5mg iv dulacodol admin per order pain per pt request ABOURN
@ 2320	Sleeping on ranchs ABOURN
@ 0030	Pt requesting analgesic. 1mg w dulacodol admin per orders Pt stated the 1.5mg IV dose was much more effective. Will have team reassess in AM. @
Jan 6/22	Further voiced concerns ABOURN
@ 0215	Sleeping on ranchs ABOURN
@ 0315	Sleeping on ranchs ABOURN
@ 0400	1mg iv dulacodol admin; settled & sleeping otherwise ABOURN



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 6, 2022

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

CNS/PSYCH/SOCIAL

Level of Consciousness: 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) to abdomen

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: Pt moving all limbs in bed herself. Able to turn in bed herself.

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>CVL</u>	<u>peripheral</u>	
Site/Condition:	<u>Rt neck - address</u>	<u>Rt arm - address</u>	
Dressing:	<u>tegaderm dry + intact</u>	<u>tegaderm dry + intact</u>	
Infusion(s): (solution/rate)	<u>1) TPN finished flushed off</u> <u>2) RL @ 25me/hr</u> <u>3) unused</u>	<u>Saline lock flushed + patent.</u>	

Comments: Unused ports to CVL flushed & d/doms sterile NS; RL increased to 110me/hr new that TPN done.

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.

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WHEEZE: INSPIRED/EXPIRED

DECREASED AIR ENTRY

ABSENT AIR ENTRY

EQUAL AIR ENTRY

ANTERIOR

R L

POSTERIOR

L L R

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: O₂ sat 94% on RA; AE clear bilaterally throughout but decreased to bases bilaterally.

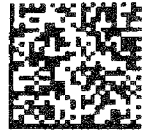
NURSING RECORD

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: _____

GI

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

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal Hypoactive y4 Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: ileostomy Colour yellow/brown Consistency/Size loose Continent Incontinent

Stoma: Type ileostomy Site (L) abdomen Colour bag opaque 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: No concerns of 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 12.5 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	
midline incision	VAC @ 12.5 mmHg	Dry + intact scant sang in canister	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
(L) side perc	stat lock + tegaderm	Dry + intact + bag draining brown/sang.	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
old CI site (L) side	Hollister	Hollister changed; draining brown/sang drainage.	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
Bilateral lower abdomen necrotic areas.	(L) 2x2 mepilex + adaptive underneath (R) 4x4 mepilex	Both dry + intact	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
(L) mepilex old drain site closer to incision	mepilex + neodermis	changed for moderate amt of brown/sang.	<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*

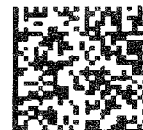
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: perc flushed 2 30 mls sterile NS; Abdominal Binder on @ all times

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: J. Williams Assessment time: 0850 Time charted: 1010



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jun 6 / 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																
CVS	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>3/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Abdomen</u>																
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>1/2 Dilaudid given</u>																
Comments: <u>Pt reports relief from SR Dilaudid this AM, denies headache / dizziness. Many well in bed per self</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																
	Heart Sounds: <input type="checkbox"/> N/A <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <u>S1 S2</u> Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																
<table border="1"> <tr> <td>Access type:</td> <td><u>Central</u></td> <td><u>Peritoneal</u></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Rt 25 WL</u></td> <td><u>Rt Rt RA</u></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>DH healthy</u></td> <td><u>DH healthy</u></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>DTAC 100 D5 125</u></td> <td><u>IL</u></td> <td></td> </tr> </table>		Access type:	<u>Central</u>	<u>Peritoneal</u>		Site/Condition:	<u>Rt 25 WL</u>	<u>Rt Rt RA</u>		Dressing:	<u>DH healthy</u>	<u>DH healthy</u>		Infusion(s): (solution/rate)	<u>DTAC 100 D5 125</u>	<u>IL</u>	
Access type:	<u>Central</u>	<u>Peritoneal</u>															
Site/Condition:	<u>Rt 25 WL</u>	<u>Rt Rt RA</u>															
Dressing:	<u>DH healthy</u>	<u>DH healthy</u>															
Infusion(s): (solution/rate)	<u>DTAC 100 D5 125</u>	<u>IL</u>															
Comments: <u>Denies palpitation Denies Rct 1 chills</u>																	
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																
	Breath Sounds: <input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED ANTERIOR POSTERIOR <input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED R L R L <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY																
	Oxygen Therapy: <input 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>Denies SOB. Reports using LIS</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 Amber Clear Cloudy Odour _____
 Genitalia (appearance/drainage/flow): N/A _____
 Comments: adequate void

GI
 Nothing by mouth Diet DAS Tolerating Nausea Emesis _____ Calorie Counts _____
 Abdomen: Soft Firm Distended Obese Tender _____
 Bowel Sounds: Normal YY Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No
 Last bowel movement: JK @ Colour dark red Consistency/Size liquid Continent Incontinent
 Stoma: Type Colost 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: Slightly distended Appetite 'okay' sticking in easy foods

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 _____

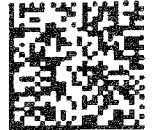
Wound/Incision/Drain Location	Dressing Type	Drainage	
Middle UAC (Silver foam)	DTE - Intact	brownish sandy	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Mphr - UAC + RUQ	DTE - healthy		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Colost - healthy			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
per drain - 1st floor	DTE - healthy - flush & toner as + sterile well.	old sandy dry	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
holistic - UAC - DTE	creamy brownish pink	dry	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

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

PRESSURE INJURY ASSESSMENT (see staging below):

<p>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> <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	<p>Location #2: _____</p> <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	<p>Location #3: _____</p> <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	<p>Location #4: _____</p> <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: 2030



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.	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.	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.	3
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.	4
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	2
			TOTAL SCORE = 20	

Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>1830</u> Initials: <u>u</u>
	<input type="checkbox"/> ROHO@ cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

NURSING RECORD

Page 6 of 6



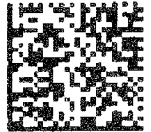
052

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
1040	Ileostomy emptied for large amt of gas and 250mls of Brown loose/watery stool. Physio in then to see pt and wife @ bedside. <u>J. Willem</u>
1130	Pt rates pain 7/10 to abdomen so requested IV Dilaudid. Given 1mg IV Dilaudid via mini bag. Pt resting in bed, visiting w wife. No concerns of nausea. <u>J. Willem</u>
1240	Pt sitting in bed with head of bed up eating lunch. No concerns @ this time. Wife pt visiting. <u>J. Willem</u>
1330	Pt resting in bed wife just left. No concerns of pain or nausea @ this time. Pt going to try to have a rest. <u>J. Willem</u>
1400	Pt wanting something for pain. Rates pain to abdomen 6/10. Pt given 1mg IV Dilaudid for pain to abdomen via mini bag. Pt lying in bed has other visitor with him now and visiting w new visitor. <u>J. Willem</u>
1530	Pt resting in bed with visitor @ bedside. Pt told nurse he feels that the slow release Dilaudid is really helping w pain control. No concerns of nausea @ this time. <u>J. Willem</u>
1740	Pt sitting up in bed eating supper @ this time. No voiced concerns of pain or nausea @ this time. Visitor remains w pt and visiting. <u>J. Willem</u>
1830	Pt rates pain 6/10 to abdomen so requesting IV pain meds. Pt given 1mg IV Dilaudid for pain to abdomen. Pt resting in bed visiting w visitor. No concerns of nausea. <u>J. Willem</u>
1930	Pt resting in bed no concerns @ this time. <u>J. Willem</u>
Jan 6/22 e 2028	Assessment compute 1mg w dilaudid infusing for 6/10 abd pain. Pt in good spirits, w/ see water given on request. <u>J. Willem</u>
@ 2100	warm blanket given on request. <u>J. Willem</u>
@ 2235	1mg w dilaudid given, abd pain 6/10. <u>J. Willem</u>

Continued on Progress Record - Nursing (form #101434)





RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 01/22

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

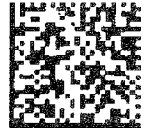
CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____															
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____															
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																
Pain: Score (e.g. 0-10) <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abd / ribs</u>																
Quality: <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																
Comments: _____																
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>+2 pitting to ankles</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															
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>tachy - 118bpm</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>CVC</u>	<u>PIV</u>													
Site/Condition:		<u>@ neck, patent</u>	<u>@ flc, patent</u>													
Dressing:		<u>D-1</u>	<u>D-1</u>													
Infusion(s): (solution/rate)		<u>RL @ 25ml/hr</u> <u>TEN @ 80ml/hr</u>	<u>∅</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: <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;"> Draw symbols on the lung diagram to indicate assessment. </td> <td style="width: 20%; border: none;"> <input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED </td> <td style="width: 20%; border: none;"> <input type="checkbox"/> WH WHEEZE INSPIRED/EXPIRED </td> <td style="width: 20%; border: none;"> <input type="checkbox"/> ↓ DECREASED AIR ENTRY </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input checked="" type="checkbox"/> ABSENT AIR ENTRY </td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="3" style="border: none;"> <input type="checkbox"/> EQUAL AIR ENTRY </td> </tr> </table>				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				<input type="checkbox"/> EQUAL AIR ENTRY		
	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														
	<input type="checkbox"/> EQUAL AIR ENTRY															
		ANTERIOR 	POSTERIOR 													
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"/> Tidaling																
Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																
Comments: <u>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: <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>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: _____																								
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 checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>RLQ</u> Colour <u>red</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>135</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: 20%;">Dressing Type</th> <th style="width: 20%;">Drainage</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>midline inc</td> <td>vac</td> <td>DeI</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ (old JP site)</td> <td>meplex</td> <td>DeI</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>RLQ ostomy</td> <td>ostomy appliance</td> <td>DeI</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>old CT site (abdominal)</td> <td>hollister</td> <td>DeI</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>⊙ Perc</td> <td>stet lock</td> <td>DeI</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: _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		midline inc	vac	DeI	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ (old JP site)	meplex	DeI	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	RLQ ostomy	ostomy appliance	DeI	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	old CT site (abdominal)	hollister	DeI	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	⊙ Perc	stet lock	DeI	<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: M. Bejel Rev Assessment time: 0820 Time charted: 1330
 Form #104271TRIAL (Saskatoon Area) 08/2019





RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 7/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																									
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																									
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																									
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>5/10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdo + ribs</u> Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>U Dilaudid given</u> Comments: <u>Denies headache / dizziness. Moving well in bed. Reports same pain to R+ calf - same feeling as from disc when standing</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																									
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	<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>ASR 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																									
<table border="1"> <tr> <td>Access type:</td> <td><u>Central</u></td> <td><u>Peripheral</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Rt BS UL</u></td> <td><u>Rt RA #70</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>DT - healthy</u></td> <td><u>DT healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>DTNE 100</u></td> <td><u>DTNE 512</u></td> <td></td> <td></td> </tr> <tr> <td>Comments:</td> <td colspan="4"><u>Apical P = 124 Denies palpitations - Denies chills</u></td> </tr> </table>		Access type:	<u>Central</u>	<u>Peripheral</u>			Site/Condition:	<u>Rt BS UL</u>	<u>Rt RA #70</u>			Dressing:	<u>DT - healthy</u>	<u>DT healthy</u>			Infusion(s): (solution/rate)	<u>DTNE 100</u>	<u>DTNE 512</u>			Comments:	<u>Apical P = 124 Denies palpitations - Denies chills</u>			
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Comments:	<u>Apical P = 124 Denies palpitations - Denies 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: <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;"> <input checked="" type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> ↓ DECREASED AIR ENTRY <input type="checkbox"/> ■ ABSENT AIR ENTRY = EQUAL AIR ENTRY </div> <div style="text-align: center;"> ANTERIOR  </div> <div style="text-align: center;"> POSTERIOR  </div> </div>																									
	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																									
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>Minor SOB</u>																										

NURSING RECORD

SK UNKNOWN
MRN: RUH 1315031

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



NIGHT SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____
 Urine: N/A Colour amber Clear Cloudy Odour _____
 Genitalia (appearance/drainage/flow): N/A _____
 Comments: adequate UO

G

Nothing by mouth Diet DAT Tolerating Nausea Emesis _____ Calorie Counts _____
 Abdomen: Soft Firm Distended Obese Tender _____
 Bowel Sounds: Normal YH Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No
 Last bowel movement: Jan 2/22 Colour greenish Consistency/Size 100gr Continent Incontinent
 Stoma: Type Colostomy 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: Denies nausea. Appetite 'okay'

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 75 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

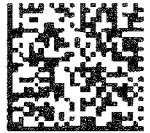
Wound/Incision/Drain Location	Dressing Type	Drainage	
Midline abdominal e 25	DTE healthy - SCT	amp d/w sang dry	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Peri drain - Lt flank	DTE - healthy - SCT	amp brownish/sang	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Peri UC - DTE			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Peri UC - SM	Shadowing same d/w	(see notes)	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Blister - Lt UC - SCT	creamy brownish/sang		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

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

PRESSURE INJURY ASSESSMENT (see staging below):

<p>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: 2105 Time charted: 2137



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.	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.	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.	3
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.	4
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
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	2
TOTAL SCORE = 20				

Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>2:37</u> Initials: <u>LE</u>
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

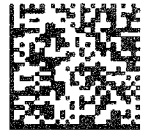
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

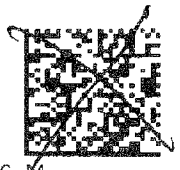
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 07/22 0905	Assessment & VS completed. Scheduled needs given. PRN Dilaudid 1mg IV given @ 0850 per request. Per pain to abd. TAN line flushed after infusion finished. Perc to @ flushed & 20 ml NS. @ other voiced concerns. <i>MBeylida</i>
1000	Wife in to visit. <i>MBeylida</i>
1200	Ostomy/wound care team in to change woc & ostomy appliance. PRN Dilaudid 1mg IV given prior to same at 1132. Drugs to @ & @ necrotic abd sites Ad by team as well. New orders by team received. Dr called for Ativan order, same received but pt refused. @ other concerns. <i>MBeylida</i>
1300	Eyes closed & resp easy. <i>MBeylida</i>
1530	PRN Dilaudid 1mg IV given per request for pain prior to mobilizing @ PT @ 1513 Pt currently up @ PT mobilizing well. <i>MBeylida</i>
1600	Visitor in to see pt. <i>MBeylida</i>
1800	Pt states had poor supper, ate 50% of breakfast & lunch. PRN 1mg Dilaudid IV given per request for pain @ 1725. <i>MBeylida</i>
1850	Currently on phone in bed. @ voiced concerns. <i>MBeylida</i>
Jan 7/22 @ 1055	Pt awake in bed, pain @ to ribs & abd. 1mg w dilaudid down by. VS <i>K</i>
Jan 7/22 @ 2135	Assessment complete. O2 IP Dr ₂ to LCB changed, as oarg ad sang dry - mod anet. Cleared @ NS, 2daptc applied + cleared @ medrx. Wound pink & healthy, some white slough. Pt awake, reports w dilaudid working. <i>K</i>

Continued on Progress Record - Nursing (form #101434)



052

NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 7/21 @ 2240	RR remains T, resp shallow. W/ny monitor. W T WOB noted. <i>Ker</i>
Jan 8/21 @ 0010	log IV dilaudid given for BKO also pain denies difficulty breathing. <i>Ker</i>
Jan 8/21 @ 0040	RR remains 30+ shallow. Pt resting i eyes closed + appears settled. <i>Ker</i>
Jan 8/21 @ 0125	Pt resting in bed, eyes closed, RR remains same. <i>Ker</i>
Jan 8/21 @ 0245	Pt awake, 9/10 pain to Rt ribs. log IV dilaudid given. RR remains 30+ shallow. Other VS done + stable. Pt denies SOB but unable to take deep breath due rib pain. Brad binder given + placed ^{emylc} over ribs for support. <i>Ker</i>
Jan 8/21 @ 0330	Pt resting with eyes closed. Resps shallow. RR remains 30. No other concerns. <i>S. Gaudreau/MS</i>
Jan 8/21 @ 0530	Pt settled in bed, log IV dilaudid given i effect. Reports much relief i also binder around ribs. <i>Ker</i>
Jan 8/21 @ 0625	Blood drawn early off W/ny. Two empty for 125ml liquid blood. Sit output done during. RR 22. A WOBW concerns. <i>Ker</i>
Jan 8/21 @ 0717	Residents in on rounds. Pt kept on off overnight. <i>Ker</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan. 8/2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																
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) RUC <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																
	Pain: Score (e.g. 0-10) <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input 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>See MAR for pain management plan</u>																
RESPIRATORY	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																
	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 <u>S1</u> <u>S2</u>																
	Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																
<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																	
<table border="1"> <tr> <td>Access type:</td> <td><u>CVL</u></td> <td><u>peripheral</u></td> </tr> <tr> <td>Site/Condition:</td> <td><u>D&I</u></td> <td><u>D&I</u></td> </tr> <tr> <td>Dressing:</td> <td><u>opsite</u></td> <td><u>tegaderm</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>TPN cycled NS @ 25, T to 110 when TPN off</u></td> <td><u>SL</u></td> </tr> </table>		Access type:	<u>CVL</u>	<u>peripheral</u>	Site/Condition:	<u>D&I</u>	<u>D&I</u>	Dressing:	<u>opsite</u>	<u>tegaderm</u>	Infusion(s): (solution/rate)	<u>TPN cycled NS @ 25, T to 110 when TPN off</u>	<u>SL</u>				
Access type:	<u>CVL</u>	<u>peripheral</u>															
Site/Condition:	<u>D&I</u>	<u>D&I</u>															
Dressing:	<u>opsite</u>	<u>tegaderm</u>															
Infusion(s): (solution/rate)	<u>TPN cycled NS @ 25, T to 110 when TPN off</u>	<u>SL</u>															
Comments: <u>denies chest pain @ this time Today @ 10-1200's</u>																	
RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																
	Cough: <input 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"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td>ANTERIOR</td> <td>POSTERIOR</td> </tr> <tr> <td><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</td> <td>R</td> <td>L L R</td> </tr> <tr> <td><input type="checkbox"/> DECREASED AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ABSENT AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td>= EQUAL AIR ENTRY</td> <td></td> <td></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 type="checkbox"/> ABSENT AIR ENTRY			= EQUAL AIR ENTRY		
	<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																	
Oxygen Therapy: <input 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>denies SOB @ this time</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



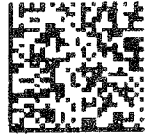
DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuria <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																										
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>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 <input checked="" type="checkbox"/> Hypoactive <u>X4</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colost</u> Site <u>RVC</u> Colour <u>pink/moist</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>denies N&V @ this time</u>																										
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>medline</u></td> <td><u>vac 75mmHg</u></td> <td><u>scant sang/ brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>LLQ old drain</u></td> <td><u>mepilex</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>bilat lower abdo.</u></td> <td><u>mepilex 2 adaptive</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Lt abdo</u></td> <td><u>hollister</u></td> <td><u>scant red/ brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Lt perc (flank)</u></td> <td><u>perc</u></td> <td><u>scant red/ brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage		<u>medline</u>	<u>vac 75mmHg</u>	<u>scant sang/ brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>LLQ old drain</u>	<u>mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>bilat lower abdo.</u>	<u>mepilex 2 adaptive</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Lt abdo</u>	<u>hollister</u>	<u>scant red/ brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Lt perc (flank)</u>	<u>perc</u>	<u>scant red/ brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Wound/Incision/Drain Location	Dressing Type	Drainage																								
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																											
Comments: <u>add binder on for rib fractures</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: Harland

Assessment time: 0815 Time charted: 0925



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 8, 2022

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

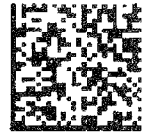
CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____			
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Angor <input type="checkbox"/> Fear <input type="checkbox"/> Other _____			
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____				
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____				
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>				
Pain: Score (e.g. 0-10) <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>"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 checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____				
Comments: <u>Pt gave IV Dilaudid at 1910, not due till 2110. Pt also on scheduled Dilaudid PRN.</u>				
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic			
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____			
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent			
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent			
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings			
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2			
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____			
<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring				
Access type: <u>CVL</u>				
Site/Condition: <u>BP neck</u>				
Dressing: <u>Open</u>				
Infusion(s) (solution/rate): <u>1-TPN cycled @ 4L @ 25 @ 10'd</u>				
Comments: <u>BP = 123/77 P = 115 T = 36.8</u>				
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles			
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____			
	Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY			
	Draw symbols on the lung diagram to indicate assessment.		ANTERIOR POSTERIOR 	
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min			
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling				
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____				
Comments: <u>SpO2 = 96%, No SOB or T waves</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

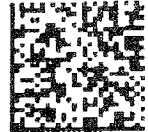
GU	Voiding: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input checked="" type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input checked="" type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: <i>Foley draining well.</i>			
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>24</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>Colostomy</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</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: <i>Stomach full, mild protuberance. No nausea or vomiting. IT on TPN</i>			
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 checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____			
	Wound/Incision/Drain Location	Dressing Type	Drainage	
	<i>Midline</i>	<i>Vac Dressing @ 75</i>	<i>Drain/sang</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<i>Blat lower groin area</i>	<i>Mepilex x 2 Padlock</i>	<i>D+I</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<i>Abel Brocher</i>	<i>Blacker</i>	<i>&</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<i>After Colostomy</i>	<i>Appliance</i>	<i>Stool</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<i>Hollister (old chest tube site)</i>	<i>Hollister appliance</i>	<i>Sang/brown</i>	<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 #10352Z); NPWT changes on form #104265TRIAL <i>Here Down to (2) lower flank - & Drainage - Packed</i> Comments: <i>[Signature]</i>				

Cont NS

PRESSURE INJURY ASSESSMENT (see staging below):

Stage 1: Non blanching, localized, reddened area Stage 2: Blister or partial thickness loss of skin with exposed dermis Stage 3: Full-thickness skin loss, subcutaneous fat may be visible Stage 4: Full-thickness skin and tissue loss exposed/palpable muscle, bone, tendon, fascia, ligament, or cartilage	Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars. Deep Tissue: Intact or non-intact skin with non-blanching deep red, purple, or maroon discoloration or blood filled blister.		
Location #1: _____ <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: 2035 Time charted: 2206



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)
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 mean, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	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 leebly 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

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

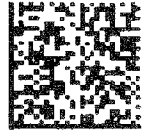
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

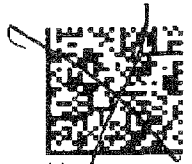
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



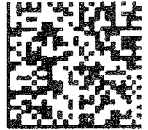
DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 8/22 @0925	Pt asleep @ onset of shift, Woke for meds & breakfast. 1mg IV dilaudid given c morning meds for 5/10 pain. TPN emptied, NS 110ml/hr. Other voiced concerns @ this time. Call bell in reach.
@1103	Blood drawn for crossmatch from CVL. Unit PRBC to be given. Wife @ bedside. Warland RN
@1151	Went for walk in hall c wife. Bedding Δ'd. 1mg IV dilaudid given before walk. Pt emptied appliance per self. Back in bed. Warland RN
@1220	Started blood transfusion. Pre V/S done. Wife @ bedside. Warland RN
@1245	15 min V/S done, of adverse reactions noted. ↑ infusion rate to 125ml/hr. Warland RN
@1350	1hr V/S done. Pt tolerating well. Warland RN
@1523	blood infusion complete, 2g Mag hung. Pt watching TV c wife. Warland RN
@1746	Δ'd stat look on Perc. Pt tolerated well. 1mg IV dilaudid given @ 1710. Call bell in reach. Warland RN
@1915 1915	1mg IV dilaudid given. TPN hung. Warland RN

Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

DATE/TIME	REMARKS
<p>Jan 8, 2022 @ 2035</p>	<p>Pt received into care another in back AVSS. Pt a bit fussy, but normal Rx of anal doctors assessed. Meds given as per ITAE. Assessment complete. Pt reports being in good pain. Pt mobilized and set it went well. Pt's hallister where old chest tube site was is getting out more. Over six mobilizations. Empty of bowels/any changes. Pt has pain to ribs, about 4/10. It not yet due for pain medications, but will bring when due. Pace down Phosadi. No further voiced concerns or needs. Call bell in reach</p>
<p>@ 2115</p>	<p>Long Distended IV given for pain. No Route VC. Call bell in reach</p>
<p>@ 2330</p>	<p>Pt may want something for pain. Long Distended IV given. No Route VC. Call bell in reach</p>
<p>@ 0145</p>	<p>Pt given Long Distended IV for pain. No Route VC. Call bell in reach</p>
<p>@ 0400</p>	<p>Pt may want something for pain. Long Distended IV given. No Route VC. Call bell in reach</p>
<p>@ 0605</p>	<p>Pt wanting something for pain. Long Distended IV given. Pt's blood work also drawn by nursing student. In and out's done. No further voiced concerns. Call bell in reach</p>
<p>@ 0705</p>	<p>Pt in bed asleep. Keeps eyes and lips closed. Call bell in reach</p>

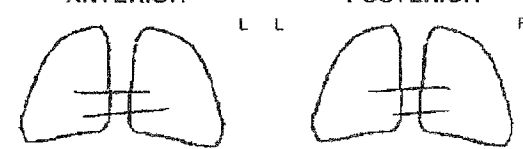


RUH SCH SPH Other _____
NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 09 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____ Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____ PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____ Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>JONES</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: _____																				
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>+ 2 pitting to ankles</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 _____ <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 _____																				
CVS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td style="width: 20%;">CVC</td> <td style="width: 20%;">PIV</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Site/Condition:</td> <td>(R) neck patient</td> <td>(R) flex patient</td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td>D-ET</td> <td>D-ET</td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td>RLE @ 25ml/hr TPN @ 80ml/hr</td> <td>Ø</td> <td></td> <td></td> </tr> </table> Comments: _____	Access type:	CVC	PIV			Site/Condition:	(R) neck patient	(R) flex patient			Dressing:	D-ET	D-ET			Infusion(s): (solution/rate)	RLE @ 25ml/hr TPN @ 80ml/hr	Ø		
Access type:	CVC	PIV																			
Site/Condition:	(R) neck patient	(R) flex patient																			
Dressing:	D-ET	D-ET																			
Infusion(s): (solution/rate)	RLE @ 25ml/hr TPN @ 80ml/hr	Ø																			
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 checked="" type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input checked="" type="checkbox"/> Productive - Sputum colour/consistency <u>straw honey green</u> Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED ANTERIOR POSTERIOR <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED R L R <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY  Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O 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>crackles SOB</u>																				

NURSING RECORD

Page 2 of 6

SK UNKNOWN

MRN: RUH 1315031

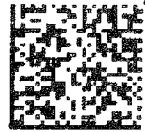
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN

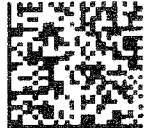


DAY SHIFT

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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: _____																								
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 checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>ostomy</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colostomy</u> Site _____ Colour <u>red</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 <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 _____																								
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>midline inc</td> <td>wound vac</td> <td>red/brown</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ (old JP site)</td> <td>muplex</td> <td>DeJ</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Ⓟ + Ⓞ lower abd</td> <td>muplex/adaptic</td> <td>DeJ</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Ⓞ perc</td> <td>stat lock</td> <td>red/brown</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Ⓞ abd (old ct site)</td> <td>hollister</td> <td>dark brown/red foul smelling</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		midline inc	wound vac	red/brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ (old JP site)	muplex	DeJ	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Ⓟ + Ⓞ lower abd	muplex/adaptic	DeJ	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Ⓞ perc	stat lock	red/brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Ⓞ abd (old ct site)	hollister	dark brown/red foul smelling	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
Wound/Incision/Drain Location	Dressing Type	Drainage																							
midline inc	wound vac	red/brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
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Ⓞ perc	stat lock	red/brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
Ⓞ abd (old ct site)	hollister	dark brown/red foul smelling	<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: _____ <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: M. Ogaick Assessment time: 0845 Time charted: 1215



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 9 2022

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

CNS/PSYCH/SOCIAL

Level of Consciousness: 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) 7.5 Self-report Behavioural Tool _____ Location(s) Ribs & midline abd

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: pt moving well in bed. Denies headache or dizziness.

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>Central line</u>	<u>Peripheral</u>		
Site/Condition:	<u>RT IS CBL</u>	<u>RT FA #2061</u>		
Dressing:	<u>dry & healthy</u>	<u>DTF, healthy</u>		
Infusion(s): (solution/rate)	<u>TPN @ 160</u> <u>RL @ 25</u>	<u>SL & flushed well</u>		

Comments: flush Denies palpitations

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 clear

Breath Sounds:

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WHEEZE: INSPIRED/EXPIRED

DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

Anterior view diagram showing equal air entry (two vertical lines) in both lungs.

Posterior view diagram showing equal air entry (two vertical lines) in both lungs.

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: Denies SOB, shallow resps noted, pt reports dull to pain, occasional cough, DB&C encouraged.

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

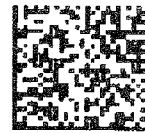
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN

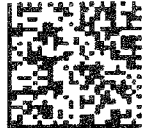


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>not seen</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: <u>pt reports no trouble urinating</u>																										
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis <u>300ml liquid</u> <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <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>59 per stoma</u> Colour <u>brownish</u> Consistency/Size <u>liquid</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>RUQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input 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 reports eating well all day. sudden emesis at assessment</u>																										
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>15</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 back - DFE, silver foam, scant old sang</u></td> <td><u>foam, scant old sang</u></td> <td><u>drainage</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>perc drain @ flank, DFE, scant brownish drainage, pushed w 20ml saline</u></td> <td><u>perc, scant brownish drainage, pushed w 20ml saline</u></td> <td><u>(tolerated well)</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Holister drain, @ side, DFE, small amount purulent reddish, brown Drg.</u></td> <td><u>small amount purulent reddish, brown Drg.</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>2 LQ mepilex x2, oozing purulent Drg from medial site (same changed)</u></td> <td><u>oozing purulent Drg from medial site (same changed)</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>2 LQ mepilex DFE (same changed)</u></td> <td><u>(same changed)</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline back - DFE, silver foam, scant old sang</u>	<u>foam, scant old sang</u>	<u>drainage</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>perc drain @ flank, DFE, scant brownish drainage, pushed w 20ml saline</u>	<u>perc, scant brownish drainage, pushed w 20ml saline</u>	<u>(tolerated well)</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Holister drain, @ side, DFE, small amount purulent reddish, brown Drg.</u>	<u>small amount purulent reddish, brown Drg.</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>2 LQ mepilex x2, oozing purulent Drg from medial site (same changed)</u>	<u>oozing purulent Drg from medial site (same changed)</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>2 LQ mepilex DFE (same changed)</u>	<u>(same changed)</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																											

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

RN/LPN signature: Spracher daf NS / [Signature] Assessment time: 2030 Time charted: 2140



└ RUH └ SCH └ SPH └ Other _____

NURSING RECORD

Page 5 of 6

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

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 10-14 = Mod. 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

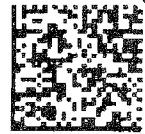
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

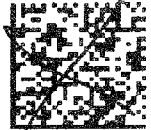
ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 09/22 0950	Assessment - EUS completed. Scheduled meals given. Pt ate approx 3/4 of breakfast. <u>voiced concerns.</u> <i>MBeyers</i>
1045	Wife in to visit pt. <u>Expressed concerns regarding metoprolol dose & heart rate as well as pt having another ECHO, note left for Dr regarding same.</u> PRN Dilaudid 7mg IV provided per request @ 1030 prior to pt mobilizing. <u>Other concerns.</u> <i>MBeyers</i>
1130	Pt mobilized well around unit & assist of walker, wife SBA. <i>MBeyers</i>
1300	Pt ate approx 50% lunch, washed up & assist of wife. <i>MBeyers</i>
1430	PRN Dilaudid 7mg IV provided at 1422 for pain to abd & ribs. <u>Call bell in reach.</u> <i>MBeyers</i>
1600	Foley checked, provided instruction to alert writer when has voided, pt verbalized understanding. <i>MBeyers</i>
1800	PRN Dilaudid 7mg IV provided per request @ 1640 after pt up to mobilize again & walker & wife SBA. <u>Pt stated ate a good supper.</u> <u>voiced concerns.</u> <i>MBeyers</i>
1910	Pt currently in bed on phone. <u>Call bell in reach.</u> <i>MBeyers</i>
1930	Pt voided clear amber urine, approx 200mls. <i>MBeyers</i>
2000	IV Dilaudid given on pt request for 7/10 pain to ribs and abdo. <i>Stouch/10/21/NS</i>

Continued on Progress Record - Nursing (form #101434)

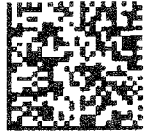


NURSING
PROGRESS RECORD

Page 1 of 2

05²

DATE/TIME	REMARKS
Jan 9/22 @ 130	Assessment complete. Vitals stable. 4mg iv Zofran given by RN with effect following emesis. Emesis liquid, whitish colour. Pt feels like "drank too much water". Drsg changes done to bilat low abdo necrotic sites & old JP site. Old JP oozing ++ purulent old sang drng. Site pink, cleansed w NS, and adapte, new ^{error} Nuderm & mepilex applied. (L) necrotic site; appears ~30% necrotic ~70% pink granulation & approx 2x3 inches in size. Covered w adapte x3 and mepilex. (R) necrotic site appears 90% pink granulation, 10% red granulation and small spec of necrosis. Wound approx 3x4 in in size. Cleansed w NS, covered with adapte x3 & mepilex. Ice chips given. pt resting in bed. ————— Strachur Uolts NS
@ 2305	1mg iv Dilaudid given per pt request for rib & abdo pain. ————— Strachur Uolts NS
Jan 10/22 e 0855	Tylenol given, urinal output given as result urinal emptied for ~400ml clear amber urine. ————— Kura
@ 0120	Pt resting in bed. Eyes closed. Resps easy & shallow. No voiced concerns. ————— Strachur Uolts NS
@ 0145	Pt requested pain meds for rib & abdo pain. 1mg iv Dilaudid given. Mepilex & adapte. -change on (L) necrotic site due to ++ drainage from old JP drain site, Wound looks same as initial assessment. Cleansed with NS. Mepilex & adapte x3 reapplied. Hollister applied to old JP site. Cleansed with NS. Pt resting back in bed. ————— Strachur Uolts NS




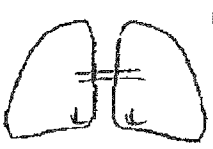

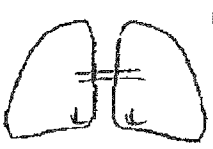

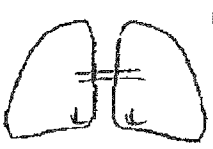
RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 10, 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____									
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____									
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____										
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____										
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>										
Pain: Score (e.g. 0-10) _____ <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>to abdomen and chest muscles</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>Moving all limbs in bed per self. Just finished eating most of breakfast. Pt rates abdomen pain 5/10 and chest muscles 7/10. Pt given scheduled SR Dilaudid.</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 checked="" type="checkbox"/> N/A <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2									
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____									
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>CVL</u></td> </tr> <tr> <td>Site/Condition:</td> <td><u>at neck reddness</u></td> </tr> <tr> <td>Dressing:</td> <td><u>tegaderm dry intact</u></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1) TAN Dose port flushed 2) RL @ 110 mL/hr 3) Unressed + flushed.</u></td> </tr> </table>		Access type:	<u>CVL</u>	Site/Condition:	<u>at neck reddness</u>	Dressing:	<u>tegaderm dry intact</u>	Infusion(s): (solution/rate)	<u>1) TAN Dose port flushed 2) RL @ 110 mL/hr 3) Unressed + flushed.</u>
	Access type:	<u>CVL</u>								
Site/Condition:	<u>at neck reddness</u>									
Dressing:	<u>tegaderm dry intact</u>									
Infusion(s): (solution/rate)	<u>1) TAN Dose port flushed 2) RL @ 110 mL/hr 3) Unressed + flushed.</u>									
Comments: <u>CVL ports flushed & 20 mL sterile NS.</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%; border: 1px solid black; padding: 5px;"> Draw symbols on the lung diagram to indicate assessment. </td> <td style="width: 20%;"> <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 </td> <td style="width: 20%; text-align: center;"> ANTERIOR R L L R  </td> <td style="width: 20%; text-align: center;"> POSTERIOR R L L R  </td> </tr> </table>		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 R L L R 	POSTERIOR R L L R 				
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	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min									
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling									
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____									
	Comments: <u>O2 sat 95% on RA, AE clear bilaterally throughout but quiet to bases bilaterally.</u>									

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

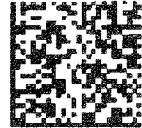
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN

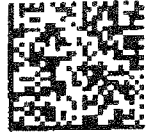


DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>in veinal</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>pt stated voiding lots per self.</u>																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>OAT</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 checked="" type="checkbox"/> Hypoactive <u>Y4</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>Colostomy</u> Colour <u>Brown</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>Rt abdomen</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>No concerns of nausea.</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: J. Willem Assessment time: 0915 Time charted: 0930



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 10/22

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

CNS/PSYCH/SOCIAL

Level of Consciousness: Alert Orientated x _____ 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) across ribs

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other Tylenol 12/52 did not give

Comments: denies headache - ambulating indep

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 tach 120s S1 S2

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>CVL</u>			
Site/Condition:	<u>@neck</u>			
Dressing:	<u>redone site</u>			
Infusion(s): (solution/rate)	<u>TEN cycled RLTKO</u>			

Comments: VSS

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED

wh WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

■ ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR

R L

POSTERIOR

R L

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

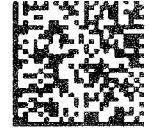
Comments: O₂ adequate c PA

NURSING RECORD



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NIGHT SHIFT

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RN/LPN signature: [Signature] Assessment time: 2015 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: _____ 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
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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 =	

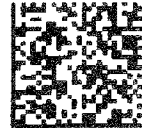
Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input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

NURSING RECORD



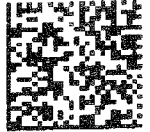
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Admit Date: DEC-2-2021
 FEHR, RICHARD NEIL
 FEB-23-1981 40y IP V#10521726 M
 ATN: OGAICK, MAURICE
 FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
1040	Pt rates pain to chest muscles 7/10 and requesting pain meds. Pt given 1mg IV Dilaudid for pain via mini bag. — (J Willem)
1055	Pt then up for a walk in hall w wife. — (J Willem)
1145	VAC cannister keeping blockage so cannister changed and then VAC @ 75mmHg and not keeping blockage anymore. Small amt sang in old VAC cannister. Also CVL tegadorm lifted off so new one applied to CVL site — (J Willem)
1235	Pt VAC was keeping occlusion again so after talking with wound care nurse Jodi track pad removed from VAC drap and foam trimmed then new VAC pad applied and VAC drap applied around edges of VAC pad. VAC turned back on and up to 75mmHg. No leaking or beeping @ this time now. Pt then eating lunch, wife with @ bedside. No concerns of pain or nausea. — (J Willem)
1430	Pt was up for walk in hall w assist of wife. Then back to rest in bed. No voiced concerns @ this time. — (J Willem)
1630	Wife gone. Pt has a different visit now. Resting in bed requested a warm blanket feeling cool. No voiced concerns of pain or nausea @ this time. — (J Willem)
1835	Pt rates pain to chest muscles 7/10 requested a warm blanket which was given and something for pain. Pt given 1mg IV Dilaudid via mini bag. Ostomy also emptied for 150mls of soft stool. No concerns of nausea. — (J Willem)
1915	Pt lying in bed w eyes closed and regular even breaths. No voiced concerns @ this time. — (J Willem)
2030	Pt resting in bed. had not taken Tylenol and will take now IV dilaudid also given for rib pain will monitor — (Renderson)
2230	IV dilaudid + warm blanket

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 11/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																	
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																	
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																		
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																		
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																		
Pain: Score (e.g. 0-10) <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) _____																		
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																		
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____																		
Comments: <u>pt in rigors, difficult to talk Dilaudid IV given & pt worked up for sepsis. Denies headache, & dizziness.</u>																		
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																	
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																	
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																	
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input type="checkbox"/> Strong <input checked="" 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</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																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>CVL</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R 13</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D+I</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>R1 @ 25ml/hr</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>CVL</u>			Site/Condition:	<u>R 13</u>			Dressing:	<u>D+I</u>			Infusion(s): (solution/rate)	<u>R1 @ 25ml/hr</u>		
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Site/Condition:	<u>R 13</u>																	
Dressing:	<u>D+I</u>																	
Infusion(s): (solution/rate)	<u>R1 @ 25ml/hr</u>																	
Comments: _____																		
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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DE DECREASED AIR ENTRY</p> <p><input type="checkbox"/> AB ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 50%; text-align: center;"> <p>ANTERIOR POSTERIOR</p> <p>R L L R</p> </div> </div>																	
	Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> O2 nasal prongs <u>2L</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 _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																	
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																	
	Comments: <u>pt placed on 2L NP. "felt needed O2" Denies any SOB (not work). COVID symptoms.</u>																	

NURSING RECORD

Page 2 of 6

SK UNKNOWN

MRN: RUH 1315031

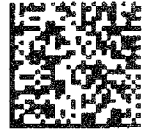
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



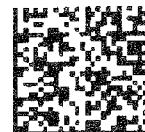
DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <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>Voiding in Urinal on Dx.</u>																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>regular</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 checked="" 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>R abd.</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>Denies nausea. Ostomy emptied.</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input 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 _____																								
INTEGUMENTARY	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Wound/Incision/Drain Location</th> <th style="width:35%;">Dressing Type</th> <th style="width:20%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>old CT site LUQ</u></td> <td><u>Hollister</u></td> <td><u>DZI Creamy/dmg</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>old JP site LUQ</u></td> <td><u>Hollister</u></td> <td><u>DZI</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Perc @ flank</u></td> <td><u>Statlock</u></td> <td><u>DZI Creamy yellow</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>midline vac</u></td> <td><u>Intact</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> <p>Comments: _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>old CT site LUQ</u>	<u>Hollister</u>	<u>DZI Creamy/dmg</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>old JP site LUQ</u>	<u>Hollister</u>	<u>DZI</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Perc @ flank</u>	<u>Statlock</u>	<u>DZI Creamy yellow</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>midline vac</u>	<u>Intact</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<u>midline vac</u>	<u>Intact</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						

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>		
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: 0800 Time charted: 1453



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 11/22

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

CNS/PSYCH/SOCIAL

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) mild Self-report Behavioural Tool _____ Location(s) across ribs

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other SR diluted given

Comments: denies headache - moving around in bed per self

CVS

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

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 tachyc @ 113 S1 S2

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>SIL</u>	<u>SIL</u>		
Site/Condition:	<u>D1a</u>	<u>D1a</u>		
Dressing:	<u>D81</u>	<u>D81</u>		
Infusion(s): (solution/rate)	<u>PPN</u>	<u>RL TKO</u>		

Comments: VSS

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WH WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR

R L

POSTERIOR

L L R

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: O₂ 2L @ 2L - denies SOB

NURSING RECORD

Page 4 of 6

SK UNKNOWN

MRN: RUH 1315031

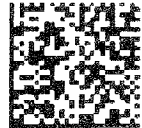
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



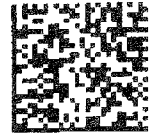
NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>voiding in urinal as needed</u>																								
	<input checked="" type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>NBT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Last bowel movement: <u>(+)</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>LUQ</u> Site <u>RLQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>poor appetite - denies nausea.</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> 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 @ 75 - DBI</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Small Hollister x 2 to LUQ</u></td> <td><u>draining min</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>perc to @ flank</u></td> <td><u>draining min dress DBI</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>mepilex to LUQ + RLQ - DBI</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> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline VAC @ 75 - DBI</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Small Hollister x 2 to LUQ</u>	<u>draining min</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>perc to @ flank</u>	<u>draining min dress DBI</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>mepilex to LUQ + RLQ - DBI</u>			<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: _____ <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: RD Borden

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>Jan 17/22</u> Time: <u>1450</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 checked="" type="checkbox"/> Reposition <input type="checkbox"/> Bedrest <i>feeling well enough to mobilize</i>
	Weight Bearing Status: <u>AAT</u> <input type="checkbox"/> Assistive devices _____ Fall Prevention: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
	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 leebly 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 checked="" 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: _____
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NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

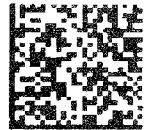
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

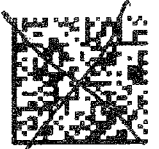
ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 11/22 0747	Pt called, "needing O ₂ ." Pt in rigors. BP 172/98, HR 155 2L NP applied. Dr. James aware.
0753	Dr. Wiebe & Dr. James in to see pt. Septic w/u ordered
0805	BC x 2 sites Collected & sent.
0807	500 RL Bolus started to help ↓ HR. ECG portable Complete.
0810	Portable CXR complete. Trops 76-5. Pt slightly settled. HR remain elevated.
0906	Urine culture sent. Covid Pac Completed. Piptaz IV Started & Amoxiclav PO d/c'd. Dr. Wiebe aware of troponin level. Orders to d/c CVC. New Access 20g to (L) FIA. Awaiting CT.
0955	Pt taken in bed to CT. Wife now @ bedside
0958	Wife provided update @ bedside.
1040	Pt. returned to room. Wife @ bedside.
1120	Pt's daughter ^{error wife} asking "plan." given update to d/c CVC. Await CT results.
1125	Pt placed on 2L NP. "Slight SOB."
1300	New IV started to (L) FIA. old IV "fell out." CVC removed, pt. well. held pressure x 15 mins. IV Dilaudid & Ativan given. Cardline & Domini in to a Ostomy & Vac dress'g. Dietician paged regarding Δ in TPN to PPN.
1435	Pt's mother in room. Denies pain. CVC removal site dry + intact. Tegaderm on (L) FA not sticking, reinforced with tape + gauze r/t diaphoretic skin — Kennelius SCBSch
1600	Pt asleep. Eyes closed.
1702	Pt s/d for urinary Incont. Bed changed. Pt. settled. Wife @ bedside.

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Jan 11/22 1750	Pt awake, set up for supper tray. Wife @ bedside ATN
1922	#20g started to @ FIA for IV fluids/Abx. Pt to/well. Wife @ bedside. Will cont to monitor ATN
2040	Pt resting in bed states he feels generally tired from everything today. Vitals closer to baseline than previous will monitor — KD Doreau
2147	Pt sleeping generally. KD Doreau Pt calling felt like he had passed a BM rectally.
2310	Conurse assisted to change benet for bad od blood drainage. IV dia did given @ this time. will monitor KD Doreau
0001	Vitals checked temp 37.6 bun 10 otherwise stable will continue to monitor KD Doreau
0312	Pt remains sleeping — KD Doreau
0518	Pt remains sleeping resp easy — KD Doreau
0600	Phlebotomy in to draw bloodwork — KD Doreau
0632	Pt slept well th the night, states he feels much better this PM — KD Doreau



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

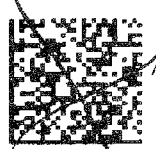
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

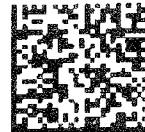
FAM: FRASER, JILLIAN



NURSING PROGRESS RECORD

Page 2 of 2

DATE/TIME	REMARKS
2021-12-02 0747	



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 12, 2022

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

CNS/PSYCH/SOCIAL

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

Affect: Calm Cooperative Restless Anxious Sedated Sad Flat affect Labile
 Irritable Angr 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) 1/10 Self-report Behavioural Tool _____ Location(s) _____

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: At moving in bed herself.

CVS

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

Edema: None Yes Type/location(s) slight to feet and ankles bilaterally.

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

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

Pneumatic Compression Stockings Antiembolic stockings

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

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>per-arterial</u>	<u>peripheral</u>	
Site/Condition:	<u>(1) arm closer to wrist</u>	<u>(1) arm closer to elbow</u>	
Dressing:	<u>tegaderm dry tinct</u>	<u>tegaderm dry tinct</u>	
Infusion(s): (solution/rate)	<u>PFV cycled</u>	<u>RL @ 25</u>	

Comments: _____

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WH WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR POSTERIOR

R

L L

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: Great 92% on RA. AE clear bilaterally throughout but quiet to bases bilaterally.

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

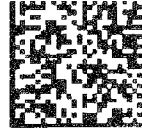
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



DAY SHIFT

GU

Voiding: Continent Incontinent Anuric Catheter Ileal conduit Nephrostomy Other _____

Urine: N/A Colour in orinal Clear Cloudy Odour _____

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

Comments: pt stated voiding lots.

GI

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

Abdomen: Soft Firm Distended Obese Tender _____

Bowel Sounds: Normal Hypoactive y4 Hyperactive _____ Absent _____ Flatus: Yes No

Last bowel movement: colostomy Colour Brown Consistency/Size soft unforn Continent Incontinent

Stoma: Type colostomy Site at abdomen 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: No concerns of 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 75 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	Intact/Changed*
midline inc	VAC @ 75mmHg	Dry + intact, scant sang.	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
LLQ old drain site	Hollister	Dry + intact, brown/sang drainage	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
U old CT site	Hollister	Dry + intact, brown/sang drainage.	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
Bilateral Abd necrotic areas	Mepalox (R) + (L) + adapic	Dry + intact.	<input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
(L) side perc	tegaderm over stat lock	Dry + intact, Drainage scant brown/sang	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*

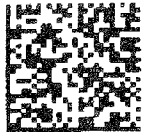
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL

Comments: Abdominal binder on part chest / part abdomen; Perc flushed & 20mls sterile NS.

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: J. Williams Assessment time: 0945 Time charted: 1000



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 12/22

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

CNS/PSYCH/SOCIAL

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

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

PERLA: N/A Yes No - Describe _____

Numbness/Tingling: N/A Denies Yes Location _____

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

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

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other warm blanket provided.

Comments: _____

CVS

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

Edema: None Yes Type/location(s) +2 @ ankles & abd

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

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

Pneumatic Compression Stockings Antiembolic stockings

Heart Sounds: N/A Regular Irregular Abnormal tachy - 111bpm S1 S2

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>PIV</u>	<u>PIV</u>		
Site/Condition:	<u>⊙ flx, patent</u>	<u>⊙ flx, patent</u>		
Dressing:	<u>D&I</u>	<u>D&I</u>		
Infusion(s): (solution/rate)	<u>RL @ 25ml/hr</u>	<u>PPN @ 160ml/hr</u>		

Comments: _____

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment

CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WH WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

= EQUAL AIR ENTRY

■ ABSENT AIR ENTRY

ANTERIOR

R L L R

POSTERIOR

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: denies cough

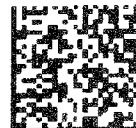
NURSING RECORD

Page 4 of 6



SK UNKNOWN
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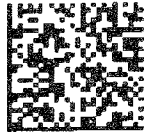


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>dark 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>using bedside urinal</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 checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: _____ Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RUG</u> Colour <u>red</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input 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 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:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>midline inc</u></td> <td><u>vac</u></td> <td><u>brown/red</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>old chest tube</u></td> <td><u>hollister</u></td> <td><u>brown yellowish/cloudy</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ⓐ ⓑ lower abd</u></td> <td><u>mepilex</u></td> <td><u>DET</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ⓐ perc</u></td> <td><u>staf lock</u></td> <td><u>brown/red</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>ⓐ old drain site</u></td> <td><u>hollister</u></td> <td><u>brown/red</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____</p>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline inc</u>	<u>vac</u>	<u>brown/red</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>old chest tube</u>	<u>hollister</u>	<u>brown yellowish/cloudy</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ⓐ ⓑ lower abd</u>	<u>mepilex</u>	<u>DET</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ⓐ perc</u>	<u>staf lock</u>	<u>brown/red</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>ⓐ old drain site</u>	<u>hollister</u>	<u>brown/red</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<u>old chest tube</u>	<u>hollister</u>	<u>brown yellowish/cloudy</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>ⓐ ⓑ lower abd</u>	<u>mepilex</u>	<u>DET</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>ⓐ perc</u>	<u>staf lock</u>	<u>brown/red</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>ⓐ old drain site</u>	<u>hollister</u>	<u>brown/red</u>	<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: _____ <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: M. Bevilacqua Assessment time: 2015 Time charted: 2310



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)
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 = Med. 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

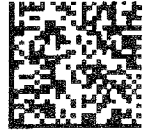
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

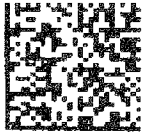
ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
1035	Pt suddenly feeling nauseated and had some emesis in kidney basin. Wife helped pt clean up emesis so RW did not see it. Pt given 4mg IV ondansetron via mini bag. — J Willem
1055	Pt rates pain to chest muscles 7/10 requesting pain meds. So given 1mg IV Dilaudid via mini bag for pain. Wife @ pt @ bedside. — J Willem
1430	Dressings to (Rt) + (L) Abdomen change for no drainage. (Rt) site all pink no necrotic tissue. Site cleaned & sterile NS then adaptic 3 layers applied & a mepilex over top. (L) site down (L) side of area some necrotic tissue and a little mucky over all. 3 layers of adaptic applied after cleaned & sterile NS then mepilex applied. No concerns of pain or nausea @ this time. Wife remains @ bedside @ pt. — J Willem
1500	Pt resting in bed visiting @ wife. — J Willem
1700	Pt rates pain to 7/10 to abdomen requested pain meds. Pt given 1mg IV Dilaudid via mini bag. Pt also given warm blanket per request. Pt want to have a sleep now he stated. Wife gone @ this time. — J Willem
1740	Pt lying @ eye mask on in bed and regular even breaths. No voiced concerns @ this time. — J Willem
1900	Pt has visitor @ bedside which he is visiting with. No voiced concerns of pain or nausea @ this time. — J Willem
2100	Assessment & VS completed. Scheduled meds given. PRN 7mg Dilaudid IV given per request for pain to abd/ribs @ 2000. Urinal emptied for clear amber ^{emesis} urine dark yellow urine, see fluid balance. @ other voiced concerns. — M Reilly
2300	PRN 7mg Dilaudid IV given per request for pain to abd/ribs @ 2250. Coull bell in reach. — M Reilly

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 13, 2022

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

CNS/PSYCH/SOCIAL

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

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

PERLA: N/A Yes No - Describe _____

Numbness/Tingling: N/A Denies Yes Location _____

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

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

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other Pt given SR Dilaudid and IV Dilaudid 1mg via mini bag

Comments: Pt moving in bed per self

CVS

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

Edema: None Yes Type/location(s) Slight to feet and ankles bilaterally.

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

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

Pneumatic Compression Stockings Antiembolic stockings

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

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>peripheral</u>	<u>peripheral</u>	
Site/Condition:	<u>left arm by wrist</u>	<u>right arm by AC</u>	
Dressing:	<u>tegaderm dry + inkjet</u>	<u>tegaderm dry + inkjet</u>	
Infusion(s): (solution/rate)	<u>PRN cycled</u>	<u>RL @ 25ml/hr</u>	

Comments: _____

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WHEEZE: INSPIRED/EXPIRED

DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR POSTERIOR

R

L L

R

L L

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: O2 set 94% on RA, AE clear bilaterally throughout but quiet to bases bilaterally.

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

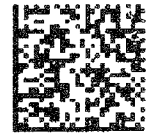
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

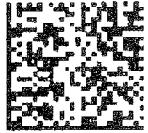


DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>in urinal</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>pt voiding lots in urinal</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 <input checked="" type="checkbox"/> Hypoactive <u>x4</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>ileostomy</u> Colour <u>Brown</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>ileostomy</u> Site <u>@ Abdomen</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>No concerns of nausea</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 checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
	<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>ileostomy @ Abd</td> <td>Appliacnce</td> <td>Dry + intact</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>midline incision</td> <td>VAC @ 75mmHg</td> <td>Dry + intact</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Bilateral abd necrotic areas</td> <td>meplex @ + @ Abd</td> <td>Dry + intact both</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>old ET site</td> <td>Hollister</td> <td>Brown/sang drainage Dry + intact</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Perc @ side</td> <td>Stat lock @ tegaderm</td> <td>Dry + intact, Brown/sang drainage</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage		ileostomy @ Abd	Appliacnce	Dry + intact	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	midline incision	VAC @ 75mmHg	Dry + intact	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Bilateral abd necrotic areas	meplex @ + @ Abd	Dry + intact both	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	old ET site	Hollister	Brown/sang drainage Dry + intact	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Perc @ side	Stat lock @ tegaderm	Dry + intact, Brown/sang drainage	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																											
Comments: <u>old JP site Hollister Dry + intact Drawing brown/sang drainage</u> <u>Perc flushed @ 20mls sterile NS, Abdomen Binder on chest + upper Abdomen</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: J Williams Assessment time: 0845 Time charted: 0945



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 13 / 22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																															
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																															
PERLA: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____																																
Numbness/Tingling: <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																																
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>J</u> RLE <u>N</u> LLE <u>J</u>																																
Pain: Score (e.g. 0-10) <u>0-10</u> <input type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>R Abdomen/Chest</u>																																
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																																
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other <u>Diazepam scheduled PRN q4c</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 _____																																
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<table border="1"> <tr> <td>Access type:</td> <td><u>PIV</u></td> <td><u>PIV</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(L) PIV</u></td> <td><u>(R) PIV</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>d-r</u></td> <td><u>d-r</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>SK</u></td> <td><u>TRIO R/ABSO/SH</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>PIV</u>	<u>PIV</u>			Site/Condition:	<u>(L) PIV</u>	<u>(R) PIV</u>			Dressing:	<u>d-r</u>	<u>d-r</u>			Infusion(s): (solution/rate)	<u>SK</u>	<u>TRIO R/ABSO/SH</u>													
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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																															
	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" style="text-align: center;"> </td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>ABSENT AIR ENTRY</td> <td colspan="4"></td> </tr> <tr> <td>=</td> <td>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"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																																
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																																
Comments: _____																																

NURSING RECORD

SK UNKNOWN

MRN: RUH 1315031

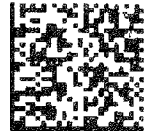
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

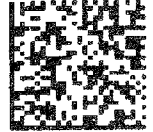


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input checked="" type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A Comments: <u>urinal @ bedside w/ dry site</u>																										
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>Reg</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>X4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: Colour <u>brown</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>colostomy ileostomy</u> Site <u>RLQ</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>stomy emptied & burped</u>																										
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265 TRIAL Perc stat lock + feeding brown scs drain e																											
Comments: _____																											

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

RN/LPN signature: [Signature] Assessment time: 2130 Time charted: 2145



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)
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 mean, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	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.	
FRICITION 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

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

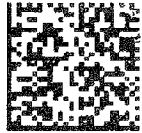
Admit Date: DEC-2-2021

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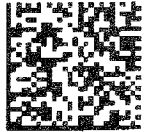
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
1045	Pt up in chair @ side of bed to wash up & assist of OA and wife. ————— Jwillen
1110	Pt rates pain 7/10 to chest muscles. Requested and given 1mg IV Dilaudid for pain. Pt resting bed watching something on his phone & wife @ bedside. ————— Jwillen
1200	Pt sitting up in bed watching hrs phone & his wife. No voiced concerns @ this time. ————— Jwillen
1410	Pt rates pain 7/10 to ribs/chest muscles so requested pain meds. Pt given 1mg IV Dilaudid via mini bag. Pt sitting in bed playing cribbage & wife. ————— Jwillen
1430	ECG done. ————— Jwillen
1535	Pt resting in bed visiting & wife. No voiced concerns @ this time. ————— Jwillen
1600	Pt reviewed into care needs in bed. Report received from nurse. Pt working on ice pack at upper blanket, so provided with gown. No further concerns. Call bell in reach ————— Jwillen
1625	Pt given 1mg Dilaudid IV. No further concerns. Call bell in reach ————— Jwillen
1730	Pt ate supper and then had episode of emesis after. Pt said "I think I just ate too fast". No further concerns. Call bell in reach ————— Jwillen
1830	Pt given 2mg Dilaudid IV for pain. No further concerns. Call bell in reach ————— Jwillen
1930	Pt in bed on phone. No voiced concerns or needs. Call bell in reach ————— Jwillen
2145	Pt has been received into care - VSS pulse for pain 6.5/10 @ Abdo - bolus from CT done) also bump and drained. PERC flushed - wound amp test - pt took all meds - given dilaudid per request. pt returned to resting in bed ————— Jwillen

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT

Date: Jan 14, 2022

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

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) 5/10 Self-report Behavioural Tool Location(s) chest/nbs

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: pt given long Diltiazem IV, act on qmg Diltiazem SR 500

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>IVP</u>	<u>IVP</u>	
Site/Condition:	<u>(L) F/A</u>	<u>(L) wrist</u>	
Dressing:	<u>Tegaderm; Dist</u>	<u>x I site of tegaderm</u>	
infusion(s): (solution/rate)	<u>FL @ 750</u>	<u>SL'd</u>	

Comments: SP

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.

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WHEEZE: INSPIRED/EXPIRED

DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR

POSTERIOR

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: SpO2 = 97% ; no SOB on Twork

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

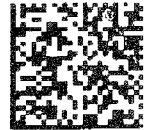
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DAY SHIFT

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	<i>Midline Vac</i>	<i>Vac Dress @ Thrust</i>	<i>Brown</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																					
	<i>Lower Meplex i adaptiv</i>		<i>Q</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																					
<i>Colostomy</i>	<i>Appliance</i>	<i>Stool; DxF</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<i>Peric Drain</i>	<i>Stat lock</i>	<i>serous/brown</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<i>Hollisters x 2 @ Flank</i>	<i>Hollisters</i>	<i>Brown, Paul smelly</i>	<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: <i>Q</i>																									

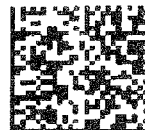
PRESSURE INJURY ASSESSMENT (see staging below):

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

RN/LPN signature: _____

Assessment time: *0836*

Time charted: *1012*



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 14-15/2022.

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other <u>Awake</u>																				
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																				
CVS	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																				
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																				
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																				
	Pain: Score (e.g. 0-10) <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>Upper abd (U) abd & torso</u>																				
	Quality: <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to <u>Upper abd & torso</u>																				
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>Provided 10 by Oxidant, Sch Tillerid.</u>																				
Comments: <u>Arrived, said within bed all day, had 10 on abd & and non-rated chest</u>																					
RESPIRATORY	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <u>T 37.0</u>																				
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																				
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input 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 type="checkbox"/> Abnormal <u>Normal HR regular @ 112 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 _____																				
Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring _____																					
<table border="1"> <tr> <td>Access type:</td> <td><u>Peripheral IV</u></td> <td><u>Peripheral IV</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>(D) RIA #206</u></td> <td><u>(J) unit</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>teg dhi</u></td> <td><u>teg dhi</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>R 1025ml/hr.</u></td> <td><u>PPN cycled.</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>Peripheral IV</u>	<u>Peripheral IV</u>			Site/Condition:	<u>(D) RIA #206</u>	<u>(J) unit</u>			Dressing:	<u>teg dhi</u>	<u>teg dhi</u>			Infusion(s): (solution/rate)	<u>R 1025ml/hr.</u>	<u>PPN cycled.</u>		
Access type:	<u>Peripheral IV</u>	<u>Peripheral IV</u>																			
Site/Condition:	<u>(D) RIA #206</u>	<u>(J) unit</u>																			
Dressing:	<u>teg dhi</u>	<u>teg dhi</u>																			
Infusion(s): (solution/rate)	<u>R 1025ml/hr.</u>	<u>PPN cycled.</u>																			
Comments: <u>BP 123/73. Atrial flutter / obvious / tachycardia / heart palpitations. Both IV sites appear normal.</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 checked="" type="checkbox"/> Strong <input checked="" type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																				
	Breath Sounds: <input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WH WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input 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> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div>																				
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																				
	Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																				
Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																					
Comments: <u>RR 22, SpO2 98% on RA. States has acc dry cough -> show heard SOB/sore throat</u>																					

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

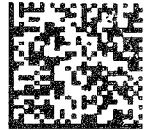
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: OGAICK, MAURICE

FAM: FRASER, JILLIAN



NIGHT SHIFT

GU
 Voiding: Continent Incontinent Anuric Catheter Ilea conduit Nephrostomy Other _____
 Urine: N/A Colour _____ Clear Cloudy Odour _____
 Genitalia (appearance/drainage/flow): N/A *reported*
 Comments: *pt using imadobalide. turned away, some pain/odor to voids.*

GI
 Nothing by mouth Diet *DAT* Tolerating Nausea Emesis *at least 1 tablet* Calorie Counts _____
 Abdomen: Soft Firm Distended Obese Tender _____ *1000ml to choc. enage.*
 Bowel Sounds: Normal *x4* Hypoactive _____ Hyperactive _____ Absent _____ Flatus: Yes No
 Last bowel movement: *per rectum* Colour *brn* Consistency/Size *small / soft w/ mucus* Incontinent
 Stoma: Type *colost.* Site *(R) abd* Colour *pink* Bridge _____
 Tube(s): NG - Salem Sump™ NG - Small bore NJ PGJ PEG PG Jejunostomy Other _____
 Tube depth: Secured at/External length _____ cm
 Clamped Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____
 Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____
 Comments: *pt eating by new Pilschodler - older bottle looks like tablet not in hand (pt reports said felt lodged in throat - came all way and had some - see previous notes, said to pass any thing passed in a while - said was not off food - couple days*

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 *75* mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

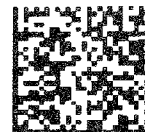
Wound/Incision/Drain Location	Dressing Type	Drainage	
<i>mid abd - vac@atc</i>	<i>knully, small dressing in cartridge</i>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<i>(B) + (R) lower abd</i>	<i>4x4 gauze ea. side</i>	<i>chi</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<i>H&H tube - (L) mid abd</i>	<i>intact - Domy in bag</i>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<i>H&H tube - (L) Q abd</i>	<i>intact - Domy in bag</i>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<i>(L) perc to (L) flank. Steri-ock/teadom chi</i>	<i>small cream pink/bounding</i>		<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: *had binder off pt - under him said he will put in care really for bed. (L) perc flushed to small at at wound - dressing & site noted. Colost spilture (R) abd 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: _____ <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</p>	<p>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</p>	<p>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</p>	<p>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</p>

RN/LPN signature: *SPBaker* Assessment time: *2:05* Time charted: *2:45*



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 mean, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	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 defect, 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 =	

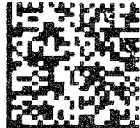
Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input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

NURSING RECORD

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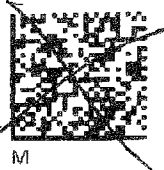
05-2

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



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 14/2021 @ 0835	Pt returned into care number in bed. Assess Meds given as per MAR. Assessment complete. Pt not feeling great this ^{morning} evening. Having nausea, and had episode of seizure while doctors were rounding on him. Pain isn't too bad currently, but long Dilaudid IV given. Pt not wanting to eat, and pt thinks he should be back on PPN. Will discuss with dietary and doctors to see if they want that. No further V/L call bell in reach.
@ 1105	Pt given long Ativan PO as going to have drug's tid shortly. Dr. Wiebe in to speak with nurse and pt, and they are feeling much better. Pt also was seen by Dietary and going to be restarted on PPN. No further V/L call bell in reach.
@ 1135	Pt given long Dilaudid IV for drug A's. Urologist are in to see pt to A drugs. No further V/L call bell in reach.
@ 1345	Pt in bed asleep. Visiter at bedside. No concerns. Call bell in reach.
@ 1530	Pt in bed asleep. Resps easy. Call bell in reach.
@ 1730	Pt in bed. Pt not wanting to eat much. No verbal concerns. Hollister's tid as they were on for 3 days. Call bell in reach.
@ 1930	Pt in bed with visitor at bedside. No verbal concerns. Call bell in reach.
Jan 14/2022 @ 2010	Report received from day staff
@ 2014	urinary incontinence self. Exmedidmeds.
@ 2105	Pt laying in bed 2 eye mask on, rechecked vitals. Urinary incontinence initial assessment started for progress from record for details.
@ 2150	Dr. Labrie up to ward. Made care pt hx nausea & pt

Continued on Progress Record - Nursing (form #101434)



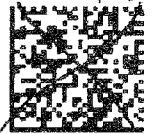
05.2

NURSING
PROGRESS RECORD

DATE/TIME	REMARKS
Jan 14/2022 @ 2115 hrs cont'd.	last couple days. 2 anticonvulsants ordered as per request therefore Zetran did, gabapentin & ordered after husband been recommended by pharmacy and Maxoran did. 2 new orders, said to see how night goes and call if needed.
@ 2120	unkn receipt, pt reported, lying in bed - done. then brought "2 tabs and said - felt "could not swallow" then began to throw up - held in mouth, under gabapentin garbage can pt had emesis - brown colored. pt said because had had his emesis swallow pills. ~ 1 month ago in garbage given brain stem. pt said wasn't really nauseated it just came out because of tablet feeling thick, said has problems with large pills. still to take rofecoxib and s/e did not - pt said will be able to take tabs. but refused linezolid tabs dit size also will discuss to residents.
@ 2130	pt settled in bed, kept green behind neck, under blanket for did. Can't talk behind.
@ 2200	unkn receipt dr. Jette and made aware of emesis and difficulty with swallowing large pills. under suggested to back to IV chx as tried by day staff. pt had emesis in am after Capid. Dr. Jette said he will speak pharmacy re: different gabapentin as not really willing to do IV chx.
@ 2250	under called pharmacy and made correct pt difficulty to med. Patrick - pharmacist said resident had not called Patrick said would look into a chx to liquid and give to swallow tabs + call back.
@ 2315	pt called, cio points chx, IV bag Medid given.

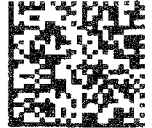


05-2



NURSING
PROGRESS RECORD

DATE/TIME	REMARKS
Jan 14/2022 @ 2230	Bedside pharmacist called back - said will send up elixir cipro and linezolid for treatment and smaller lipitor tabs said can crush linezolid tonight and give to pt. Dr. Jette up to ward and made aware. Dr. Jette said if pt @ home checked positive to let team know in com. Pt took crushed linezolid mixed to ensure - said "tastes terrible" but okay. Pt given warm blanket to add and 120 pt. Felted again - SRD
@ 0030	Prnibed, eye mask on, resp adequate - SRD
@ 0115	Prnibed, eye mask on, resp adequate. - SRD
@ 0140	Prnibed, eye mask on, resp adequate. - SRD
@ 0320	under blanket from 0200-0320 and tubal on covered while under x-ray. Told pt could not analgesia long w given & Prnibed @ 0300 - see war. - SRD
@ 0338	Prnibed, eye mask on, resp adequate - SRD
@ 0425	Prnibed, resping now w/ pt and warm blanket, pt said shaven and he wanted to wait and see if he could breathe without taking analgesia. Checked T 36.7 HR 101 RR 22 BP 115/64 SpO2 94% on O2. Prnibed SRD
@ 0500	Prnibed, eye mask on, resp adequate - SRD
@ 0520	Prnibed, resping w/ analgesia - long Prnibed SRD
@ 0605	Under blanket to check I/O. Pt asked - why four extra heister bag to (ward), perc @ 0600 denied stools for swelling pink/brown creamy drug. Great output total 200mls soft watery brown stool. Cooled, emptied for 50mls urine + 21 by tubal pan and recorded. Vag drug scanned long. Prnibed SRD
@ 0618	Prnibed, resping in to draw BUN - SRD
@ 0630	under blanket and give cipro dose - pt took elixir to get quinine. Prnibed "didn't taste too bad". Dr. Jette @ 0630 aware - SRD
@ 0652	Prnibed being aware, know a few hours ago said wasn't interested but cipro made him have energy. Prnibed team @ 0652 aware SRD



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT

Date: Jan 18 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																							
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																							
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																							
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																							
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>2</u> LUE <u>2</u> RLE <u>2</u> LLE <u>2</u>																							
	Pain: Score (e.g. 0-10) <u>3/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																							
	Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																							
	Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																							
	Comments: <u>P</u>																							
	CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																						
Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																								
Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																								
Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																								
<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																								
Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>S1</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>JVP</u>																						
Site/Condition:		<u>LD FA</u> <u>LD low</u>																						
Dressing:		<u>Tegaderm</u> <u>Tegaderm</u>																						
Infusion(s): (solution/rate)		<u>FLC THO</u> <u>PN @ 80</u>																						
Comments: <u>Q</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 checked="" type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																							
	Breath Sounds: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED </td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> wh WHEEZE: INSPIRED/EXPIRED </td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> ↓ DECREASED AIR ENTRY </td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> ■ ABSENT AIR ENTRY </td> <td style="border: none;"></td> </tr> <tr> <td colspan="4" 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			
	cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED																							
		wh WHEEZE: INSPIRED/EXPIRED																						
			↓ DECREASED AIR ENTRY																					
			■ ABSENT AIR ENTRY																					
	= EQUAL AIR ENTRY																							
	Draw symbols on the lung diagram to indicate assessment.		ANTERIOR POSTERIOR R L L R																					
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 = 96%, No SOB</u>																								

NURSING RECORD

SK UNKNOWN

MRN: RUH 1315031

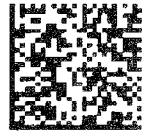
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

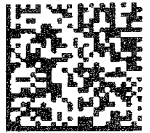


DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>Amber, concentrated</u> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: <u>Doctors aware of urine</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis <u>AT assessed</u> 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>X1</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>Colostomy</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>RUO</u> Colour <u>Brown</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>Yarn pin E, probably assist, (PDB) Nausea + constip</u>																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input 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 checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<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>Med/Pre Vasc</u></td> <td><u>Vac @ 75 mmHg</u></td> <td><u>Brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Hell/impers x 2</u></td> <td><u>Hollister</u></td> <td><u>pusulent, scant</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Necrotic sites x 2</u></td> <td><u>Mopilex + Adaptic</u></td> <td><u>&</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Perc</u></td> <td><u>Perc dress</u></td> <td><u>pusulent, scant</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Med/Pre Vasc</u>	<u>Vac @ 75 mmHg</u>	<u>Brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Hell/impers x 2</u>	<u>Hollister</u>	<u>pusulent, scant</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Necrotic sites x 2</u>	<u>Mopilex + Adaptic</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Perc</u>	<u>Perc dress</u>	<u>pusulent, scant</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Wound/Incision/Drain Location	Dressing Type	Drainage																						
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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 #104265 TRIAL Comments: <u>(circled)</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: 1825
 Form #104271 TRIAL (Saskatoon Area) 08/2019



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 15/22

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

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 type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input checked="" type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																				
CVS	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																				
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																				
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																				
	Pain: Score (e.g. 0-10) <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>He denies pain & assessment. Denies HIA or vision AS</u>																				
RESPIRATORY	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																				
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																				
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																				
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> L8T <input type="checkbox"/> L82																				
CNS/PSYCH/SOCIAL	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"> <tr> <td>Access type:</td> <td><u>IUP</u></td> <td><u>IUP</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Lt FIA</u></td> <td><u>Lt FIA</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>RL @ 125</u></td> <td><u>PPN cycled</u></td> <td></td> <td></td> </tr> </table>	Access type:	<u>IUP</u>	<u>IUP</u>			Site/Condition:	<u>Lt FIA</u>	<u>Lt FIA</u>			Dressing:	<u>tegaderm</u>	<u>tegaderm</u>			Infusion(s): (solution/rate)	<u>RL @ 125</u>	<u>PPN cycled</u>		
	Access type:	<u>IUP</u>	<u>IUP</u>																		
	Site/Condition:	<u>Lt FIA</u>	<u>Lt FIA</u>																		
Dressing:	<u>tegaderm</u>	<u>tegaderm</u>																			
Infusion(s): (solution/rate)	<u>RL @ 125</u>	<u>PPN cycled</u>																			
Comments: <u>BP 130/82. P99. AP 104. T37.2</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="1"> <tr> <td><input checked="" type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td rowspan="4"> ANTERIOR POSTERIOR </td> </tr> <tr> <td><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</td> </tr> <tr> <td><input type="checkbox"/> DECREASED AIR ENTRY</td> </tr> <tr> <td><input type="checkbox"/> ABSENT AIR ENTRY</td> </tr> </table>	<input checked="" type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR POSTERIOR 	<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	<input type="checkbox"/> DECREASED AIR ENTRY	<input type="checkbox"/> ABSENT AIR ENTRY															
	<input checked="" type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR POSTERIOR 																			
	<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED																				
	<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"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																				
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																				
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																					
Comments: <u>RR 20. SpO2 95/PA. O2 N.B. Denies SOB.</u>																					

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

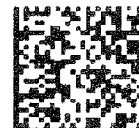
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

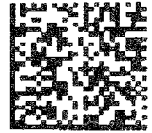


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input checked="" type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A Comments: <u>Denies pain or diff voiding.</u>		
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>FF</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input 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>colost</u> Site <u>RUQ</u> Colour <u>Pnk</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>Long grass given for nausea & dry heaving. Stoma Pnk, moist & protruding.</u>		
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
		Wound/Incision/Drain Location	Dressing Type
		<u>vac to midline abdo</u>	<u>DZF</u>
		<u>LLQ Hollister x2</u>	<u>- DZF -</u>
		<u>Abdo mepilex</u>	<u>x2 - DZF</u>
	<u>Lt Perc drain</u>	<u>Sted lock + tegaderm - Ø</u>	
	<u>colost Appliance</u>	<u>- Scent loose br stool in bag.</u>	
	<u>Flused 20cc NS</u>		
<input type="checkbox"/> Intact <input type="checkbox"/> Changed* <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed* <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed* <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed* <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed* <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.		
Location #1: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2000 Time charted: 250



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 leebly 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



SK UNKNOWN

MRN: RUH 1315031

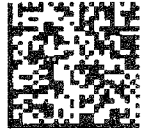
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 15, 2022 @ 0815	Pt returned into care awake in bed. Pt incontinent of stool. BM was not ^{grossly} not ^{grossly} redish brown in colour. As pt was ^{was} was ^{was} CLA in to help clean it. Will assess pt after. Done
@ 0900	Pt was getting cleaned, had a sip of water, and then requested quite a bit. No antispasmodics ordered for pt. Got pt settled into bed and gave long Dilated IV. Pt not wanting any oral meds at this time. Will try out tube from kitchen. Rest of assessment complete. No further concerns. Pt going to try and rest. Call bell in reach Done
@ 1100	Pt willing to try taking pills slowly. Wife at bedside and will encourage it to try. Pt still not ^{not} not ^{not} feeling like taking meds but will try. Pt refused Linzolid extns, so called pharmacy to bring pill vesing up. Will page resident about getting antispasmodics. No further concerns. Call bell in reach Done
@ 1135	Pt given long Dilated IV. Pt got down part of pills but still working on them. Pt going to try and get some rest. No further concerns. Call bell in reach Done
@ 1300	Pt in bed asleep. Wife at bedside and concerned with how it is doing. Agreed wife that we can do what we can. No further concerns ^{concerns} concerns ^{concerns} concerns ^{concerns} . Call bell in reach Done
@ 1430	Pt given long Dilated IV for pain. Pt in bed watching TV with wife at bedside. No further concerns ^{concerns} concerns ^{concerns} concerns ^{concerns} . Call bell in reach Done
@ 1530	Pt given long IV Dilated for reason. No further concerns ^{concerns} concerns ^{concerns} concerns ^{concerns} . Call bell in reach Done

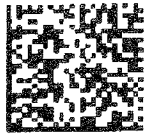
Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

05-2

DATE/TIME	REMARKS
Jan 15, 2022 @1830	Imag Disrupted IV given. Pt feeling sleepy, prob from ethanol. PR mom at bedside. Pt just wanting to rest. No concerns - Call bell in room.
@1930	Pt in bed asleep. Pt has water at bedside. Call bell in room.
@2020	Pt received into care @ Shift A. USS - Assessment complete. denies pain but no nausea + dizziness. 5mg IV grad given per MAR. Pt settled in bed @ this time. @ further concerns - <i>Klutts</i>
@2138	Pt no pain. Imag IV diluted + SR PO given per MAR. Warm blanket + ice pack given for comfort. Urinal emptied for some concentrated amber urine. Resting in bed. @ concerns - <i>Klutts</i>
@2250	Pt resting in bed. Eyes closed. Responds easy + Reg. <i>Klutts</i>
@2340	Pt given warm blanket + ice pack for comfort. Resting in bed. @ further concerns - <i>Klutts</i>
Jan 16/27 @0015 @0100	Pt given 5mg IV grad for nausea - <i>Klutts</i> . Pt's urinal emptied. Resting in bed. @ concerns - <i>Klutts</i>
@0147 @0305	Pt given dilaudid per MAR for pain - <i>Klutts</i> . Pt resting in bed. Eyes closed. Responds easy + Reg. <i>Klutts</i>
@06500	Pt given dilaudid per MAR for pain - <i>Klutts</i>
@06000	Pt IV to completed. Resting in bed. @ concerns - <i>Klutts</i>
@0626	Phlebotomy in for AM lab draw - <i>Klutts</i>
@0710	Pt resting in bed. Eyes closed. Responds easy + Reg. <i>Klutts</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 16, 2022

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

CNS/PSYCH/SOCIAL

Level of Consciousness: 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) 0/10 Self-report Behavioural Tool _____ Location(s) abd

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

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>PIV</u>	<u>PIV</u>		
Site/Condition:	<u>(R) FA</u>	<u>(L) FA (lower)</u>		
Dressing:	<u>op sites</u>	<u>op site</u>		
Infusion(s): (solution/rate)	<u>RL @ 25ml/hr</u>	<u>TPN @ 90ml/hr</u> <u>cycled</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:

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 2 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 _____

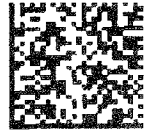
Comments: pt on RA - SpO₂ @ 90 → placed pt on

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 checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>yellow/orange</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>normal @ bedside - bili in urine - MR P. aure</u>																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet _____ <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per colon</u> Colour <u>brown</u> Consistency/Size <u>med sm</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo stomy</u> Site <u>RUQ</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>pt c/o nausea - takes brand P.N.</u>																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>±75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
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: 30%;">Drainage</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><u>RUQ colostomy</u></td> <td><u>DTI</u></td> <td><u>brown</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Colos Appliance - per anal</u></td> <td><u>stool</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Abdomen (4)</u></td> <td><u>br.</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>(L+) pnc site</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> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> Comments: _____	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>RUQ colostomy</u>	<u>DTI</u>	<u>brown</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Colos Appliance - per anal</u>	<u>stool</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Abdomen (4)</u>	<u>br.</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>(L+) pnc site</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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PRESSURE INJURY ASSESSMENT (see staging below):

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: 0800 Time charted: 0815



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 16/22

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

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"/> Aphasie <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</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____																						
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																						
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____																						
Comments: <u>SP + IV dilaudid given.</u>																						
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																					
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																					
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																					
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																					
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																					
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2																					
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																					
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>Peripheral IV</u></td> <td><u>Peripheral IV</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R FA</u></td> <td><u>L FA</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D+I</u></td> <td><u>D+I</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL 125</u></td> <td><u>PPN cycled</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>Peripheral IV</u>	<u>Peripheral IV</u>			Site/Condition:	<u>R FA</u>	<u>L FA</u>			Dressing:	<u>D+I</u>	<u>D+I</u>			Infusion(s): (solution/rate)	<u>RL 125</u>	<u>PPN cycled</u>		
	Access type:	<u>Peripheral IV</u>	<u>Peripheral IV</u>																			
Site/Condition:	<u>R FA</u>	<u>L FA</u>																				
Dressing:	<u>D+I</u>	<u>D+I</u>																				
Infusion(s): (solution/rate)	<u>RL 125</u>	<u>PPN cycled</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.																					
	<table style="width:100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">ANTERIOR</td> <td style="text-align: center;">POSTERIOR</td> </tr> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;">L L</td> <td style="text-align: center;">R</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>			ANTERIOR	POSTERIOR	R	L L	R														
		ANTERIOR	POSTERIOR																			
	R	L L	R																			
	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: _____																						

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

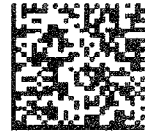
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

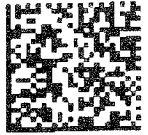


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>Amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>WNL</u> Comments: _____																								
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>4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>ostomy</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent Stoma: Type <u>colostomy</u> Site <u>RLA</u> Colour <u>red</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 type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>Midline incision</td> <td>Vac</td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Low abd bilat necrotic tissue</td> <td>mapitexs</td> <td>D+1</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Hollisters x 2 LUG + LLA</td> <td></td> <td>Purulent</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Lt perc drain</td> <td>tegaderm</td> <td>Purulent</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		Midline incision	Vac		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Low abd bilat necrotic tissue	mapitexs	D+1	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Hollisters x 2 LUG + LLA		Purulent	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Lt perc drain	tegaderm	Purulent	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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Lt perc drain	tegaderm	Purulent	<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: <u>perc drain flushed</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: Paulina Assessment time: 2040 Time charted: 2230



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>Jan 16 / 2022</u> Time: <u>0750</u> Initials: <u>CE</u>
	Mobility: <input type="checkbox"/> Independent <input checked="" 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>ART</u> <input type="checkbox"/> Assistive devices <u>walker/pole</u>
	Fall Prevention: <input checked="" 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.	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.	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.	3
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	3
			TOTAL SCORE =	20

Implemented Pressure Risk Interventions	Bed surface: _____ <input type="checkbox"/> Turning schedule <input type="checkbox"/> Weight shift q15min <input type="checkbox"/> Offload heels	Time: <u>0750</u>
	<input type="checkbox"/> ROHO® cushion <input type="checkbox"/> Encourage mobility <input type="checkbox"/> Patient/Family education provided	Initials: <u>CE</u>
	<input type="checkbox"/> Other _____	

NURSING RECORD

Page 6 of 6



SK UNKNOWN

MRN: RUH 1315031

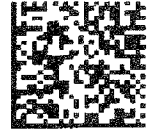
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

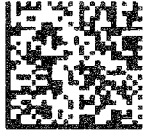
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 16, 2022 @0750	Pt declined into care. Pt asleep i call bell in reach. Respirations regular easy. <i>CO</i>
@0830	Pt assessment complete. A/VSS. Safely check done. <i>CO</i>
@0850	Pt c/o nausea. 50mg IV Gravol administered for same. <i>CO</i>
@0900	Family @ bedside. <i>CO</i>
@0930	1mg IV Dilaudid administered for pain to abdomen. <i>CO</i>
@1005	Pt ate small amount of breakfast + encouragement + drank small sips H ₂ O. Pt mouth dry. <i>CO</i>
@1220	Pt c/o pain to abd - 1mg IV Dilaudid administered for pain. <i>CO</i>
@1335	Unit PRBC infusing for Hmg of 89. <i>CO</i>
@1545	PRBC finished infusing. Pt tolerated well. <i>CO</i>
@1600	Pt c/o pain to abdomen. 1mg IV Dilaudid administered for same. <i>CO</i>
@1735	Wife @ bedside. <i>CO</i>
@2100	Report received at 1930. Pt vomited during report, DxrN gave gravol IV. Pt slept following. Woke for assessment. Pt voided in urinal + had sm dark maroon Bm in pad. Pt states + Δ in color since ostomy formation. <i>CO</i>
@2200	Pt appears to be sleeping. Resps easy. <i>CO</i>
Late entry @2130	Dr Jette rounded, plan to have dietitian Reassess PPN for ↑ LFTs. <i>CO</i>
@2350	Pt awake in bed. Requested IV dilaudid for pain. Same given. Ice pack + Warm blanket given as well. <i>CO</i>

Continued on Progress Record - Nursing (form #101434)



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT

Date: Jan 17/2022

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

CNS/PYSCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>
	Pain: Score (e.g. 0-10) <u>3/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdomen - general</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 checked="" type="checkbox"/> Other <u>Denies 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 type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings
	Heart Sounds: <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input 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>Peripheral IV</u>	
Site/Condition: <u>Left arm - healthy</u>	
Dressing: <u>Dry + intact</u>	
Infusion(s): (solution/rate) <u>PAN</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 <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 style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div>
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: _____

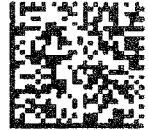
NURSING RECORD

Page 2 of 6



SK UNKNOWN
MRN: RUH 1315031

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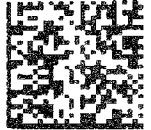
DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Apuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>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>pt voided in urinal prior to writer's entry</u>																				
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>FP</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>xy</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>Stoma</u> Colour <u>light brown</u> Consistency/Size <u>scant</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</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>15</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>Midline vac</td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ Old perc^{drain site}</td> <td>Hollister</td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Old chest tube site</td> <td>Hollister</td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Lower mepilex</td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		Midline vac			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ Old perc ^{drain site}	Hollister		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Old chest tube site	Hollister		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Lower mepilex			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: <u>Perc flushed with 20ml NS</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: 0910 Time charted: 0940



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 17/22

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

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) 5/10 Self-report Behavioural Tool Location(s) diffuse abd

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other ing IV Dilaudid given

Comments: _____

CVS

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

Edema: None Yes Type/location(s) _____

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

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

Pneumatic Compression Stockings Antiembolic stockings

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

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>PIV</u>	<u>PIV</u>		
Site/Condition:	<u>(L) F/A</u>	<u>(R) F/A</u>		
Dressing:	<u>opate</u>	<u>opate</u>		
Infusion(s): (solution/rate)	<u>PPN @ 40ml</u>	<u>PI @ 125</u>		

Comments: VSS. Afebrile. 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:

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

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: SpO₂ 97% on 1L O₂ NP. Denies SOB or r/wob.

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 amber Clear Cloudy Odour _____

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

Comments: Pt voided in urinal at bedside.

G

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

Abdomen: Soft Firm Distended Obese Tender _____

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

Last bowel movement: colost Colour brown Consistency/Size loose Continent Incontinent

Stoma: Type colostomy Site PLS Colour red Bridge _____

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

Tube depth: Secured at/External length _____ cm

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

Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____

Comments: Stoma red. Denies nausea & emesis.

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 70 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

Wound/Incision/Drain Location	Dressing Type	Drainage	
<u>mepilex bilat hips - DSI</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>② mepilex x ii - DSI</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>③ flank Perc E opsite stat lock - DSI - cloudy brown/cream</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>midline Abd vac - DSI ; scant output</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>colost App - DSI</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: Perc flushed & 20cc NS.

PRESSURE INJURY ASSESSMENT (see staging below):

Stage 1: Non blanching, localized, reddened area

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

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

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

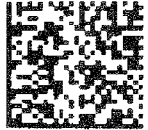
Unstageable: Full-thickness skin and tissue loss with extent of damage obscured by slough or eschars.

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

Location #1: _____	Location #2: _____	Location #3: _____	Location #4: _____
<input type="checkbox"/> At risk (reddened, blanching)	<input type="checkbox"/> 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: 2030 Time charted: 2130



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



SK UNKNOWN

MRN: RUH 1315031

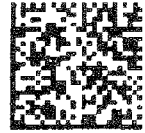
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

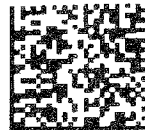
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 17/2022 0800	In bed. Face Mask over eyes. Resps related
0900	In bed & voiced concerns. Urina emptied per request. Pt states they just voided
1013	Pt given Img IV dilaudid for S/10 pain to the abdomen
1200	In bed. Denies needs
1422	Given Img IV dilaudid for S/10 pain to abdomen
1525	Hollisters removed from LLA. Sites cleansed with normal saline. Scout Sang drainage around wound. 2x2 mepilex applied to both sites. Bilateral lower Mepilex removed, adhesive removed. Cleansed with normal saline. RLQ intact perianth skin slightly red. LLQ slight black tissue sluff. adaptive applied with St. Somepilex applied
1736	Given by IV dilaudid for S/10 pain to abdomen
1900	In bed & voiced concerns
Jan 17/22 2055	NSS. NURSING assessment complete - see flow sheet. Pt denies nausea. Reports diffuse abd pain 8/10. Img IV Dilaudid given. Pt provided ice pack per request. Resting & call bell in reach.
2121	Pt resting in bed. Eyes closed. Resps easy; regular.
2254	Img IV Dilaudid given per request for ↑ abdo pain. Ice packs provided.
Jan 18/22 0006	Pt related analgesia. Eye mask on. Resps easy & regular.
0116	Pt wakes and voids normal. Ice pack and warm blanket provided per request.
0243	New bag pt hung. Pt continues to sleep. Eyes closed. Resps easy; regular.

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



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT

Date: January 18/2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																				
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																				
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____																					
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																					
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																					
Pain: Score (e.g. 0-10) <u>4/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdomen</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 _____																					
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 type="checkbox"/> Yes Type/location(s) _____																				
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																				
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																				
	Heart Sounds: <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2																				
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Infusion(s): (solution/rate)	<u>PPN</u>	<u>RL-TKVD</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: <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20%; text-align: center;">WHEEZE: INSPIRED/EXPIRED</td> <td style="width: 20%; text-align: center;">DECREASED AIR ENTRY</td> <td style="width: 20%; text-align: center;">ABSENT AIR ENTRY</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> Draw symbols on the lung diagram to indicate assessment </td> <td style="text-align: center;">= EQUAL AIR ENTRY</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED	WHEEZE: INSPIRED/EXPIRED	DECREASED AIR ENTRY	ABSENT AIR ENTRY		Draw symbols on the lung diagram to indicate assessment	= EQUAL AIR ENTRY											
		CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED	WHEEZE: INSPIRED/EXPIRED	DECREASED AIR ENTRY	ABSENT AIR ENTRY																
Draw symbols on the lung diagram to indicate assessment	= EQUAL AIR ENTRY																				
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANTERIOR</p> </div> <div style="text-align: center;"> <p>POSTERIOR</p> </div> </div>																					
Oxygen Therapy: <input type="checkbox"/> Room air <input checked="" type="checkbox"/> 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																					
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																					
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																					
Comments: _____																					

NURSING RECORD



SK UNKNOWN

MRN: RUH 1315031

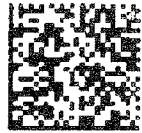
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



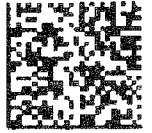
DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: _____																								
	GI <input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>FF</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input 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: <u>Stoma</u> Colour <u>Dark brown</u> Consistency/Size <u>soft</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</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>75</u> mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td>Midline Vac</td> <td>Vac drsg</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ nepilex - old drain site</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ nepilex old Ct site</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Lt perc drain</td> <td>stut block with tegaderm</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Bilateral necrotic sites</td> <td>nepilex</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		Midline Vac	Vac drsg	<input checked="" type="checkbox"/>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ nepilex - old drain site		<input checked="" type="checkbox"/>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ nepilex old Ct site		<input checked="" type="checkbox"/>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Lt perc drain	stut block with tegaderm	<input checked="" type="checkbox"/>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	Bilateral necrotic sites	nepilex	<input checked="" type="checkbox"/>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																									

PRESSURE INJURY ASSESSMENT (see staging below):

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

RN/LPN signature: _____ Assessment time: 0910 Time charted: 0830



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 18/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																					
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																					
PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																						
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																						
Muscle Strength: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Weak <input type="checkbox"/> Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																						
Pain: Score (e.g. 0-10) <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>diffuse abd</u>																						
Quality: <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____																						
Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other <u>1mg IV Dilaudid given for pain.</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 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>tachy 112-119</u> <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2																					
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																					
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td style="width: 20%;"><u>PIV</u></td> <td style="width: 20%;"><u>PIV</u></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R F/A</u></td> <td><u>L F/A-removed</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>opate</u></td> <td><u>opate</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 125</u></td> <td><u>PN @ 160</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>PIV</u>	<u>PIV</u>			Site/Condition:	<u>R F/A</u>	<u>L F/A-removed</u>			Dressing:	<u>opate</u>	<u>opate</u>			Infusion(s): (solution/rate)	<u>RL @ 125</u>	<u>PN @ 160</u>		
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Dressing:	<u>opate</u>	<u>opate</u>																				
Infusion(s): (solution/rate)	<u>RL @ 125</u>	<u>PN @ 160</u>																				
Comments: <u>IV interruptal. removed. 405 HR tachy. Denies chest pain.</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%; border: 1px solid black; padding: 2px;"> cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED wh WHEEZE: INSPIRED/EXPIRED ↓ DECREASED AIR ENTRY ABSENT AIR ENTRY = EQUAL AIR ENTRY </td> <td style="width: 40%; text-align: center;"> ANTERIOR R L L R </td> <td style="width: 40%; text-align: center;"> POSTERIOR R L L R </td> </tr> </table>		cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED wh WHEEZE: INSPIRED/EXPIRED ↓ DECREASED AIR ENTRY ABSENT AIR ENTRY = EQUAL AIR ENTRY	ANTERIOR R L L R	POSTERIOR R L L R																	
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	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																					
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																					
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____																					
	Comments: <u>Denies SOB or ↑ WOB.</u>																					

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

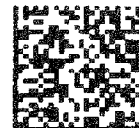
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



NIGHT SHIFT

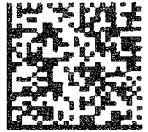
GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____
	Urine: <input type="checkbox"/> N/A Colour <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 I/O - using urinal at bedside.</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 type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Tender <u>midline</u>
	Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Last bowel movement: <u>colost</u> Colour <u>brown</u> Consistency/Size <u>soft/gumy</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent
	<input checked="" type="checkbox"/> Stoma: Type <u>colost</u> Site <u>R.C.</u> Colour <u>red</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 _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>Stoma red - Denies nausea.</u>

INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____																		
	Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry																		
	Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below)																		
	<input checked="" type="checkbox"/> NPWT at <u>-75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																		
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																			
Comments: <u>colost Hollister - 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: <u>looney</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] Assessment time: 2100 Time charted: 2301



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	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

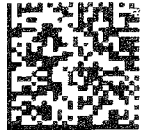
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

FEB-29-1981 40y IP V#10521726 M

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 18/22 0800	Pt sitting up in bed & voiced concerns
Jan 18/22 0830	Alert & oriented x3. States constant pain to abdominal at 4/10. Asked for Dilaudid push. RN aware. S ₁ S ₂ sounds normal. Radial & dorsalis pedis pulses felt bilat & normal. No adventitious breath sounds, clear throughout bilat. VAC drsg, LLQ mepilex, left perc drain, mepilex to bilat necrotic sites dressings dry and intact. Jaundice to eyes & skin noted. Using urinal at bedside. Voided amber.
0900	Given by IV dilaudid for b/10 pain to abdomen.
1112	Given by IV dilaudid for b/10 pain to abdomen. Pt reports he tried to sleep in new position last night and thinks the pain increase is due to that.
Jan 18/22 1200	voided yellow in urinal. Declines scheduled Tylenol.
Jan 18/22 1240	Coccyx Mepilex applied for protection due to skin breakdown. States not painful. Tegaderm applied over perc stat lock. Colostomy bag emptied. Small dark brown amount. No concerns at this time. Wife at bedside.
1400	Pt reports they do not think wound vac is on. After checked unit and confirmed it was off. Vac turned back on. Pt not sure when it turned off, and denies hearing any alarm from vac unit.
1431	Given by PRN lorazepam prior to vac drsg change
1507	Given by IV push dilaudid prior to vac drsg change

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

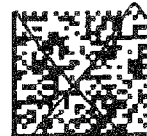
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

Errors

DATE/TIME	REMARKS
Jan 18/21 1515	Wound care im to do vac dressing change
1600	In bed. Pt states dressing change went well. Denies needs at this time
1700	Pt up to bathroom per self
1830	Given PRN morphine for S/O abdominal pain
1920	Given PRN antacid per request
1830	In bed & voiced concerns
Jan 18/22 2118	Pt received into care at 1930. Resting in bed - incontinent of stool per rectum. Pants and bedding changed. VSS. Afebrile. HR tachy 112. IV to @ F/A interstitial. PN on standby. Ice pack and warm blanket provided per request. 1mg IV Dilaudid given for S/O abdo pain. Resting & call bell in reach. <i>See per</i>
2120	Late entry: Nursing assessment complete - see flow sheet. <i>See</i>
2215	#226 IV started to @ wrist. Warm blanket provided per request. Pt settled to sleep following. Eye mark on. Resps easy & regular. <i>See</i>
Jan 19/22 0022	Pt given 1mg IV Dilaudid for ↑ abdo pain. Settled & analgesia. Resting quietly & eyes closed. Resps easy & regular. <i>See</i>
0111	Pt asleep. Eyes closed. Resps easy & regular. <i>See</i>
0835	Pt given 1mg IV Dilaudid for ↑ abdo pain. Settled & analgesia. Currently asleep. <i>See</i>
0908	Pt continues to sleep. Eyes closed. Resps easy & regular. <i>See</i>
0515	Pt awake. Requesting analgesia for abdo pain. 1mg IV Dilaudid given. <i>See</i>



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

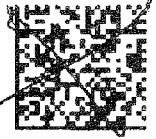
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

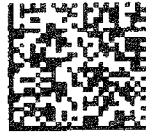
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 2 of 2

DATE/TIME	REMARKS
Jan 19/22	0657 Pt agitated. Lab into do Am BvV. Pt resting
	quietly i call bell in reach. <i>[Signature]</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 19/22

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

CNS/PSYCH/SOCIAL

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

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

PERLA: N/A Yes No - Describe _____

Numbness/Tingling: N/A Denies Yes Location _____

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

Pain: Score (e.g. 0-10) 7-8/10 Self-report Behavioural Tool _____ Location(s) abdomen

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: _____

CVS

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

Edema: None Yes Type/location(s) _____

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

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

Pneumatic Compression Stockings Antiembolic stockings

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

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

Telemetry: # 0 Cardiac Monitoring

Access type:	<u>peripheral</u>	<u>peripheral</u>		
Site/Condition:	<u>R AC</u>	<u>R F12</u>		
Dressing:	<u>D+I</u>	<u>D+I</u>		
Infusion(s): (solution/rate)	<u>RL @ 125ml/hr</u>	<u>PPN cycled</u>		

Comments: _____

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

CRACKLES: FINE/COARSE INSPIRED/EXPIRED

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 _____ L/min Simple mask _____ L/min
 CPAP/BiPAP at _____ Other _____ at _____ L/min

Chest Tube: Type 0 Location _____ Dressing _____
 Drainage - Colour _____ Gravity Suction _____ cmH₂O Bubbling Tidaling

Trach: Type 0 Size _____ Cuffed Uncuffed Other _____

Comments: _____

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

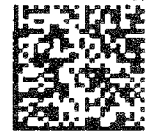
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

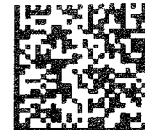


DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>unseen</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>urinal @ bedside</u>						
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>FF</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per stoma</u> Colour <u>brown</u> Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colostomy</u> 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: <u>FF diet & DAT snacks</u>						
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input checked="" type="checkbox"/> Yes (At risk) (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____						
		Wound/Incision/Drain Location	Dressing Type		Drainage		
		<u>Midline abdomen</u>	<u>Activac</u>		<u>scart sang</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
		<u>LLQ abdomen</u>	<u>mepilex x 3</u>		<u>∅</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
		<u>RLQ abdomen (old necrotic site)</u>	<u>OTA</u>		<u>∅</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>Ⓛ Flank perc</u>			<u>scart purulent</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.			
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 type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	

RN/LPN signature: [Signature] Assessment time: 0900 Time charted: 1030



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 19/22

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

CNS/PSYCH/SOCIAL

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

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

PERLA: N/A Yes No - Describe _____

Numbness/Tingling: N/A Denies Yes Location _____

Muscle Strength: N/A (Normal/Weak/Absent) RUE 2 LUE 2 RLE 2 LLE 2

Pain: Score (e.g. 0-10) 6/10 Self-report Behavioural Tool Location(s) _____

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: pt alert + responsive, states 6/10 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>PIV</u>		
Site/Condition:	<u>R @ a/c</u>		
Dressing:	<u>trauma</u>		
Infusion(s): (solution/rate)	<u>RL @ 125</u>		

Comments: HR - 111 BP - 124/79

RESPIRATORY

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

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

Breath Sounds:

Draw symbols on the lung diagram to indicate assessment.

CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED

WH WHEEZE: INSPIRED/EXPIRED

↓ DECREASED AIR ENTRY

■ ABSENT AIR ENTRY

= EQUAL AIR ENTRY

ANTERIOR

R L

POSTERIOR

L L R

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: pt resp easy, SpO2 94% on RA

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

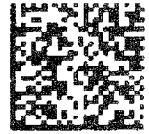
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FEB-23-1981 40y IP V#10521726 M

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



NIGHT SHIFT

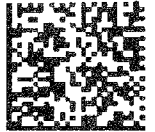
GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>pale 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>pt uses urinal at bedside.</u>																										
	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>today</u> Colour <u>brown</u> Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>stoma (colostomy)</u> Site _____ Colour <u>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 tolerates diet well, empties colostomy per self.</u>																										
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td>midline abd.</td> <td>Activac</td> <td>sero sang</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ abd</td> <td>Miplix X3</td> <td>⊗</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>RLQ abd (old JP)</td> <td>OTR</td> <td>⊗</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>⊗ flank perc.</td> <td></td> <td>SCANT, purulent</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage		midline abd.	Activac	sero sang	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ abd	Miplix X3	⊗	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	RLQ abd (old JP)	OTR	⊗	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	⊗ flank perc.		SCANT, purulent	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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⊗ flank perc.		SCANT, purulent	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																								
			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																								
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																											

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: R. Vanthorne RA

Assessment time: 2015

Time charted: 2015



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

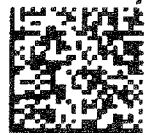
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

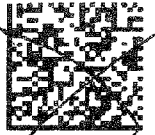
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
January 19/22 1015	Pt asleep on shift onset. Resps easy. 8/10 pain @ 0800. Requested Dilaudid. 1mg IV push given @ 0930. States pain subsided to 3/10 and comfortable. Resps easy. M. Mueh, NS-SCBScN
January 19/22 1020	Alert & oriented x3. Cap refill adequate. PPP* radial and dorsalis pedis. Strong. S1S2 heard & normal. Air entry clear throughout lungs bilat. No adventitious sounds. Abdominal pain manageable at this time. VAC running @ 75 mmHg. Tegaderm on perc line due for a change as well as LLQ necrotic site drsg. Pt requested to change this afternoon. No concerns with voiding. Urinal at bedside. Wife at bedside helping with care. M. Mueh, NS-SCBScN
1100	VSS on initial a.m. assessment. Writer agrees & nursing student above assessment. M. Mueh, NS-SCBScN
1130	Pt requested Dilaudid PRN for pain. 1mg IV pushed. Will continue to monitor. M. Mueh, NS-SCBScN
1200	Pt refused Tylenol. Tylenol from morning was found @ bedside & discarded. M. Mueh, NS-SCBScN
1425	Dilaudid 1mg IV given @ 1340 for ongoing pain management. Pt's wife @ bedside. voiced concerns @ present. M. Mueh, NS-SCBScN
1500	Pt's abdomen dressings changed. LLQ Mepilex drsg soaked 80%. Serous. Second drsg LLQ Mepilex 30% Serous with minimal purulent. LUQ Mepilex drsg minimal Serous & minimal purulent. Washed with NS & dried. Adaptive barrier applied under LLQ Mepilex. Pt tolerated well. No complaints. M. Mueh, NS-SCBScN
1550	Colostomy bag emptied. ~50 mL brown. Wife at bedside. No concerns. M. Mueh, NS-SCBScN
1600	LLQ stat lock to perc drain Ad. Perc insertion site reddened & tender & scant purulent drainage to site. cleaned & NS. new stat lock applied. voiced concerns. M. Mueh, NS-SCBScN

Continued on Progress Record - Nursing (form #101434)



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Jan 19/22 @ 1840	Ø nocturnal feeds tonight. will start tomorrow once ACS inserts small bore NG tube per Mr. Russell. Pt has Ø concerns @ present. <i>J. L. Brown</i>
1900	Peripheral IV to (R) Flx interstitial, removed. New #20 G IV inserted to (R) hand. Pt. tolerates well. Ø voiced concerns. <i>J. L. Brown</i>
Jan 19/22 2030	Pt. received into care, A+O x3, starts 6/10 pain. VSS, assessment + safety checks complete. Meds given per MAR. 1mg IV Dilaudid given, Ø concerns. <i>A. Vanthuyne RN</i>
2300	Pt given 1mg Dilaudid IV, Ø concerns. <i>A. Vanthuyne RN</i>
2345	Pt. asleep, resp 18/min, Ø voiced concern. <i>A. Vanthuyne RN</i>
Jan 20/22 0045	Pt. appears asleep, resp easy, Ø concerns. <i>A. Vanthuyne RN</i>
00200	warm blanket and icepack provided per request, voiced Ø other needs. <i>Emerie RN</i>
0340	Pt appears asleep. resp easy, Ø voiced concern. <i>A. Vanthuyne RN</i>
0410	1mg IV Dilaudid given as per pt request, Ø concerns. <i>A. Vanthuyne RN</i>
0545	Erythromycin started, pt appears asleep, resp easy, Ø concerns. <i>A. Vanthuyne RN</i>
0610	Pt Tylenol given 075mg, Ø concerns. <i>A. Vanthuyne RN</i>
0630	1mg Dilaudid IV given, Ø concerns. <i>A. Vanthuyne RN</i>
0705	Ciprofloxacin initiated, pt appears asleep, Ø voiced concerns. <i>A. Vanthuyne RN</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 20/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____	
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____	
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____	
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>mild</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>LLQ abd</u> Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____ Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>Given 1mg IV Dilaudid at 0845 for pain some effective. + headache + dizziness + lightheadedness call bell in room. up per call +</u>	
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ S1 <input checked="" type="checkbox"/> S2 Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring	
	Access type:	<u>peripheral IV</u>
	Site/Condition:	<u>Rt hand</u>
	Dressing:	<u>DTE</u>
	Infusion(s): (solution/rate)	<u>RLQ 100ml/hr</u>
Comments: <u>Bp: 107/02 P: 125. Denied chest pain</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 checked="" type="checkbox"/> ABSENT AIR ENTRY = EQUAL AIR ENTRY Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min <input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>SpO2 92% on RA RR: 20 + SOB noted + denied sense</u>	

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

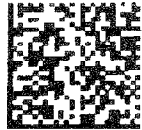
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

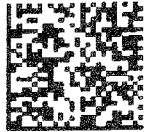


DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <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: <u>Urinal + bedside</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input 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>X4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ Last bowel movement: <u>ostomy</u> Colour <u>brown</u> Consistency/Size <u>loose</u> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent _____ <input checked="" type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>RLA</u> Colour <u>pink</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: <u>pt able to empty colost pt sat. Denied nausea</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 <u>75</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>midline inc</td> <td>active</td> <td>scant serous</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LT Flank para</td> <td>stitch</td> <td>scant brown</td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LT LLQ old TR site</td> <td>mpix</td> <td>∅</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ old CT site</td> <td>mpix</td> <td>∅</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ old HTT site</td> <td>mpix</td> <td>∅</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		midline inc	active	scant serous	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LT Flank para	stitch	scant brown	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	LT LLQ old TR site	mpix	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ old CT site	mpix	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ old HTT site	mpix	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																									
Comments: <u>RLQ old metabolic site OTA. ∅ drainage.</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 eschar. 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: 0930 Time charted: 0758





RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: JAN 20/22

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

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> 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>7/10</u> <input checked="" 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 checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: <u>pt alert + responsive, states pain at 7/10 on assessment.</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 type="checkbox"/> S2</p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>P IV</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R hand</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Tegaderm</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100 cc/hr</u></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>BP- 111/72 P- 121</u></p>	Access type:	<u>P IV</u>			Site/Condition:	<u>R hand</u>			Dressing:	<u>Tegaderm</u>			Infusion(s): (solution/rate)	<u>RL @ 100 cc/hr</u>		
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Infusion(s): (solution/rate)	<u>RL @ 100 cc/hr</u>																
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="margin-right: 10px;"> <p><input type="checkbox"/> cr CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ■ ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="flex-grow: 1;"> <p style="text-align: center;">ANTERIOR POSTERIOR</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>R</p>  </div> <div style="text-align: center;"> <p>L L</p>  </div> </div> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH₂O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: <u>pt resps free + easy, SpO2 96%</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



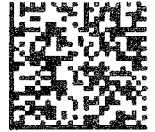
NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>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>pt uses urinary at bedside</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DFT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>4</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>today</u> Colour _____ Consistency/Size <u>loose</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>colostomy</u> Site <u>RLO</u> Colour _____ <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>vital peptide</u> Rate <u>75</u> mL/hr Tube Site Appearance: <u>healthy</u> Comments: <u>pt reports nausea. Holdol given pr MAR. Nocturnal feed from 1900 - 700</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td>midline vac</td> <td>ACTIVAC</td> <td>scant serosangu</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Lt perc/flank</td> <td>STAT LOCK</td> <td>scant brown</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Lt LQ old JP</td> <td>miplex</td> <td>Q</td> <td><input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ old LT site</td> <td>miplex</td> <td>Q</td> <td><input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ old HIT site</td> <td>miplex</td> <td>Q</td> <td><input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		midline vac	ACTIVAC	scant serosangu	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Lt perc/flank	STAT LOCK	scant brown	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Lt LQ old JP	miplex	Q	<input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	LLQ old LT site	miplex	Q	<input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	LLQ old HIT site	miplex	Q	<input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*
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<p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> <p>Comments: <u>miplex to all LLQ sites Δed.</u></p>																									
<p>PRESSURE INJURY ASSESSMENT (see staging below):</p> <table border="1"> <tr> <td> 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 </td> <td> 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. </td> </tr> </table>				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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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: A. VanHuyse RN

Assessment time: 2000

Time charted: 2130



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)
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	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

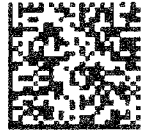
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 20/22 0845	pt rang call bell. Given Img IV dilaudid for left flank pain per request. <u>R Walker R</u>
0935	Assessment completed. Safety checks done. VSS, C.I.I bell in reach. pain improved since dilaudid. Given Am med. Nursing student in to see pt. Will monitor. <u>R Walker R</u>
1030	pt up for walk down hallway & walker. wife with pt. <u>R Walker R</u>
1110	Given Img IV dilaudid for pain. <u>R Walker R</u>
1130	2g mg sulphate IV x 1 per order. <u>R Walker R</u>
1145	ECG complete per order. <u>R Walker R</u>
1200	Sitting at bedside eating lunch. <u>R Walker R</u>
1350	Given Img IV dilaudid for pain. <u>R Walker R</u>
1405	pt up for walk & wife. <u>R Walker R</u>
1500	Sleeping. Resps easy. <u>R Walker R</u>
1615	Given Img IV dilaudid for pain. <u>R Walker R</u>
1710	Nurse in to see pt. pt and family requesting NG insertion for tube feeds. Dr. Ryan agreeable to same as pt had & PO intake today. NG small bore inserted by Megan Ryan. Given 50mg IV granol prior to same for nausea. <u>R Walker R</u>
1735	Ext. completed for NG placement. <u>R Walker R</u>
1901	Visitor at bedside. Perc drain flushed & 20ml NS @ 1600 per order. JP ^{line} emptied & 50ml brown output. Tube fixed. initiated vit/peptide at 75ml/hr per order. placement confirmed by Dr. Ryan. <u>R Walker R</u>
Jan 20/22 2000	pt. returned into care. A+O x3, starts 7/10 pain. VSS, assessment + safety checks complete. Img IV Dilaudid given, 1.25mg Halidol given for nausea & voiced coughs.

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

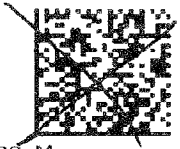
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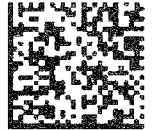
FAM: FRASER, JILLIAN



**NURSING
PROGRESS RECORD**

Page 1 of 2

DATE/TIME	REMARKS
Jan 20/22 cont.	Pt left to rest. ————— K. Vanthunpe RN
2230	Pt requesting IV dilaudid, 1mg given. Pt.
	actively vomited med. amount creaming
	liquid, given tube feed regurg. 50mg
	Caraval given, will monitor. ————— K. Vanthunpe RN
0120	Pt. asleep, resp easy, & voiced concerns.
	————— K. Vanthunpe RN
0230	Icepack provided per request. Voiced
	& other needs. Resting well in
	bed, resp relaxed ————— E. Meier RN
0245	Rang c/o 9/10 ABD pain, dilaudid 1mg
	IV given. Warm blanket provided.
	Voiced & other needs ————— E. Meier RN
0345	Pt. asleep, resp easy, & voiced concerns.
	————— K. Vanthunpe RN
0440	Pt requesting IV push dilaudid. Same done,
	pt back to rest, & concerns. ————— K. Vanthunpe RN
0630	Pt antibiotic initiated, Ins + QAS completed.
	& concerns. ————— K. Vanthunpe RN



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: January 20/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																
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	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>9/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>Abdomen diffuse x 4 quadr</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 _____ Comments: <u>Dilaudid 1mg IV given 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 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 type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2																
	Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>S1</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Hand Diff/flushing</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>bagaderm</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL at 125 ml/hr</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>S1</u>			Site/Condition:	<u>Hand Diff/flushing</u>			Dressing:	<u>bagaderm</u>			Infusion(s): (solution/rate)	<u>RL at 125 ml/hr</u>		
Access type:	<u>S1</u>																
Site/Condition:	<u>Hand Diff/flushing</u>																
Dressing:	<u>bagaderm</u>																
Infusion(s): (solution/rate)	<u>RL at 125 ml/hr</u>																
Comments: <u>ILB 128</u>																	
RESPIRATORY	Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles																
	Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____																
	Breath Sounds: <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY																
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> Draw symbols on the lung diagram to indicate assessment. </div> <div style="text-align: center;"> </div> </div>																
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																	
<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: _____																	

NURSING RECORD

SK UNKNOWN

MRN: RUH 1315031

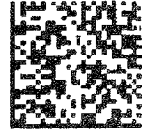
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN

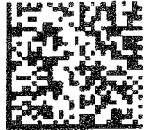


DAY SHIFT

U	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>Amber</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____			
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>RF + Reg</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input checked="" type="checkbox"/> Tender <u>x 4 quad</u> Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>Jan 21/22</u> Colour _____ Consistency/Size _____ <input checked="" 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 checked="" type="checkbox"/> Tube Feed: Formula <u>Nocturnal vital</u> Rate <u>75</u> mL/hr Tube Site Appearance: _____ Comments: _____			
I	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" 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 _____			
	Wound/Incision/Drain Location	Dressing Type	Drainage	
	<u>Incision</u> Midline Vas dressing	<u>Vas</u>	<u>brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>Re Q old necrotic site</u>	<u>OTA</u>	<u>S</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>Colostomy Appliance</u>	<u>Appliance</u>	<u>yellow</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Flank</u> <u>abdomen</u>	<u>Mepilex</u>	<u>S</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	
<u>Peric drain to stat back</u>	<u>occlusive</u>	<u>brown - Perulex</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	
*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 #104265 TRIAL Comments: <u>Coccyx Mepilex-</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: 0830 Time charted: 1000



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 21/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____		
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____		
	PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____		
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u> Pain: Score (e.g. 0-10) <u>5/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>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 checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____ Comments: <u>SR Admin'd; 1mg IV Oxycodone @ 2100h</u>		
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____ Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input 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>PICC</u>		
	Site/Condition: <u>① Arm Pat'd x2</u>		
	Dressing: <u>DTI Compression</u>		
	Infusion(s): <u>25ml/hr RL</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; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px; font-size: 8px;"> Draw symbols on the lung diagram to indicate assessment. </div> <div style="font-size: 8px;"> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY </div> <div style="margin-left: 20px;"> <p style="text-align: center;">ANTERIOR POSTERIOR</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>R</p> </div> <div style="text-align: center;"> <p>L L</p> </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>R</p> </div> <div style="text-align: center;"> <p>L L</p> </div> </div> </div> </div>		
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min		
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding <input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____ Comments: <u>lung A/E & ment'd dxn to bases @ 2100h</u> <u>@ NUTR</u>			

NURSING RECORD

Page 4 of 6



SK UNKNOWN

MRN: RUH 1315031

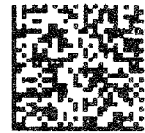
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



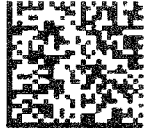
NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>seen</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>Urinal @ Bedside</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>Reg F TPOH</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>Jan 2/22</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>RUB</u> Colour <u>RUB</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Udal Peptidex</u> Rate <u>60</u> mL/hr Tube Site Appearance: <u>Healthy</u> Comments: <u>denis N/A on assessment</u>																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Midline Vac dressing</u></td> <td><u>Vac</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Ⓡ LQ abd reddish area OTA</u></td> <td></td> <td><u>Ø</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>colostomy Appliance</u></td> <td></td> <td><u>yellow</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Ⓡ Flank Mequl</u></td> <td></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Ⓢ Peric drain</u></td> <td><u>occlusion</u></td> <td><u>Brown</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Midline Vac dressing</u>	<u>Vac</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Ⓡ LQ abd reddish area OTA</u>		<u>Ø</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>colostomy Appliance</u>		<u>yellow</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Ⓡ Flank Mequl</u>		<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Ⓢ Peric drain</u>	<u>occlusion</u>	<u>Brown</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	Wound/Incision/Drain Location	Dressing Type	Drainage																						
	<u>Midline Vac dressing</u>	<u>Vac</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																					
	<u>Ⓡ LQ abd reddish area OTA</u>		<u>Ø</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																					
<u>colostomy Appliance</u>		<u>yellow</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>Ⓡ Flank Mequl</u>		<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																						
<u>Ⓢ Peric drain</u>	<u>occlusion</u>	<u>Brown</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: <u>Lower complex P+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: [Signature] Assessment time: 2000 Time charted: 2130



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 leebly 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

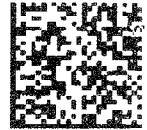
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

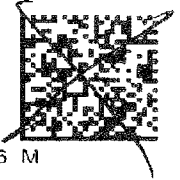
ATN: SOTHILINGAM, NIROSHAN

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
January 21/22 0830	Patient received into care at 0747. Patient laying in bed & eyes closed, resp easy. Woke to voice. Medical imaging called. States can go for PICC line in 15 mins. Imaging aware of blood thinner pt is on. Nurses can still get PICC. <i>M. D. M.</i>
0900	Pt aware of PICC. Education provided on PICC. Pt voice q/w pain to abdomen & quadrants. Dilaudid 2 mg given. Transferred via stretcher to Radiology medical imaging. <i>M. D. M.</i>
0940	Patient returned from PICC insertion. Bed rest till 1100 as per order. Dried blood at (L) PICC arm. Pressure dressing in place. <i>M. D. M.</i>
January 21/22 1240	Late Entry @ 0800 Pt in bed resting at the start of shift. VS taken ⁰⁸⁰⁰ 0800 - see chart. Pt taken down for PICC insertion. <i>N. Wang, U.S. NS</i>
	@ 0930 pt back from PICC Lab on 2hrs bed rest per orders. <i>N. Wang, U.S. NS</i>
	@ 0950 pt in bed resting after PICC insertion. Pt alert and orientated x3. Pt alert and orientated x3. Pt appears jaundiced especially to sclera of eyes. S and L2 audible, slightly tachycardic, no extra heart sounds. A/E equal no adventitious sounds. (L) Perc drain dry and intact. L-LP meqix dressing Dti, medline vac dressing dry and intact, vac running @ 75mmHg, no drainage noted, r-LP ostomy bag empty, peristoma skin integ. intact, no exudate noted. BS present x4 PPP bilat, movement and sensation present bilat, cap refill >3, skin slightly dry and pale bilat in lower extremities. <i>N. Wang, U.S. NS</i>
	@ 035 am meds administered, pt tolerated well. Perc drain flushed with 20mL NS, patent. <i>N. Wang, U.S. NS</i>

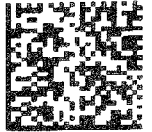
Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 24/22	@ 1109 RLP ostomy bag drained, 50mL - N, Urang Usara NS @ 1150 noon med prepared and taken to pt. Pt refused ^{tylenol} medication. Pt stated tylenol would "upset" stomach, denied any nausea or dizziness. sed tylenol. Pt stated tylenol "upset" stomach, denied any nausea or dizziness. N, Urang Usara NS
1420	#22g Ovarist saline lock removed, pt tolerated well, catheter intact, no bleeding noted. Pressure applied to site with drain sponge and Uf OTR, no other concerns. N, Urang Usara NS
1445	Lorazepam 1mg (1 tab) PO PRN administered for VAC wound change. N, Urang Usara NS
1700	PRN meds administered, pt tolerated well, no concerns. N, Urang Usara NS
1700	swabbed for Covid 19. POCT done by RN charge. Patient wife at bedside. Assisted in PPE. Call bell at reach. <i>[Signature]</i>
@ 2130	pt returned after report of OX3 pleuritic coughs c/o pain on inspiration; 'gin by demand 1UP. IT started @ 00ml/hr per drain flushed per protocol, pt had bath/wound concerns, warm blanket provided in 10% peak for neck/dennis. <i>[Signature]</i>
@ 2130	T-37°, HR 119, 147/76, 18% RA. <i>[Signature]</i>
@ 2310	pt gin warm blanket. <i>[Signature]</i>
@ 0017	pt gin by demand 1UP for rib pain. <i>[Signature]</i>
@ 0100	pt esophageal nsgs away. <i>[Signature]</i>
@ 0339	pt had emesis x1. Tube fed on hold for an hour BLE 100 while TF off. Cont... <i>[Signature]</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: January 22/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																						
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																						
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																							
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																							
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																							
Pain: Score (e.g. 0-10) <u>yes</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Abdomen & quad.</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>Next dilaudid dose due at 0900 + 0930. Patient laying on back eye closed, unresponsive</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 checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input checked="" type="checkbox"/> S1 <input type="checkbox"/> S2																						
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																						
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Upper arm/DIT</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>tegaderm</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL at 100ml/hr</u></td> <td></td> <td></td> </tr> </table>			Access type:	<u>PICC</u>			Site/Condition:	<u>Upper arm/DIT</u>			Dressing:	<u>tegaderm</u>			Infusion(s): (solution/rate)	<u>RL at 100ml/hr</u>						
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Site/Condition:	<u>Upper arm/DIT</u>																						
Dressing:	<u>tegaderm</u>																						
Infusion(s): (solution/rate)	<u>RL at 100ml/hr</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: <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;"> Draw symbols on the lung diagram to indicate assessment. </td> <td style="width: 20%;"> <input type="checkbox"/> CR 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> <input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED </td> <td></td> <td style="text-align: center;">R</td> <td style="text-align: center;">L L</td> </tr> <tr> <td> <input type="checkbox"/> ↓ DECREASED AIR ENTRY </td> <td></td> <td></td> <td></td> </tr> <tr> <td> <input checked="" type="checkbox"/> ABSENT AIR ENTRY </td> <td></td> <td></td> <td></td> </tr> <tr> <td> = EQUAL AIR ENTRY </td> <td></td> <td></td> <td></td> </tr> </table>			Draw symbols on the lung diagram to indicate assessment.	<input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR	<input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED		R	L L	<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																			
<input type="checkbox"/> ↓ DECREASED AIR ENTRY																							
<input checked="" type="checkbox"/> ABSENT AIR ENTRY																							
= EQUAL AIR ENTRY																							
Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O 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>RR 22</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: GILL, DILIP
FAM: FRASER, JILLIAN

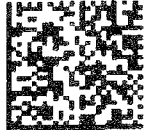


DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>Dark amber & Jaundice</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Odour Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A <u>0</u> Comments: _____																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>Reg - T F</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>HY</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>Colostomy</u> Colour _____ Consistency/Size _____ <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>Upper quad</u> Colour <u>pink</u> <input type="checkbox"/> Bridge <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>59</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>Peptide 1.5</u> Rate <u>60</u> mL/hr Tube Site Appearance: <u>DI</u> Comments: <u>TF stopped in AM per order</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Wound/Incision/Drain Location</th> <th style="width: 30%;">Dressing Type</th> <th style="width: 30%;">Drainage</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><u>Midline incision</u></td> <td><u>Vac dressing</u></td> <td><u>0</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>old drain site L2 Q</u></td> <td><u>Theriplex</u></td> <td><u>0</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Q L2 old necrotic site</u></td> <td><u>OTA</u></td> <td><u>0</u></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Perc Drain Q lateral thoracic</u></td> <td><u>occlusive & steri-ock</u></td> <td><u>Brown/purulent</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> Comments: _____	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Midline incision</u>	<u>Vac dressing</u>	<u>0</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>old drain site L2 Q</u>	<u>Theriplex</u>	<u>0</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Q L2 old necrotic site</u>	<u>OTA</u>	<u>0</u>	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Perc Drain Q lateral thoracic</u>	<u>occlusive & steri-ock</u>	<u>Brown/purulent</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*																						

PRESSURE INJURY ASSESSMENT (see staging below):			
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: M. Gill Assessment time: 0800 Time charted: 0845



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 22/2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																					
	Affect: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																					
	PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																					
	Numbness/Tingling: <input type="checkbox"/> N/A <input type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____ Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE _____ LUE _____ RLE _____ LLE _____ Pain: Score (e.g. 0-10) <u>8/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>upper ABD quadrants</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>SR Patient - try Naloxone 1mg qin for pr for vitals!</u> <u>upper ABD</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 type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <input type="checkbox"/> S1 <input type="checkbox"/> S2 Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____ <input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																					
	Access type: <u>DICC</u>																					
	Site/Condition: <u>LA in Portex</u>																					
	Dressing: _____																					
	Infusion(s): (solution/rate) <u>RL @ TKOFT</u>																					
	Comments: _____																					
	RESPIRATORY	Respirations: <input type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles Cough: <input 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%;"> <table border="0"> <tr> <td><input type="checkbox"/> cr</td> <td>CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="text-align: center;">ANTERIOR</td> <td 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 L</td> </tr> <tr> <td><input type="checkbox"/> ↓</td> <td>DECREASED AIR ENTRY</td> <td colspan="2" style="text-align: center;"> </td> </tr> <tr> <td><input type="checkbox"/> ■</td> <td>ABSENT AIR ENTRY</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> =</td> <td>EQUAL AIR ENTRY</td> <td></td> <td></td> </tr> </table> </div> </div>	<input type="checkbox"/> cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR	<input type="checkbox"/> wh	WHEEZE: INSPIRED/EXPIRED	R	L L	<input type="checkbox"/> ↓	DECREASED AIR ENTRY			<input type="checkbox"/> ■	ABSENT AIR ENTRY			<input type="checkbox"/> =	EQUAL AIR ENTRY		
		<input type="checkbox"/> cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR																	
		<input type="checkbox"/> wh	WHEEZE: INSPIRED/EXPIRED	R	L L																	
<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																						
<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>500B adequate 14E 7/0</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: GILL, DILIP
 FAM: FRASER, JILLIAN

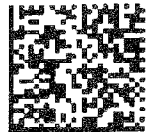


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments: <u>usual @ Bedside</u>		
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT! TF</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis <input type="checkbox"/> Calorie Counts Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>4/4</u> <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Absent <input type="checkbox"/> Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>12/22</u> Colour <u>Brown</u> Consistency/Size <u>hard</u> <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>right flank (P100)</u> Colour <u>Pink</u> <input type="checkbox"/> Bridge <input type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input checked="" type="checkbox"/> Secured at/External length <u>59</u> cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula <u>Udal peptide 1.5</u> Rate <u>40</u> mL/hr Tube Site Appearance: <u>Healthy</u> Comments: <u>at 40 ml/hr - adjusting rate increase @ this time of N/W on patient</u>		
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____		
		Wound/Incision/Drain Location	Dressing Type
		<u>Midline vac dressing</u>	<u>onepdr</u>
		<u>Old drain P10</u>	<u>onepdr</u>
		<u>P100 necrotic site</u>	<u>OTA</u>
	<u>(B) Mephr flak</u>	<u>1 mephr (old CT site)</u>	
	<u>Cocaine</u>	<u>Mephr</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>perc drain @ side @ chum. stat loc</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: 2130 Time charted: 2159



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)
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	Time: _____ Initials: _____
	<input type="checkbox"/> ROHO@ cushion <input type="checkbox"/> Encourage mobility. <input type="checkbox"/> Patient/Family education provided	
	<input type="checkbox"/> Other _____	

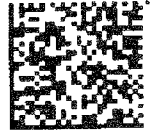
NURSING RECORD

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: GILL, DILIP
FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
January 27 22 0800	<p>Return up in bathroom ²³⁰¹ Return. Pt received into care at 0747. Pt lying in bed. Voice: has abdominal pain. Remains asleep. Appears comfortable. Next dose not due. Meal tray brought. TF stopped as per order. ——— MTH, RN</p>
1000	<p>Patient lying in bed. Pad changed for small loose BM. Voided 200 ml of dark/orange coloured urine. Patient appears tired. Voice: feeling unwell. States has nausea. Given granol 50mg IV. Voice: does not want to eat. ——— MTH, RN</p>
1100	<p>Patient moved to room 5013 per charge nurse direction. Bilirubin 118. Patient Jaundice. Wif of pt at bedside. Voice: pt does not feel well continued increased pain. Vital signs stable, resp 24. Patient has eyes closed, resp easy & laboured VRS. ——— MTH, RN</p>
1230	<p>Dilaudid IV 1mg given for pain. Dr. Templeton paged regarding patient drowsiness, blood work, nausea and pain. Patient states feels anxious. No page back from doctor. ——— MTH, RN</p>
1330	<p>Doctor paged. Answered via phone call. Verbal orders processed. Dr. Templeton states will come over. pt ——— MTH, RN</p>
1340	<p>Ativan 1mg PO given and haloperidol given for anxiety. ——— MTH, RN</p>
1500	<p>Picc dressing changed, dilaudid 1mg IV given for pain. Voice & other concerns. ——— MTH, RN</p>
1830	<p>Patient confuse voicing words out of context. 4+0x3. & pruritic. Pt states "I am chasing cow". & auditory hallucinations. & visual hallucinations. Doctor and charge nurse notified. ——— MTH, RN</p>
1900	<p>Dr. Templeton in to see pt. Vital signs stable. Ammonia level drawn and sent. ——— MTH, RN</p>

Continued on Progress Record - Nursing (form #101434)



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

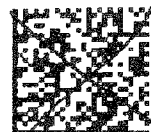
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FEB-23-1981 40y IP V#10521726 M

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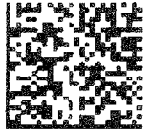
FAM: FRASER, JILLIAN



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
January 22/22 1930	Patient lying in bed. State is dreaming. Ciprofloxacin infusing. Call bell at reach. Visitor at bedside. <i>JM</i>
@2150	pt reund A:Ox3 c/o pin to @:R eqn good ABO: Ribs in Schulte R dilated & long dilated IVP & good effort pts sides appropriate to unit assess of lab values or response to of response to active or usual lab values all during D+7. Ammonia level normal pt comatose & seems asleep in bed all belly in reach <i>JM</i>
@2105	VSS → T 36.8, HR 108, BP 122/76 VRR-20 94% RA <i>JM</i>
@2315	pt reported 1 gm dilated long IVP & good effort & other concerns voiced <i>JM</i>
@0040	pt in warm blanket could compress long IVP dilated for 8/10 pin & good effort & further voiced concerns <i>JM</i>
@0318	pt had a bout of emesis felt better afterwards dilated long IVP gm for pin bllwonds & further voiced concerns <i>JM</i>
@0653	pt c/o ABO pin: nausea gm dilated: good IVP for some pt ventral feed stopped due to content nausea had one more episode of pure tube feed emesis TF stopped R @ 100ml/hr @ the time VSS as charted & other voiced concerns reported 'engled drain: pouch phone was flud before sheet BW drain pt comatose asleep call bell in reach <i>JM</i>



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: J23

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																
	PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																
	Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																
	Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																
	Pain: Score (e.g. 0-10) <u>6/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Rid cage</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 <u>IR 1mg PRN Diclofenac 75mg PO q 6h</u>																
	Comments: <u>SPH</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 <u>S1 S2</u>																
	Chest Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																
	<table border="1"> <tr> <td>Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Rt brach d.t.</u></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><u>heparin 1000U/ml</u></td> <td></td> <td></td> </tr> </table>	Access type:	<u>PICC</u>			Site/Condition:	<u>Rt brach d.t.</u>			Dressing:				Infusion(s): (solution/rate)	<u>heparin 1000U/ml</u>		
Access type:	<u>PICC</u>																
Site/Condition:	<u>Rt brach d.t.</u>																
Dressing:																	
Infusion(s): (solution/rate)	<u>heparin 1000U/ml</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 _____																
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	<input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED	ANTERIOR	POSTERIOR														
<input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED	R	L L R															
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<input type="checkbox"/> ABSENT AIR ENTRY																	
= 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 437 RA SPH</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: GILL, DILIP

FAM: FRASER, JILLIAN



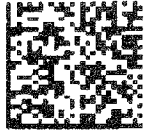
DAY SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input checked="" type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A Comments: _____ <i>wound emptied @ ~400ml @ ped's clc.</i>																				
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <i>REG</i> <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 <i>su</i> <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 <i>colostomy</i> Site <i>RWA</i> Colour <i>brn</i> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length <i>unknown</i> <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: _____ <i>red dress NG tape. dress nucha @ present</i>																				
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" 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 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 <i>75</i> 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><i>midline Abdo</i></td> <td><i>VAC @ 75mm</i></td> <td><i>0</i></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><i>(L) LQ Abt</i></td> <td><i>3x neplex to old chest tube/neurotic site</i></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><i>L post back PERC</i></td> <td><i>plask 10NL</i></td> <td><i>se sang</i></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><i>COCCYX</i></td> <td><i>neplex</i></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		<i>midline Abdo</i>	<i>VAC @ 75mm</i>	<i>0</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<i>(L) LQ Abt</i>	<i>3x neplex to old chest tube/neurotic site</i>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<i>L post back PERC</i>	<i>plask 10NL</i>	<i>se sang</i>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<i>COCCYX</i>	<i>neplex</i>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL																					
Comments: _____																					

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: *JMC [Signature]* Assessment time: *0845* Time charted: *0917*



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 23/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____																															
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____																															
PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____																																
Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____																																
Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u>																																
Pain: Score (e.g. 0-10) <u>3/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>9 ABD @ 10:00 & 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 _____																																
Comments: <u>give 1mg dilaudid IV, scheduled 3R dilaudid on assessment</u>																																
CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic																															
	Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____																															
	Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																															
	Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent																															
	<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings																															
	Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input type="checkbox"/> S1 <input type="checkbox"/> S2																															
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____																															
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring																															
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Access type:</td> <td><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R Arm/Patent</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D+I</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 100</u></td> <td></td> <td></td> </tr> </table>		Access type:	<u>PICC</u>			Site/Condition:	<u>R Arm/Patent</u>			Dressing:	<u>D+I</u>			Infusion(s): (solution/rate)	<u>RL @ 100</u>																
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Dressing:	<u>D+I</u>																															
Infusion(s): (solution/rate)	<u>RL @ 100</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: <table style="width:100%;"> <tr> <td style="width: 20px; text-align: center;">cr</td> <td>CRACKLES: FINE/COARSE INSPIRED/EXPIRED</td> <td style="width: 20px; text-align: center;">R</td> <td style="width: 20px; text-align: center;">L</td> <td style="width: 20px; text-align: center;">L</td> <td style="width: 20px; text-align: center;">R</td> </tr> <tr> <td style="width: 20px; text-align: center;">wh</td> <td>WHEEZE: INSPIRED/EXPIRED</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="width: 20px; text-align: center;">↓</td> <td>DECREASED AIR ENTRY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="width: 20px; text-align: center;">■</td> <td>ABSENT AIR ENTRY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="width: 20px; text-align: center;">=</td> <td>EQUAL AIR ENTRY</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		cr	CRACKLES: FINE/COARSE INSPIRED/EXPIRED	R	L	L	R	wh	WHEEZE: INSPIRED/EXPIRED					↓	DECREASED AIR ENTRY					■	ABSENT AIR ENTRY					=	EQUAL AIR ENTRY				
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	■	ABSENT AIR ENTRY																														
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	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Draw symbols on the lung diagram to indicate assessment. </div>																															
	<table style="width:100%; text-align: center;"> <tr> <td colspan="2">ANTERIOR</td> <td colspan="2">POSTERIOR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		ANTERIOR		POSTERIOR																											
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Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min																																
<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling																																
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Comments: _____																																

NURSING RECORD

SK UNKNOWN

MRN: RUH 1315031

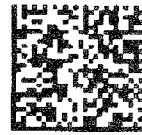
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

FAM: FRASER, JILLIAN



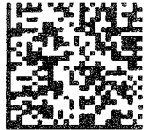
NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: <u>urinal @ Bedside</u>																								
GI	<input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Diet <u>Reg</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis <u>@ Home</u> <input type="checkbox"/> Calorie Counts Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>5:23</u> Colour _____ Consistency/Size _____ <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</u> 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: <u>of N/V on assessment, refusing feeds</u>																								
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
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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: 2000 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: _____ 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 <u>moisture</u> .				
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 10-14 = Mod. 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



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

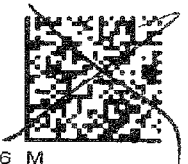
ATN: GILL, DILIP

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 23/20 0717	PT received Mo care at 0717 - VS - pulse tachy 115 - 3 pain response - provided to sedation + IR 1mg - explained purpose of IV push diladid and to avoid if possible pt agreeable. NFI the secured by trax tape - another tape secured, device nurse @ present. PERC flushed from NS - trial emptied - 400ml. set up for BF will notify with new
1120	wife @ bedside - mg sulph replacement started - pt grabbing @ air in sleep - pt retires offered tylenol - pt easily roused but drowsy - eyes close - Rops easy this am. At 1000 pt had bout of Qbreast - Dr ordered Haldol - gave IV push and diladid to ↓ discomfort. Then pt settled for some. pt denies eating any (B) then
1306	Gave Diladid + Granul via IV min by per pt request. wife left bedside for a bit. Pt resting in bed @ present then
1419	Pt SL Granul IV line - gave dress change to (D) old chest tube and gangrene site. NS cleanse. white rock on of suture sticking out - pulled using tweezers. sca + Sag discharge after pulled. Adaptic applied then neptel applied over top. Bed bath provided per CCAs WtC @ bedside
1628	Pt + wife watching netflix on phone - IV antibiotics started + wafarm taken.
1816	PT requested diladid + Granul - IV given for pain - encouraged to drink esue for nutrition supplement as returning the feed
1920	New antibiotics given - moth - @ bedside

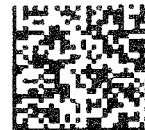
☐ Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 23/22 @2044	pt received after report given A! O ₂ 3 pleat : cooperative, c/o 8/10 pain tie ABD : ribs : give diluted 1mg IV for same & good effect all dressings D+E U.S. -> T-36, P-114, RR-20 120/74 93% RA give warm blanket : cold post for comfort & voiced concerns cold being reducing, safety checks complete JMR
@2047	pt refusing tube feed on RL @ 100ml/hr JMR
@2128	pt resident aware pt is not receiving tube feed pt appears asleep JMR
@2304	pt c/o nausea : pain : given 1mg diluted IV & 50mg Gravol IV alt ^{am} pt also given oral compress : warm blanket for comfort & other voiced concerns JMR
@0637	pt give diluted 1mg IV every 2 hours @ 0235 gravel give for nausea (pt had one episode of emesis @ that time small amount of bile colored emesis, pain meds also give @ 0530 & other voiced concerns, spoke & write @ this time : she stated she was confused & confusion stated I was first in the : pt was located : having normal conversation : confusion could be due due to diluted, write some pt talking : sleep @ this but always had lucid : appropriate conversation & pt when awake. Bld drawn 50ml from fem from catheter voided well overnight please see flow sheet for more info pt seemed to sleep well otherwise JMR



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 24/22

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

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> 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>7/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>abdomen</u></p> <p>Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: _____</p>																
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 checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal _____ <u>S1</u> <u>S2</u></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><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R arm</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>dry & intact</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 125</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>PICC</u>			Site/Condition:	<u>R arm</u>			Dressing:	<u>dry & intact</u>			Infusion(s): (solution/rate)	<u>RL @ 125</u>		
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Site/Condition:	<u>R arm</u>																
Dressing:	<u>dry & intact</u>																
Infusion(s): (solution/rate)	<u>RL @ 125</u>																
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 50%; text-align: center;"> <p>ANTERIOR POSTERIOR</p> <p>R L L R</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH₂O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tiding</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: _____</p>																

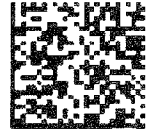
NURSING RECORD

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: GILL, DILIP
FAM: FRASER, JILLIAN



DAY SHIFT

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

GI
 Nothing by mouth Diet regular 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 Colostomy Site _____ Colour pink/red Bridge _____
 Tube(s): NG - Salem Sump™ NG - Small bore NJ PGJ PEG PG Jejunostomy Other _____
 Tube depth: Secured at/External length _____ cm
 Clamped Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____
 Tube Feed: Formula Intalpeptide Rate 60 mL/hr Tube Site Appearance: _____
Comments: Tube feed nocturnal.

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

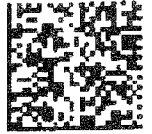
Wound/Incision/Drain Location	Dressing Type	Drainage	
<u>midline</u>	<u>vac dressing</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>3x old drainsites</u>	<u>Mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>Perc drain</u>	<u>Stat lock</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>colostomy</u>	<u>appliance</u>	<u>dark brown, some liquid</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
<u>@ old drainsites</u>	<u>OTA</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):

<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> <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	<p>Location #2: _____</p> <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
<p>Location #3: _____</p> <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	<p>Location #4: _____</p> <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: Denner SA Assessment time: 0900 Time charted: 1100



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 24, 2022

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

CNS/PSYCH/SOCIAL

Level of Consciousness: 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) "abdo"

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to _____

Pain Management Interventions: See MAR Other _____

Comments: long duration IV given 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>PICC</u>			
Site/Condition:	<u>(L) PICC</u>			
Dressing:	<u>Drape; D+E</u>			
Infusion(s): (solution/rate)	<u>CC 100 ml/hr</u>			

Comments: BP = 120/70 P = 110 T = 36.9

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

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

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

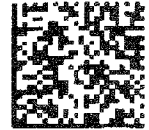
Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: SpO₂ = 96% ; NO SOB or TWOB

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: GILL, DILIP
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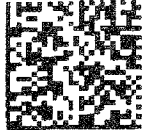
NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>Dark, concentrated 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>PT voiding per yell on urinal</u>																										
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input checked="" type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>x4</u> <input type="checkbox"/> Hypoactive _____ <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>Colostomy</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Colostomy</u> Site <u>RUB</u> Colour <u>Pink</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input checked="" type="checkbox"/> Tube Feed: Formula <u>Vital peptide</u> Rate <u>20</u> mL/hr Tube Site Appearance: _____ Comments: <u>PT did not have a BM today in bed. PT refused tube feed originally but agreeable to tube feed at 20ml/hr</u>																										
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input 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"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Midline</u></td> <td><u>Vac Dress</u></td> <td><u>&</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Old Drain sites x2</u></td> <td><u>Mepilex</u></td> <td><u>&</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Perc Drain</u></td> <td><u>Stat lock</u></td> <td><u>&</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Colostomy</u></td> <td><u>Appharve</u></td> <td><u>Shed</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Old CT site</u></td> <td><u>OTA</u></td> <td><u>&</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>			Wound/Incision/Drain Location	Dressing Type	Drainage		<u>Midline</u>	<u>Vac Dress</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Old Drain sites x2</u>	<u>Mepilex</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Perc Drain</u>	<u>Stat lock</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Colostomy</u>	<u>Appharve</u>	<u>Shed</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Old CT site</u>	<u>OTA</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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	<u>Midline</u>	<u>Vac Dress</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																							
	<u>Old Drain sites x2</u>	<u>Mepilex</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																							
<u>Perc Drain</u>	<u>Stat lock</u>	<u>&</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																								
<u>Colostomy</u>	<u>Appharve</u>	<u>Shed</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*																								
<u>Old CT site</u>	<u>OTA</u>	<u>&</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: <u>&</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: 2100 Time charted: 2320



RUH SCH SPH Other _____

NURSING RECORD

Page 5 of 6

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

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



SK UNKNOWN

MRN: RUH 1315031

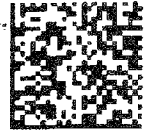
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

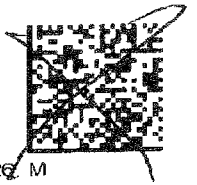
FAM: FRASER, JILLIAN



5013

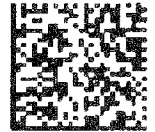
DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 24/20 @ 1100	Pt received into care @ 0730. Pt % 7/10 abdomen pain. Dauded 1mg IR gives for some. Pice flushed & 20ml NS. Pice flushed & 10ml NS. Pt % nausea. Grand Stry gives for some. Yellow jaundice skin noted. Yellow medial conjunctiva noticed. Pt appeared to be on good spirits. Wife the voiced concern regarding muscle spasms of PT. Writer did a witness this during morning assessment. Meep scheduled for this afternoon. Pt asked about NPO status until it is performed. Pt voiced a % of complaints. (Kerrie BN)
1145	Pt sleeping & window open for light. Thera wife @ bedside. (Kerrie BN)
1300	Pt awake question time for meep. Writer mentioned set time yet. Pt requested to sleep more. (Kerrie BN)
1400	Pt down for meep. (Kerrie BN)
1410	Small cut noticed on scrotum as per wife. (Kerrie BN)
1435	Pt returned test cancelled. Pt Pice drawn COVID swab done. (Kerrie BN)
1830	Pt % nausea 1mg dexamethasone gives for some. Mother @ bedside. Voiced concerns & % call bell w/ breach. (Kerrie BN)
1840	Pt states had a large loose BM. Helped Stanley & threw it on the floor. (Kerrie BN)
1900	Pt requested writer to empty urinary bag. Writer did the same. (Kerrie BN)

Continued on Progress Record - Nursing (form #101434)



NURSING
PROGRESS RECORD
Page 1 of 2

DATE/TIME	REMARKS
Jan 24, 2022 @ 2100	Pt relieved into care awake in bed. AUSS pt slightly tachy, but normal for him. Made gains as per MAR. Assessment complete. Pt given long Diltiazem IV for pain. Pt a bit nervous still, but set for removal. Pt declined tube feed earlier, but agreeable to have ring at 2200. Will continue to monitor. No further vocal concerns. Call bell in reach
@ 2310	Pt in bed asleep. Resp easy. Call bell in reach
@ 0245	Pt may want pain med. long Diltiazem to give. No further vocal concerns. Call bell in reach
@ 0330	Pt may asking if his family was awake. Pt thought his family was awake. Told pt that at 0330 and his family was at home. Pt seemed to realize he was a bit confused and so he said he was going back to bed. No further concerns. Call bell in reach
@ 0445	Pt given long Diltiazem IV for pain. Pt a bit confused. Asked if he could go fishing today. Knows where he is but he just seems a bit off. Will notify doctors. Call bell in reach
@ 0650	Pt's blood drawn from PIV. Pt confused/off this morning. Said "FBI called me this morning". Doctors arrived. In and out done. No concerns or needs voiced. Call bell in reach





RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan. 25/2022

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

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p>Pain: Score (e.g. 0-10) <u>3-10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool Location(s) <u>stomach</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 checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: _____</p>																
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 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>Telemetry: # <u>0</u> <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>central - L PCC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>stitches D+I</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>DAI</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s) (solution/rate)</td> <td><u>100cc 5ml/hr @ 5L</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>central - L PCC</u>			Site/Condition:	<u>stitches D+I</u>			Dressing:	<u>DAI</u>			Infusion(s) (solution/rate)	<u>100cc 5ml/hr @ 5L</u>		
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Dressing:	<u>DAI</u>																
Infusion(s) (solution/rate)	<u>100cc 5ml/hr @ 5L</u>																
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 20%;"> <p>Draw symbols on the lung diagram to indicate assessment.</p> </div> <div style="width: 60%;"> <p><input type="checkbox"/> CR CRACKLES: FINE/COARSE INSPIRED/EXPIRED</p> <p><input type="checkbox"/> wh WHEEZE: INSPIRED/EXPIRED</p> <p><input type="checkbox"/> ↓ DECREASED AIR ENTRY</p> <p><input type="checkbox"/> ■ ABSENT AIR ENTRY</p> <p>= EQUAL AIR ENTRY</p> </div> <div style="width: 20%; text-align: center;"> <p>ANTERIOR</p>  <p>POSTERIOR</p>  </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BIPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p>Chest Tube: Type <u>Φ</u> Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH₂O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p>Trach: Type <u>Φ</u> Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: _____</p>																

NURSING RECORD

SK UNKNOWN

MRN: RUH 1315031

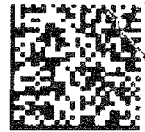
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

FAM: FRASER, JILLIAN



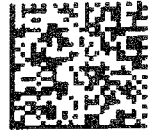
DAY SHIFT

U	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour <u>unseen</u> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: <u>pt states voiding well</u>																								
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input checked="" type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input 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>X2</u> <input checked="" type="checkbox"/> Hypoactive <u>X2</u> <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>per stoma</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileostomy</u> Site <u>RUG</u> Colour <u>red</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input checked="" 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>30</u> mL/hr Tube Site Appearance: <u>healthy</u> Comments: <u>Tube feeds normal 18:00-0700.</u>																								
I	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input checked="" type="checkbox"/> NPWT at <u>75</u> mmHg Therapy type: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<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>Midline abdomen</td> <td>Activac</td> <td>∅</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ abdomen</td> <td>mepilex x 3</td> <td>∅</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>RLQ abdomen</td> <td>mepilex</td> <td>∅</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ perc drain</td> <td></td> <td>scot punctent</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage		Midline abdomen	Activac	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ abdomen	mepilex x 3	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	RLQ abdomen	mepilex	∅	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ perc drain		scot punctent	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*				<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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<p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> Comments: _____																									
_____ _____																									

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: 0830 Time charted: 1107



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: Jan 20/22

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

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>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) _____ <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 checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____</p> <p>Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p>Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> Antiembolic stockings</p> <p>Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <u>S1</u> <u>S2</u></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><u>PICC</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>R arm</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>Hygaderm</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>RL @ 800 DL</u> <u>RL @ 100 E A TE</u></td> <td></td> <td></td> </tr> </table> <p>Comments: _____</p>	Access type:	<u>PICC</u>			Site/Condition:	<u>R arm</u>			Dressing:	<u>Hygaderm</u>			Infusion(s): (solution/rate)	<u>RL @ 800 DL</u> <u>RL @ 100 E A TE</u>		
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Site/Condition:	<u>R arm</u>																
Dressing:	<u>Hygaderm</u>																
Infusion(s): (solution/rate)	<u>RL @ 800 DL</u> <u>RL @ 100 E A TE</u>																
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; justify-content: space-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> <p>POSTERIOR</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH₂O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling</p> <p><input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____</p> <p>Comments: _____</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: GILL, DILIP

FAM: FRASER, JILLIAN

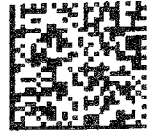


NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A _____ Comments: _____																								
GI	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>Regular</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input checked="" type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>14</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>Jan 5 20</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>Urbostomy</u> 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 <u>Intalpeptide</u> Rate <u>50</u> mL/hr Tube Site Appearance: _____ Comments: _____																								
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																								
	<table border="1" 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:15%;">Drainage</th> <th style="width:25%;"></th> </tr> </thead> <tbody> <tr> <td><u>midline</u></td> <td><u>Vac dressing</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>@ LR</u></td> <td><u>Mepilex</u></td> <td><u>Ø</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>3x LLP</u></td> <td><u>Mepilex</u></td> <td><u>Ø</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> </tbody> </table> <p>*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL</p> Comments: _____	Wound/Incision/Drain Location	Dressing Type	Drainage		<u>midline</u>	<u>Vac dressing</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>@ LR</u>	<u>Mepilex</u>	<u>Ø</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>3x LLP</u>	<u>Mepilex</u>	<u>Ø</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*
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			<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: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #2: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #3: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record	Location #4: _____ <input type="checkbox"/> At risk (reddened, blanching) <input type="checkbox"/> Stage 1 Stage 2 and greater see below: <input type="checkbox"/> Stage _____ Site assessed: <input type="checkbox"/> Yes* <input type="checkbox"/> No Dressing dry/intact: <input type="checkbox"/> Yes <input type="checkbox"/> No* *See Wound Care Record

RN/LPN signature: [Signature] Assessment time: 2000 Time charted: 0345



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)
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 <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

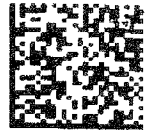
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

FAM: FRASER, JILLIAN



DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan. 25, 2022 0750	Pt asleep upon entering. pt awoke, feed pump beeping, bag finished. Unhooked pt from feed, flushed NG c̄ 100mL Sterile Water. Vital Signs done, unremarkable. Patient states pain 8/10 requests dilaudid. Nurse student to follow up c̄ meds. — C. Kennedy, NS-SCBSCW
Jan 25, 2022 0810	Pt blood taken from PICC c̄ instructor for group E screen, flushed NS 10mL before, wasted 7mL, then drew up blood c̄ syringe. Flushed c̄ 10mL NS. Flushed well. Pt tolerated well. — C. Kennedy, NS-SCBSCW
e 1108	VSS on initial a.m. assessment. Pt's Mg ²⁺ ass, INR 6.9, eggs ^{eggs} Hgb 65 this a.m. warfarin on hold today. will give MgSO ₄ 4g IV + x2 units PRBC's. Pt up for walk c̄ physio. wife present. Pt resting in room c̄ present. \emptyset voiced concerns. — Siddhant
Jan. 25, 2022 1235	@1215 did patient education for blood, started blood transfusion, vitals pre infusion unremarkable. To reassess vitals & assess for reaction in 15 mins. Transfusion started @ 1225 hrs. Pt's wife sitting with him. — C. Kennedy, NS-SCBSCW
Jan. 25, 2022 1240	Checked vitals, stable. Pt feeling well, \emptyset reactions. Infusion rate bumped to 150mL/hr. RN present to assist nursing student. — C. Kennedy, NS-SCBSCW
Jan. 25, 2022 1340	In to check on pt, VS done, unremarkable, pt resting, \emptyset concerns. Transfusion running @ 150mL/hr. — C. Kennedy, NS-SCBSCW
Jan. 25, 2022 1345	Pt asking where music is coming from. Writer tells pt she cannot hear music. Pt wife agrees no music. Pt persistent. — C. Kennedy, NS-SCBSCW

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



NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 23/22 @ 1445	VAC dressing a post-op wound until tomorrow per wound care per potential MRCP today. Pt. aware of same. VAC dressing to be removed prior to MRCP alt silver in foam which will distort MRI image. Wound care RN states to cover abdominal wound w post-op moplex if VAC dressing removed. Pt. resting in bed @ present. <i>Still on</i>
Jan 25/2022 1505	1st Unit Packed Red Blood Cells complete. Vitals stable. Pt down for drain exchange. <i>C. Kennedy, NS-SCBS</i>
1600	Pt. back from drain exchange. <i>Still on</i>
1700	2nd unit PRBC's infusing. Pt's VSS. Pt's wife is worried re: pt's ↑ delirium. wife states pt. having auditory hallucinations, paranoia/delusions. Pt. hearing music + upset w wife that she did not hear same. Pt. talking in his sleep & normal when @ home. Pt. sleeping @ present. <i>Still on</i>
1815	Dr. Ryan aware of pt's ↑ delirium. same discussed w Dr. Shaw. Ammonia level + post-transfusion bloodwork down via PICC. VSS @ present. Pt's mom @ bedside. ongoing delirium noted. <i>Still on</i>
1955	2nd unit PRBC's complete. Pt. tolerated same well. Pt's VSS. Pt's tube feed running @ present. Mom @ bedside - voiced concerns. <i>Still on</i>
2315	Pt had received into care @ 1930. Pt wrang call bell stating emesis. Frank bleed noted in basin. Pt states was "picking lines & made it bleed & was going into throat". Dehydrated. 50mg given, Ondansetron given & completed. noted. Dextrose 50ml given & ammonia level. Sodium Phosphate 30mmol IV given. <i>(cont)</i>



RUH SCH SPH Other _____



NURSING RECORD

Page 1 of 6

DAY SHIFT

Date: January 26th, 2022

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>2</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 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>0</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) _____				
Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____				
Pain Management Interventions: <input type="checkbox"/> See MAR <input type="checkbox"/> Other _____				
Comments: <u>Pt. oriented to date.</u> <u>VSS, OCP, H/A.</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 checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2			
	Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____			
	<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring			
	Access type: <u>Central</u>			
	Site/Condition: <u>② PICC</u>			
Dressing: <u>DJI</u>				
Infusion(s): <u>RL @ 100</u> (solution/rate)				
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="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: 45%; text-align: center;"> <p>ANTERIOR</p> <p>R L L R</p>  <p>POSTERIOR</p> <p>R L L R</p>  </div> </div>			
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Draw symbols on the lung diagram to indicate assessment. </div>			
	Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O2 nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min			
	<input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH2O <input type="checkbox"/> Bubbling <input type="checkbox"/> Tidaling			
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____			
	Comments: _____			

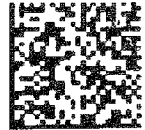
NURSING RECORD

Page 2 of 6



SK UNKNOWN
MRN: RUH 1315031

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



DAY SHIFT

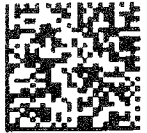
GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input checked="" type="checkbox"/> N/A _____ Comments: <u>Pt voiding in urinal</u>																		
GI	<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 checked="" type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive _____ <input type="checkbox"/> Absent _____ Flatus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement: <u>11:00</u> Colour <u>brown</u> Consistency/Size <u>soft</u> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>ileo</u> Site <u>RUA</u> Colour <u>pink, moist</u> <input type="checkbox"/> Bridge _____ <input type="checkbox"/> Tube(s): <input checked="" type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input type="checkbox"/> Clamped <input type="checkbox"/> Intermittent/Continuous (circle) suction at _____ Drainage characteristics: _____ pH _____ <input type="checkbox"/> Tube Feed: Formula _____ Rate _____ mL/hr Tube Site Appearance: _____ Comments: _____																		
INTEGUMENTARY	Colour: <input type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" 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:35%;">Wound/Incision/Drain Location</th> <th style="width:35%;">Dressing Type</th> <th style="width:30%;">Drainage</th> </tr> </thead> <tbody> <tr> <td>midline VAC at 7.5mmHg</td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>LLQ Mepilex</td> <td>D+I</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>midline Mepilex</td> <td>D+I</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>coccyx Mepilex</td> <td>D+I</td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td>Peri drain dressing</td> <td>D+I</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	midline VAC at 7.5mmHg		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	LLQ Mepilex	D+I	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	midline Mepilex	D+I	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	coccyx Mepilex	D+I	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	Peri drain dressing	D+I	<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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Peri drain dressing	D+I	<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: _____ <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: 0830 Time charted: 1330



B



RUH SCH SPH Other _____

NURSING RECORD

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NIGHT SHIFT Date: Jan 26-27/2022

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

CNS/PSYCH/SOCIAL

Level of Consciousness: Alert Orientated x 3 Confused Drowsy Lethargic
 Unresponsive Aphasic Dysphasic Other patient he feels much "clear"

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

PERLA: N/A Yes No - Describe Apr 3/ambled, devel hld.

Numbness/Tingling: N/A Denies Yes Location _____

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

Pain: Score (e.g. 0-10) 5/10 Self-report Behavioural Tool Location(s) back and occ to abdomen

Quality: Dull Sharp Stabbing Burning Constant Intermittent Radiating to RUH occ to abd

Pain Management Interventions: See MAR Other given IV 0.5mg ibuprofen per sch 9am P/R allowed

Comments: fringed, appropriate, check renal needs known morning all limbs, said no pain less feel; "off" previous night and being up in hallway. Said get up pain

CVS

Capillary Refill: N/A Brisk Prolonged Skin: Normal Cool Hot Diaphoretic T369

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 Antiembotic stockings

Heart Sounds: N/A Regular Irregular Abnormal Apical the regular clear tones S1 S2

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

Telemetry: # _____ Cardiac Monitoring

Access type:	<u>Central - PICC</u>		
Site/Condition:	<u>Warm - small dried sang</u>		
Dressing:	<u>tg dri</u>		
Infusion(s): (solution/rate)	<u>DPL 0.5mg @ 100 ml/hr</u>		

Comments: B0126/80 denies chest pain /dizziness /heart palpitations to sign/sym. bleeding now - notes had no blood to day "bleeds" said he "pulled the tube" to it was brought in by him and checked last 10pm.

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 yellow - sputum

Breath Sounds: CRACKLES: FINE/COARSE INSPIRED/EXPIRED **ANTERIOR** yellow - sputum **POSTERIOR**

WHEEZE: INSPIRED/EXPIRED

DECREASED AIR ENTRY

ABSENT AIR ENTRY

= EQUAL AIR ENTRY

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

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

Trach: Type _____ Size _____ Cuffed Uncuffed Other _____

Comments: At 24 said 931, in 19. At given container to collect sputum sample. Able. Denies any said occ with chest. Sputum. Denies any tired / cold symptoms. No chest discomforts then passed to breath test. Sequence of drew according to pt, said wife tell him hes like this @ time.

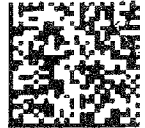
NURSING RECORD

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: GILL, DILIP
FAM: FRASER, JILLIAN



NIGHT 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 breast

Comments: Aggravated urinary. Severe pain today. States the colour is actually lighter than previous.

GI

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

Abdomen: Soft Firm Distended Obese Tender _____

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

Last bowel movement: perineal Colour: dark brown - muddy Consistency/Size: chunky, not liquid Continent Incontinent

Stoma: Type end ileost. Site (R) abd Colour pink Bridge _____

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

Tube depth: Secured at/External length 60 cm (R) bare.

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

Tube Feed: Formula Vital Peptide Rate 30 mL/hr Tube Site Appearance: see above.

Comments: knows. Eating small amounts DAT. Aggravated by tube feed rather than by mouth. Concerned he will get retracted. Talk arounds called via IP because of severe pain but no return for it.

Colour: Normal/Appropriate to patient Jaundice Pale Cyanotic Other _____

Oral Mucosa: N/A Pink Pale emucosa: above this. Cyanotic Dry

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

NPWT at 75 mmHg Therapy type: Continuous Intermittent Instillation - Solution _____

INTEGUMENTARY	Wound/Incision/Drain Location	Dressing Type	Drainage	
	<u>mid abd</u>	<u>VAC onto 75mmHg.</u>	<u>0 in cathode.</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>cecum</u>	<u>meperex</u>	<u>dri</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>colost.</u>	<u>(R) abd</u>	<u>appliance intact</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>L (R) abd</u>	<u>2-2x2 meperex, 1-4x4 meperex</u>	<u>- all dri</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
	<u>(R) L (R) abd</u>	<u>1-2x2 meperex</u>	<u>dri</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*

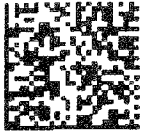
*Document: Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265 TRIAL

Comments: perineal (R) frank in rect, perineal & togetom dri. Perc fused to 20mls M in 1x2x2 & leaving in. Pt - bloated well. Perc drainage small cloudy sang / brown drng.

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: 2130 Time charted: 2240



RUH SCH SPH Other _____

NURSING RECORD

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

MOBILITY	Date: <u>Jan 26/22</u> Time: <u>1330</u> Initials: <u>YF</u>
	Mobility: <input type="checkbox"/> Independent <input checked="" 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>AACT</u> <input type="checkbox"/> Assistive devices _____
	Fall Prevention: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
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 <u>4</u>
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 <u>4</u>
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 <u>3</u>
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 <u>3</u>
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 <u>1</u>
FRICITION 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 leebly 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 <u>3</u>
TOTAL SCORE = <u>18</u>				

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 _____	



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

SK UNKNOWN

MRN: RUH 1315031

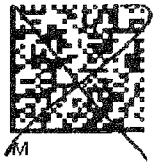
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

FAM: FRASER, JILLIAN

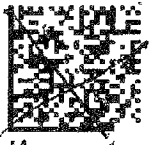


**NURSING
PROGRESS RECORD**

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5013

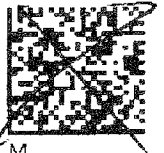
DATE/TIME	REMARKS
Jan 26, 2022 0750	In to check pt, pt awake upon entering, VS done, BP higher than normal @ 139 systolic. Emptied ileo for 275 mL. Pt reports pain being under control @ this time. Nurse aware C. Kennedy, NS-SCBSCN
0830	Pt. in bed on assessment. VSS. A+Ox3 Pt. thought year was 2023. Pt +1 somber and crying of relief when he figured out the year was 2022. Urgent concerns with assessment aside from confusion, Pt. able to recall events from last night. Will continue to monitor T. Pen
1000	Pt's wife in to do oral care. Dr. Pon and Dr. Gill into see. Nursing student in with pt. T. Pen
1106	Pt. resting in bed, wife at bedside T. Pen
1120	Pt. sat up in a chair at bedside, Pt. now vomiting T. Pen
Jan 26, 2022 1140	Pt rang call bell IV beeping. Fluids were empty. Added new 1000 mL Ringers Lactate restarted @ 100 mL/hr. Pt comfortable. Visiting mother @ bedside. C. Kennedy, NS-SCBSCN
1300	VSS. Pt's mom in room. Flushed pt's perc with 20 cc's NS. Pt. A+Ox3 now T. Pen
Jan 26/2022 1420	Pt rang call bell, having emesis @ this time. Tried eating jello. Mom @ bedside T. Pen Pt requested Gravol. C. Kennedy, NS-SCBSCN
1530	Gave pt. 0.5 mg IV Dilaudid at 1330 for S/O abdo pain. Pt. given warm blanket for feet. Pt. aware MRCP ordered is cancelled for today. Dr. Ryan wrote diet



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NURSING
PROGRESS RECORD
Page 1 of 2

DATE/TIME	REMARKS
Jan 26 2022 1530	orders. Report given to Lindsay, RN - T. Pen
Jan. 26/2022 1540	Dressing change done. Left abdominal area x 3 sites. Serous drainage noted on dressings, minimal amount. R. abdominal area x 1 site. Minimal serous drainage. Sacral coccyx dressing changed. 0 drainage. Area reddened. Pt tolerated well. C. Kennedy, NS-SCBSU
Jan 26/2022 1600	Devernal into care, visited present, darning needs at the (K)
1730	Wife at bedside, Feb meals missing - concerned about pt at time.
1930	IF infusing slow @ 30ml/h per pt request & nausea. Aprx infusing drain emptied per 75ml sucking brown & present needs voided. Call bell available, wife at bedside.
Jan 26 / 2022 @ 2000 hrs.	Report received from day staff. Dominic RN spoke to wife while under in report. Pt's wife said pt clearer tonight did note that reacted for his coffee in the air but much improved from confusion yesterday. Pt's wife also asked Dominic RN if pt's mg had been replaced as noted pt. "fidgety" Dominic RN told if didn't - wife will review BW. Dominic RN concept re: pt and warm blanket - B. P. W.
@ 2005	Lori Girard wife in to say hello to pt and introduce self. B. P. W.

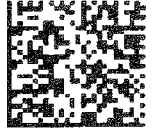


RUH SCH SPH Other _____

(B)

**NURSING
PROGRESS RECORD**
Page 1 of 2

DATE/TIME	REMARKS
Jan 26/2022 @ 2015	writer into correct w pup alarm. Pt resting in bed. Eye mask on. Dressed needs — (Penner on)
@ 2120	writer and Lori EW into see pt and initial assessment done. see flow sheet for details. (Penner on)
@ 2215	Pt settled in bed, eye mask on. Call light on beside. A nurse write a 'thank you' when asked how he is doing. Tempes normal, denies SOB. Asked pt to t-tub again as 'data to 20 degrees and needs to be 30-45 degrees to t-tube feed infusion — pt agreed and did same. (Penner on)
2300	Pt resting. Eye mask on. Resp. easy. — (Penner on)
Jan. 27/27 @ 0800	Tube feed turned off. 60ml NS flushed on NB tube. VS w/IL. Warm blanket given to pt. Pt voiced further concerns — (Penner on)
error 1410 0810 0345 0500	Pt sleeping vresp easy — (Penner on) Writer on break from 0800-0345, RN Dominic covering. Dominic states Pt had an episode where he wanted to go for shower, stated he could see his wife sitting in the chair in his room. Dominic was able to re-orientate Pt back to laying in bed. — (Penner on)
0515	Pt awake in bed. States "this is the best day ever". Call bell w/ reach — (Penner on)
0530	Pt rang call bell stating wanting to go for a walk. Also requested to speak to wife as she is in the next room. Writer explained to Pt that wife isn't here & he needs to stay in room so writer can give him his abx. Pt laying back in bed requested to have a warm blanket — (Penner on)
0720	Pt having "jibs" in bed & writer drawing lab (Cont)



RUH SCH SPH Other _____

NURSING RECORD

Page 1 of 6

DAY SHIFT Date: Jan 27/22

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

CNS/PSYCH/SOCIAL	Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____			
	Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____			
	PERLA: <input type="checkbox"/> N/A <input 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 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>VSS, DCP, H/A</u>			
	CVS	Capillary Refill: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Brisk <input type="checkbox"/> Prolonged Skin: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic		
Edema: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes Type/location(s) _____				
Radial Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent				
Pedal Pulse: <input type="checkbox"/> N/A Rt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent Lt: <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent				
<input type="checkbox"/> Pneumatic Compression Stockings <input type="checkbox"/> AntieMBOLIC stockings				
Heart Sounds: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2				
Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____				
<input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring				
Access type: <u>Central</u>				
Site/Condition: <u>Rt brach p/ce</u>				
Dressing: <u>D+T</u>				
Infusion(s): <u>RL @ 100</u> (solution/rate)				
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="width: 45%;"> <input type="checkbox"/> CRACKLES: FINE/COARSE INSPIRED/EXPIRED <input type="checkbox"/> WHEEZE: INSPIRED/EXPIRED <input type="checkbox"/> DECREASED AIR ENTRY <input checked="" type="checkbox"/> ABSENT AIR ENTRY <input type="checkbox"/> EQUAL AIR ENTRY </div> <div style="width: 50%; text-align: center;"> <p>ANTERIOR POSTERIOR</p> </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"/> Tiding			
	<input type="checkbox"/> Trach: Type _____ Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed <input type="checkbox"/> Other _____			
	Comments: _____			

NURSING RECORD

Page 2 of 6



SK UNKNOWN

MRN: RUH 1315031

Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

FAM: FRASER, JILLIAN

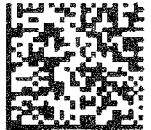


DAY SHIFT

GU	Voiding: <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ileal conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input checked="" 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>urinal at bedside. see progress notes</u>																										
	<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 <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>11:00</u> Colour <u>brown</u> Consistency/Size <u>soft</u> <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Stoma: Type <u>Keostomy</u> Site <u>RUG</u> Colour <u>pink moist</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input checked="" type="checkbox"/> NG - Small bore <input type="checkbox"/> NJ <input type="checkbox"/> PGJ <input type="checkbox"/> PEG <input type="checkbox"/> PG <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Other _____ Tube depth: <input type="checkbox"/> Secured at/External length _____ cm <input 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: _____																										
GI	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input checked="" type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) <input type="checkbox"/> NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Wound/Incision/Drain Location</th> <th style="width:30%;">Dressing Type</th> <th style="width:30%;">Drainage</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td><u>midline vac @ 75 mmHg, see progress notes</u></td> <td></td> <td></td> <td><input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Abdo Meplex X3 PFI</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>coceyx meplex PFI</u></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>RFC drain to @ flank</u></td> <td></td> <td><u>resadem + stock PFI</u></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Ileo appliance intact</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 @ 75 mmHg, see progress notes</u>			<input type="checkbox"/> Intact <input checked="" type="checkbox"/> Changed*	<u>Abdo Meplex X3 PFI</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>coceyx meplex PFI</u>			<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>RFC drain to @ flank</u>		<u>resadem + stock PFI</u>	<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Ileo appliance intact</u>			<input type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document: Incision and drain/dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265TRIAL Comments: _____																											

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

RN/LPN signature: T. Rev, RN Assessment time: 0900 Time charted: 1233
 Form #104271TRIAL (Saskatoon Area) 08/2019



RUH SCH SPH Other _____

NURSING RECORD

Page 3 of 6

NIGHT SHIFT Date: January 27 2022

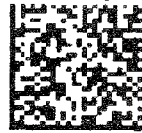
The Initial Assessment of the patient is to be documented on pages 1-5. Any subsequent observations and/or interventions shall be charted on the 24 hr Nursing Notes on page 6. Check all boxes that apply; "N/A" means not applicable or not assessed.

CNS/PSYCH/SOCIAL	<p>Level of Consciousness: <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Orientated x <u>3</u> <input type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic <input type="checkbox"/> Other _____</p> <p>Affect: <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Restless <input type="checkbox"/> Anxious <input type="checkbox"/> Sedated <input type="checkbox"/> Sad <input type="checkbox"/> Flat affect <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Anger <input type="checkbox"/> Fear <input type="checkbox"/> Other _____</p> <p>PERLA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Describe _____</p> <p>Numbness/Tingling: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Denies <input type="checkbox"/> Yes Location _____</p> <p>Muscle Strength: <input type="checkbox"/> N/A (Normal/Weak/Absent) RUE <u>N</u> LUE <u>N</u> RLE <u>N</u> LLE <u>N</u></p> <p>Pain: Score (e.g. 0-10) <u>4/10</u> <input checked="" type="checkbox"/> Self-report <input type="checkbox"/> Behavioural Tool _____ Location(s) <u>Upper Abdomen</u></p> <p>Quality: <input type="checkbox"/> Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Radiating to _____</p> <p>Pain Management Interventions: <input checked="" type="checkbox"/> See MAR <input type="checkbox"/> Other _____</p> <p>Comments: <u>CSM x4 adeq.</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 <u>S1 S2</u></p> <p>Chest Pain: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Scale (1-10) _____ Location _____ Quality _____</p> <p><input type="checkbox"/> Telemetry: # _____ <input type="checkbox"/> Cardiac Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Access type:</td> <td><u>Central</u></td> <td></td> <td></td> </tr> <tr> <td>Site/Condition:</td> <td><u>Opic/healthy</u></td> <td></td> <td></td> </tr> <tr> <td>Dressing:</td> <td><u>D+1</u></td> <td></td> <td></td> </tr> <tr> <td>Infusion(s): (solution/rate)</td> <td><u>1. RL @ 25</u> <u>2. Flushed</u></td> <td></td> <td></td> </tr> </table> <p>Comments: <u>Denies Chest Pain</u></p>	Access type:	<u>Central</u>			Site/Condition:	<u>Opic/healthy</u>			Dressing:	<u>D+1</u>			Infusion(s): (solution/rate)	<u>1. RL @ 25</u> <u>2. Flushed</u>		
Access type:	<u>Central</u>																
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Dressing:	<u>D+1</u>																
Infusion(s): (solution/rate)	<u>1. RL @ 25</u> <u>2. Flushed</u>																
RESPIRATORY	<p>Respirations: <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Laboured <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Use of accessory muscles</p> <p>Cough: <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive - Sputum colour/consistency _____</p> <p>Breath Sounds:</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> Draw symbols on the lung diagram to indicate assessment. </div> <div style="margin-right: 10px;"> <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 </div> <div style="text-align: center;"> <p>ANTERIOR POSTERIOR</p> <p>R L L R</p> </div> </div> <p>Oxygen Therapy: <input checked="" type="checkbox"/> Room air <input type="checkbox"/> O₂ nasal prongs _____ L/min <input type="checkbox"/> Simple mask _____ L/min <input type="checkbox"/> CPAP/BiPAP at _____ <input type="checkbox"/> Other _____ at _____ L/min</p> <p><input type="checkbox"/> Chest Tube: Type _____ Location _____ Dressing _____ <input type="checkbox"/> Drainage - Colour _____ <input type="checkbox"/> Gravity <input type="checkbox"/> Suction _____ cmH₂O <input type="checkbox"/> Bubbling <input type="checkbox"/> 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 SpO2 96-98 RA</u></p>																

NURSING RECORD

SK UNKNOWN
MRN: RUH 1315031

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



NIGHT SHIFT

GU	Voiding: <input checked="" type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric <input type="checkbox"/> Catheter <input type="checkbox"/> Ilea conduit <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Other _____ Urine: <input type="checkbox"/> N/A Colour _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Odour _____ Genitalia (appearance/drainage/flow): <input type="checkbox"/> N/A Comments: <u>Voiding as per suit via Unnal</u>																		
	<input type="checkbox"/> Nothing by mouth <input checked="" type="checkbox"/> Diet <u>DAT</u> <input type="checkbox"/> Tolerating <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis _____ <input type="checkbox"/> Calorie Counts _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ Bowel Sounds: <input checked="" type="checkbox"/> Normal <u>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>Jan 27</u> Colour _____ Consistency/Size _____ <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stoma: Type <u>UO</u> Site <u>RWC</u> Colour <u>Red</u> <input type="checkbox"/> Bridge _____ <input checked="" type="checkbox"/> Tube(s): <input type="checkbox"/> NG - Salem Sump™ <input type="checkbox"/> NG - Small bore <input 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: _____ <input type="checkbox"/> Tube Feed: Formula <u>Vital Peptide</u> Rate <u>50</u> mL/hr Tube Site Appearance: <u>Healthy/intact</u> Comments: <u>Denies HIV</u> <u>W/errgr Perc drain to @ flank DTH - draining brown liquid output to bag</u>																		
INTEGUMENTARY	Colour: <input checked="" type="checkbox"/> Normal/Appropriate to patient <input type="checkbox"/> Jaundice <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Other _____ Oral Mucosa: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry _____ Pressure Injury: <input checked="" type="checkbox"/> No pressure injuries noted <input type="checkbox"/> Yes/At risk (Refer to Pressure Injury Assessment below) NPWT at _____ mmHg Therapy type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Instillation - Solution _____ Perc flushed 20ml NS on hrsg. assessment																		
	<table border="1"> <thead> <tr> <th>Wound/Incision/Drain Location</th> <th>Dressing Type</th> <th>Drainage</th> </tr> </thead> <tbody> <tr> <td><u>midline vac intact to abdo @ 15mmHg</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>UO mepilex DTH to old drain site</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>RWC old necrotic site OVA</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>UO app leaking on assessment - see nrsng notes</u></td> <td></td> <td><input type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> <tr> <td><u>Coccyx mepilex DTH</u></td> <td></td> <td><input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*</td> </tr> </tbody> </table>	Wound/Incision/Drain Location	Dressing Type	Drainage	<u>midline vac intact to abdo @ 15mmHg</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>UO mepilex DTH to old drain site</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>RWC old necrotic site OVA</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>UO app leaking on assessment - see nrsng notes</u>		<input type="checkbox"/> Intact <input type="checkbox"/> Changed*	<u>Coccyx mepilex DTH</u>		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Changed*
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*Document Incision and drain dressing changes in Nurses Notes; wound dressing changes on Wound Care Record (form #103527); NPWT changes on form #104265 TRIAL																			
Comments: <u>@ Flank mepilex DTH</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: 2000 Time charted: 2256



RUH SCH SPH Other _____

NURSING RECORD

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

MOBILITY	Date: <u>Jan 27/22</u> Time: <u>123P</u> Initials: <u>TP</u>
	Mobility: <input checked="" 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 <u>walker</u>
	Fall Prevention: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes _____ <input type="checkbox"/> Restraints - Type _____ (see Restraint Record)
MOBILITY	Date Reassessed: <u>Jan 27/22</u> Time Reassessed: <u>2000</u> Initials: <u>J</u>
	Mobility: <input type="checkbox"/> Independent <input type="checkbox"/> Guided <input checked="" type="checkbox"/> One worker with belt <input type="checkbox"/> Two workers with belt <input type="checkbox"/> Sit/Stand lift <input type="checkbox"/> Total/Ceiling track/Tub lift <input type="checkbox"/> Reposition <input type="checkbox"/> Bedrest
	Weight Bearing Status: <u>AAT</u> <input type="checkbox"/> Assistive devices <u>Walker</u>
	Fall Prevention: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <u>Call bell in reach</u> <input type="checkbox"/> Restraints - Type <u>N/A</u> (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 <u>4</u>
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 <u>3</u>
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 <u>3</u>
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 <u>3</u>
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 <u>1</u>
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 teebly 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 <u>3</u>
TOTAL SCORE = <u>17</u>				

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



SK UNKNOWN

MRN: RUH 1315031

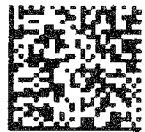
Admit Date: DEC-2-2021

FEHR, RICHARD NEIL

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

ATN: GILL, DILIP

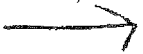
FAM: FRASER, JILLIAN

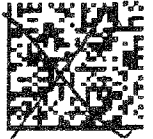


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DATE/TIME	24 HR NURSING NOTES NARRATIVE
Jan 27 2022 0900	Pt. assessed. VSS. Pt A+Ox3. Pt. answering questions appropriately. Perz drain flushed with 20mls. VAC dressing peeled off about 1/3. Reinforced dressing and seal intact. Pt.'s bedding soiled with urine. Δ'd pt's bedding and pants. ⊗ urgent concerns with pt. at this time ————— T.Per
0938	Pt's wife in to see ————— T.PA
1030	GITM in to see ————— T.Per
1135	Pt. resting in bed. Pt's wife at bedside — T.PA
1226	MgSO ₄ IV started. PTCC dressing Δ'd and cleansed with chlorhexidine. Pt. being washed by CCA. VSS ————— T.Per
1330	Pt. still NPO and is frustrated with same. Dr Hui called MRI, but MRI likely not to happen today ————— T.Per
1440	Pt. told MRCP won't be happening. Pt. up for walk with wife down hallway ————— T.Per
1510	Gave pt. 4mg PO zofran, pt's mom bringing food ————— T.Per
1810	Pt. tolerated half a burger. Pt. watching TV in bed with mother at bedside. ⊗ voiced concerns at this time ————— T.Per
1930	Started TF. Pt. aware of t/t to 5007. ⊗ voiced concerns at this time ————— T.Per
Jan 27/22 2000	Received into care @ shift onset VSS - see VS record. Nrsg. assessment complete - see flow. Pt's ileo appliance open & leaking onto pt. Appliance intact around stoma. Soalcer & bedding & pt's pajamas Δed. ————— (cont)

Continued on Progress Record - Nursing (form #101434)





NURSING
PROGRESS RECORD

Page 1 of 2

DATE/TIME	REMARKS
Jan 27/22 2000	(cont) Uro appliance done back up. 0.5mg IV Dilaudid PRN given for ab pain per nrsng. assessment. Ice pack provided per pt request. epik
22 ⁵⁵	Urinal emptied for qs urine. Warm blanket & ice pack provided per pt request. PT'S mother called for update - same provided by u-ru. epik
Jan 28/22 0000	TF stopped - pt NPO @ MN. Same flushed off. RL ↑ to 100ml/hr after 005T Pt rang call bell abdo pain. 0.5mg IV Dilaudid PRN given for same. epik
0250	Pt rang call bell. IV pump alarming "no action alarm". Pt appears confused. States a male doctor was in his room trying to unhook his tubes & lines etc. Pt asking if there are any moles working tonight. Writer reassured pt for same. PT'S IV tubing disconnected @ "Y site" & infusing into pt PICC drsg also @ intact - same on floor. Writer sed PICC drsg - per policy/protocol. Sutures remain intact. New IV tubing primed & RL restarted @ 100ml/hr to @ PICC. Pt oriented & denies confusion. Will cont to monitor. epik