BRAIN SHEET – ICU WITH CHARTING REMINDERS

Assess	KD	Temp	IV Access
	PP		
Alarm	One-Touch		
Pain	Meds		
IVMD			

TO DO:

	VS	TIME	U/O	Amount
		8		
		9		
		10		
		11		
		12		
		1		
		2		
		3		
		4		
		5		
		6		

- Bath
- CXR:
- CTScan:

Weight: Fluid Balance: 7-3 (+/-): 24':

Intake	Output

Vent. Settings			
ETT #		LIP	CM
FiO2	%	Wean:	
PEEP			
RR			
TV			

IVMD mcg/kg

PLAN:

ABG:

Pt Name_____
Room # _____

Allergies _____

Code ____