



Capital Health

ICU Pt at a Glance Form

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AIRWAY/VENTILATION CHANGE*

STATUS CHANGE AFTER ROUNDS

DATE	NIPPV	Trach		INTUBATED				T Piece	EX TUBATED	DATE	ICU	IMCU	Floor	Expired
		OR	ICU	ER	OR	Floor	ICU							

*A - Attending; R - Resident; RT – Respiratory Therapist; N = Nurse, U – Unknown

RADIOLOGY

DATE	CT SCANS				MRI	ABD US	ECHO		DOPPLER SITE	INTERVENTIONAL (Codes on Reverse)
	ABD	CHEST	HEAD	OTHER			TEE	TTE		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL INICIDENT(codes on reverse)

DATE	CV	PUL	NEU	GI	REN	OTH

CONSULTS

SERVICE	DATE SENT	DATE REPLIED	DATES OF FOLLOW UP

POSITIVE CULTURES RESULTING IN TREATMENT CHANGE

DATE	Culture	Gram Stain	Results	Treatment Change

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CRITICAL INCIDENTS

CV	1	Arrhythmia with Change In Treatment
	2	Hypotension Needing Meds
	3	Hypertension Needing Meds
	4	Ischemic Requiring Med Change
	5	Cardiac Arrest/Code
	6	Tamponade/Tap
	7	Emergency Cath
PULMONARY	8	Pt required NIPPV (new)
	9	Pt required Intubation
	10	Difficult Intubation by Resident
	11	Difficult Intubation by Respiratory Therapist
	12	Difficult Intubation by Attending
	13	Pneumothorax Requiring Chest Tube
	14	Need to Increase FiO2 to > 70%
	15	Need Paralytics to Ventilate
NEURO	16	New Seizures
	17	Change LOC Requiring Change in Rx
	18	Ventricular Drain Placed
	19	“Emergency” CT
GI	20	Acute UGI Bleed – Need Transfusion or Change Hemodynamics
	21	Acute LGI Bleed – Need Transfusion or Change Hemodynamics
RENAL	22	Initiate Dialysis
	23	Hemodialysis – Need to Stop Early
	24	Hemodialysis – Need Inotropes to Continue
OTHER	25	Emergency OR
	26	Blood Transfusion Reaction
	27	Medication Reaction
	28	Pulmonary Edema
	29	Transfusion for Low Hemoglobin
	30	Fluids for Low Urinary Output

INTERVENTIONAL

1	Angio
2	Drain Abdomen
3	Drain Pelvis
4	Drain Chest
5	IVC/SVC Filter
6	Embolization
7	Vascular Access PICC
8	Vascular Access VasCath
9	Vascular Access Central Line
10	Cath Lab