

Nursing Documentation – COVID19	Patient Name:	Hosp No:	Date: __/__/2020
Assessment (tick or x or circle answer or write)	Aims (tick or x as appropriate)	Evaluation (delete as appropriate or tick as completed or add if variation)	
1. Airway & Breathing Self-Ventilation or Ventilated (ET or Trachy) Air Entry Bilateral In-Line Suction Size (size-2x2): __ Anchor-Fast or ET Ties Chest-Drains + Inserted __/__/2020	Aims on ICU chart. Chest X-Ray Un-Prone/Prone Physio	Aims completed. VAP bundle implemented. Suctioned as charted. Ventilation adjusted to achieve aims. Tracheostomy Box checked as part of safety checks. Proned/Unproned times on ICU chart.	
2. Circulation Arterial Line or NIBP + Inserted __/__/2020 Vasopressors (Norad/Adren/Vaso/Mil) or GTN IABP. ECMO – VV or VA Systemic Heparin: Indication: _____ Cardiac Monitoring – LidCO / PAC CVC + Inserted __/__/2020 Site _____ Peripheral Cannula x __ Inserted __/__/2020	Aims on ICU chart. Magnesium >1.0 mmol/l Potassium >4.0 mmol/l APTT Aim: _____ TTM / Bear Hugger ECHO	Inotropes/Vasopressors / GTN titrated to achieve aims. Apyrexial. Cultured. Electrolytes supplemented as charted. View ECMO booklet completed.	
3. Neurology Sedated and/or Paralyzed. Anticonvulsive	Sedation Hold (SH) CAM-ICU. DOLS	Aims completed. SH completed, outcome = appropriate or unsuccessful because _____	
4. Renal Urinary Catheter + Inserted __/__/2020 Vas-Cath + Inserted __/__/2020 Site _____ CRRT IVI Fluid Hartmans / NaCl 0.9%	Fluid balance aims on ICU chart. Weigh Continue CRRT CRRT Break Renal Referral	U/O >0.5ml/kg/hr. CRRT continued. CRRT clotted x __. Bladder washout. Furosemide given PRN or IVI.	
5. Gastro NGT / OGT / Ryles Tube + Inserted __/__/2020 Bowels Open Last __/__/2020 BMS + Inserted __/__/2020 Nausea + Vomiting TPN	Continue Feeding Aspirate Four Hourly Monitor bowels. PR Insulin Infusion / Diabetic Meds	Absorbing Y/N. Prokinetics. Bowels open – Type __ x __. BGL less than 10mmol/L with out insulin. SALT / Dietician / Diabetic Ref and/or R/V + Date __/__/2020. Trust NGT Risk Assessment completed.	
6. Wounds/Mobility/Nursing Care Air Mattress or Foam Mattress Wounds – Y / N Pressure Ulcer – where _____ since __/__/2020 PUP Score High = At Risk. Bed Rails In Use.	Turn 4-6 hourly Wound chart	All care completed in patients best-interests. Turned as charted. Pressure areas intact. Dependent with all ADLs. Eye and mouth care completed. Privacy and dignity maintained.	
7. Social NOK Who _____. Safeguarding issue Y/N	As below.	NOK rang, updated, given 020 34656883, Mon-Sun 8-8.	
8. Ward Round Antibiotics TEDS / LMWH / Flow Trons	All Bloods Reviewed Lines Reviewed Micro Review COCH Family Updated	All completed. Line changed – which one: _____. Line care completed. Other access documented:	
LD Ward Nurse 1:1 Name:		Signature:	
LD Supervising ICU Nurse:		Signature:	

Night Evaluation (delete as appropriate or tick as completed or add if variation)

1. Remains respiratory stable. Suctioned as charted. Tracheostomy Box checked as part of safety checks. Proned/Unproned times on ICU chart.
2. Remains cardiovascular stable.
3. Remains sedated and/or paralysed.
4. U/O >0.5ml/kg/hr. CRRT continued. CRRT clotted x \_\_. Bladder washout. Furosemide given PRN or IVI.
5. NGT continues. Absorbing. Trust NGT Risk Assessment completed.
6. All care completed in patients best-interests. Turned as charted. Pressure areas intact. Dependent with all ADLs. Eye and mouth care completed. Privacy and dignity maintained.
7. No K rang, updated
8. Night ward round completed.

N Ward Nurse Name:	Signature:
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N Supervising ICU Nurse:	Signature:
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Other Events That Require Documentation: (time/event/intervention/outcome/sign

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