Nursing Daily Norms

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| 0800* Head/Toe Assessment (check skin)
* Turn Pt
* Oral Cares
* PROM (passive range of motion)
* Foley Cares
* ECG Tracings
* Zero Arterial line
* Rotate ETT
 | 1000* Turn Pt
* Oral Cares
 | 1200* Head/Toe Assessment (check skin)
* CHG & subglottic suction
* Turn Pt
* Oral Cares
* PROM
* Rotate ETT
 |
| 1400* Turn Pt
* Oral Cares
 | **1600** * Head/Toe Assessment (check skin)
* Turn Pt
* Oral Cares
* PROM
* Rotate ETT
 | **1800*** Subglottic suction
* Turn Pt
* Oral Cares
* I & O’s / Totals
 |

* Hourly Vitals
* Vitals q 15 minutes with vasoactive gtt
* HOB 30° at all times for ETT, trach, enteral feeding pts
* Initiate CRLT for PEEP >8
* Assessments every 4 hours / Focus assmt as ordered
* Assess under devices for skin issues - use HAPI sheet
* Admission VS, Ht/Wt & allergies documented within 1 hour
* Home meds and four eyes on skin documented w/i 4 hours
* Braden Score – on admission & q shift
* 4 eyes on skin on admission or on transfer to unit
* Mepilex for Braden <18 or greater than a day
	+ Mark P (preventative) - change q 5 days
	+ T (treatment) - change q 3 days or as ordered
* Bladder scan pt 4-6 hours after Foley is removed

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| --- | --- | --- |
| 2000* Head/Toe Assessment (check skin)
* Turn Pt
* Oral Cares
* PROM (passive range of motion)
* Foley Cares
* ECG Tracings
* Zero Arterial line
* CHG Bath btw 2000-2200
* Rotate ETT
 | 2200* Turn Pt
* Oral Cares
 | 0000* Head/Toe Assessment (check skin)
* CHG & subglottic suction
* Turn Pt
* Oral Cares
* PROM
* Change OG irrigation kit
* Rotate ETT
 |
| 0200* Turn Pt
* Oral Cares
 | **0400** * Head/Toe Assessment (check skin)
* Turn Pt
* Oral Cares
* PROM
* Rotate ETT
 | **0600*** Subglottic suction
* Turn Pt
* Oral Cares
* I & O’s / Totals
* Weight

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**Night Shift Responsibilities:**

* Weight w/ bath or dialysis pt done at 0500-0600
* CHG Bath on EVERYONE in ICU
* Change EKG patches
* Dressing Changes
* Suction Canister changes
* Arterial line if about to expire

**Reminders**

Is the pt’s name, height, and weight in the monitor?

* This assures strips are labeled with correct patient information

Intensivist **day shift** 0730 off at 1930 **night shift** 1930 – 0730