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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* Initiate CRLT for PEEP >8
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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