

**Iyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A  
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

**Interventions - Continued**

Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity Sensory	Left Absent,Right Absent
Babinski Reflex Response	Left Absent,Right Absent
Document 11/28/22 22:00 XD (Rec: 11/28/22 22:25 XD Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/28/22 23:59 XD (Rec: 11/29/22 01:19 XD Desktop)	
Glasgow Coma Scale	
Assess	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

**Interventions - Continued**

Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 02:00	XD (Rec: 11/29/22 02:43 XD Desktop)
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity	Left Absent,Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 04:00 XD (Rec: 11/29/22 05:03 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent

**Iyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 06:00 XD (Rec: 11/29/22 06:42 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Left Absent, Right Absent
Document 11/29/22 08:00 UG (Rec: 11/29/22 09:48 UG Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None



**Lyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Absent, Right Absent
Mandible	Left Absent, Right Absent
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 10:00 UG (Rec: 11/29/22 15:52 UG Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 12:00 UG (Rec: 11/29/22 15:52 UG Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Total	4
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Absent
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Absent, Right Absent
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Absent Bilateral
Babinski Reflex Response	
Document 11/29/22 14:00 UG (Rec: 11/29/22 15:52 UG Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupils		
Protocol: CVA,NERVES		
Left	6	
Pupil Size (mm)	Unreactive	
Pupil Reaction		
Right	6	
Pupil Size (mm)	Unreactive	
Pupil Reaction		
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent	
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent	
Shoulder Shrug	Left Absent, Right Absent	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Absent, Right Absent	
Bilateral Lower Extremity Sensory	Left Absent, Right Absent	
Babinski Reflex Response	Absent Bilateral	
Document 11/29/22 16:00 UG (Rec: 11/29/22 17:15 UG Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Extension	
Total		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Glasgow Coma Scale Total

4

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Comatose

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Absent, Right Absent
Bilateral Lower Extremity	Sensory	Left Absent, Right Absent
Babinski Reflex Response		Absent Bilateral
Document	11/29/22 18:00 UG (Rec: 11/29/22 18:43 UG Desktop)	
Glasgow Coma Scale		
Assess		None
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Extension
Total		4
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Comatose
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Absent
Gag Reflex		Absent
Sense of Smell		Unable to test
Speech		Artificially Ventilated / Trached
Pupils		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 20:00 XD (Rec: 11/29/22 20:09 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	4

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

**Neurological Assessment (CVA)**

**Orientation**

Level of Consciousness

Comatose

**Facial**

**Protocol: CVA,NERVES**

EyeBrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

**Pupils**

**Protocol: CVA,NERVES**

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

**Visual**

**Protocol: CVA,NERVES**

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

**Motor**

**Protocol: CVA,NERVES**

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

Touch Sensory

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/29/22 22:00 XD (Rec: 11/30/22 00:39 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA.NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left		
Pupil Size (mm)	6	
Pupil Reaction	Unreactive	
Right		
Pupil Size (mm)	6	
Pupil Reaction	Unreactive	
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent	
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent	
Shoulder Shrug	Left Absent,Right Absent	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Left Unable to Test,Right Unable to Test	
Forehead	Left Unable to Test,Right Unable to Test	
Mandible	Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity	Left Absent,Right Absent	
Bilateral Lower Extremity	Left Absent,Right Absent	
Babinski Reflex Response	Absent Bilateral	
Document 11/29/22 23:59 XD (Rec: 11/30/22 00:39 XD Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Extension	
Total	4	
Glasgow Coma Scale Total		
Citation		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Neurological Assessment (CVA)

Orientation  
 Level of Consciousness

Comatose

Facial

Protocol: CVA.NERVES  
 Eyebrow Symmetry  
 Eyes Rises

Unable to Test  
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA.NERVES

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 02:00 XD (Rec: 11/30/22 04:40 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 04:00 XD (Rec: 11/30/22 04:40 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Comatose

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Absent

Absent

Unable to test

Artificially Ventilated / Trached

6

Unreactive

6

Unreactive

Unable to Test

Unable to Test

Unable to Test

Left Absent,Right Absent

Left Absent,Right Absent

Left Absent,Right Absent

Unable to Test

Left Unable to Test,Right Unable to



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Test	Left Absent, Right Absent
Babinski Reflex Response	Test	Absent Bilateral
Document 11/30/22 06:00 XD (Rec: 11/30/22 06:05 XD Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Extension	
Total		4
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)		6

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 08:00 JM (Rec: 11/30/22 09:48 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation  
 Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Unreactive

Pupil Reaction

Unreactive

Right

5

Pupil Size (mm)

Unreactive

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

Touch Sensory

Unable to Test

Protocol: CVA,NERVES

Cheek

Left Unable to Test, Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 10:00 JM (Rec: 11/30/22 11:07 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Unreactive

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right		5	
Pupil Size (mm)		Unreactive	
Pupil Reaction			
Visual			
Protocol: CVA,NERVES			
Visual Fields		Unable to Test	
States Number of Fingers Held 12 inches From Eyes		Unable to Test	
Vision, Reading		Unable to Test	
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity		Left Absent, Right Absent	
Motor Function, Bilateral Lower Extremity		Left Absent, Right Absent	
Shoulder Shrug		Left Absent, Right Absent	
Pronator Drift		Unable to Test	
Touch Sensory			
Protocol: CVA,NERVES			
Cheek		Left Unable to Test, Right Unable to Test	
Forehead		Left Unable to Test, Right Unable to Test	
Mandible		Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity		Left Absent, Right Absent	
Bilateral Lower Extremity		Left Absent, Right Absent	
Sensory		Left Absent, Right Absent	
Babinski Reflex Response		Absent Bilateral	
Document 11/30/22 12:00 JM (Rec: 11/30/22 12:10 JM Desktop)			
Glasgow Coma Scale			
Assess			
Eye Opening		None	
Verbal Response		None	
Motor Response		Flaccid	
Total		3	
Glasgow Coma Scale Total			
Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Neurological Assessment (CVA)			

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Absent, Right Absent
Bilateral Lower Extremity	Test	Left Absent, Right Absent
Babinski Reflex Response	Test	Absent Bilateral
Document 11/30/22 14:00 JM (Rec: 11/30/22 14:51 JM Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flaccid	
Total		3
Glasgow Coma Scale Total		
Citation		
Teadsdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA.NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	Unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA.NERVES		
Left	5	
Pupil Size (mm)		
Pupil Reaction	Unreactive	
Right		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity Sensory	Left Absent,Right Absent
Babinski Reflex Response	Left Absent,Right Absent
Document 11/30/22 16:00 JM (Rec: 11/30/22 16:05 JM Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

**Interventions - Continued**

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 18:00 JM (Rec: 11/30/22 18:03 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	
Pupil Size (mm)	5

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupill Reaction	Unreactive
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 20:00 HL (Rec: 11/30/22 23:58 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

	Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/30/22 22:00 HL (Rec: 12/01/22 00:02 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	
Glasgow Coma Scale Total	3
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	5
Pupil Reaction	Unreactive

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity		Left Absent, Right Absent
Shoulder Shrug		Left Absent, Right Absent
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Absent, Right Absent
Bilateral Lower Extremity Sensory		Left Absent, Right Absent
Babinski Reflex Response		Absent Bilateral
Document 11/30/22 23:59 HL (Rec: 12/01/22 00:59 HL Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Flaccid
Total		3
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Comatose
Facial		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: CVA.NERVES  
Eyebrow Symmetry      Unable to Test  
Eyes Rises      Unable to Test  
Smile Rises      Unable to Test  
Tongue Deviation      Unable to Test  
Eye Movement      Unable to Test  
Cough Reflex      Absent  
Gag Reflex      Absent  
Sense of Smell      unable to test  
Speech      Artificially Ventilated / Trached

Pupils  
Protocol: CVA.NERVES  
Left      5  
Pupil Size (mm)      Unreactive  
Pupil Reaction      Unreactive  
Right      5  
Pupil Size (mm)      Unreactive  
Pupil Reaction      Unreactive

Visual  
Protocol: CVA.NERVES  
Visual Fields      Unable to Test  
States Number of Fingers Held 12 inches From Eyes      Unable to Test  
Vision, Reading      Unable to Test

Motor  
Protocol: CVA.NERVES  
Motor Function, Bilateral Upper Extremity      Left Absent, Right Absent  
Motor Function, Bilateral Lower Extremity      Left Absent, Right Absent  
Shoulder Shrug      Left Absent, Right Absent  
Pronator Drift      Unable to Test  
Touch Sensory      Unable to Test

Protocol: CVA.NERVES  
Cheek      Left Unable to Test, Right Unable to Test  
Forehead      Left Unable to Test, Right Unable to Test  
Mandible      Left Unable to Test, Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

**Interventions - Continued**

Bilateral Upper Extremity      Left Absent, Right Absent  
 Bilateral Lower Extremity Sensory      Left Absent, Right Absent  
 Babinski Reflex Response      Absent Bilateral  
 Document 12/01/22 02:00 HL (Rec: 12/01/22 04:30 HL Desktop)  
 Glasgow Coma Scale

**Assess**

Eye Opening      None  
 Verbal Response      None  
 Motor Response      Flaccid

**Total**

Glasgow Coma Scale Total      3

**Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Neurological Assessment (CVA)**

Orientation      Comatose  
 Level of Consciousness

**Facial**

**Protocol: CVA, NERVES**

Eyebrow Symmetry      Unable to Test  
 Eyes Rises      Unable to Test  
 Smile Rises      Unable to Test  
 Tongue Deviation      Unable to Test  
 Eye Movement      Unable to Test  
 Cough Reflex      Absent  
 Gag Reflex      Absent  
 Sense of Smell      Unable to Test  
 Speech      Artificially Ventilated / Trached

**Pupils**

**Protocol: CVA, NERVES**

Left      5  
 Pupil Size (mm)  
 Pupil Reaction      Unreactive  
 Right      5  
 Pupil Size (mm)  
 Pupil Reaction      Unreactive  
 Visual



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 12/01/22 04:00 HL (Rec: 12/01/22 04:47 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA.NERVES	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Bilateral Lower Extremity Sensory      Left Absent, Right Absent  
 Babinski Reflex Response      Absent Bilateral  
 Document 12/01/22 06:00 HL (Rec: 12/01/22 06:49 HL Desktop)

Glasgow Coma Scale  
 Assess  
     Eye Opening      None  
     Verbal Response      None  
     Motor Response      Flaccid

Total      3

Citation      Glasgow Coma Scale Total  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

**Neurological Assessment (CVA)**

2:81-4.  
 Orientation      Comatose  
 Level of Consciousness

**Facial**

Protocol: CVA.NERVES      Unable to Test  
 Eyebrow Symmetry      Unable to Test  
 Eyes Rises      Unable to Test

Smile Rises      Unable to Test  
 Tongue Deviation      Unable to Test

Eye Movement      Unable to Test  
 Cough Reflex      Absent

Gag Reflex      Absent  
 Sense of Smell      unable to test

Speech      Artificially Ventilated / Trached

**Pupils**

Protocol: CVA.NERVES

Left      5

Pupil Size (mm)      Unreactive  
 Pupil Reaction

Right      5

Pupil Size (mm)      Unreactive  
 Pupil Reaction

Visual      Unreactive  
 Protocol: CVA.NERVES

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity Sensory	Left Absent,Right Absent
Babinski Reflex Response	Left Absent,Right Absent
Document 12/01/22 08:00 JR (Rec: 12/01/22 09:42 JR Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
EyeBrow Symmetry	Unable to Test

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

**Interventions - Continued**

Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Document 12/01/22 10:00 JR (Rec: 12/01/22 10:26 JR Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flaccid	
Total	3	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA.NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA.NERVES		
Left	5	
Pupil Size (mm)		
Pupil Reaction	Unreactive	
Right		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 12/01/22 12:00 JR (Rec: 12/01/22 12:23 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
2:81-4.

**Neurological Assessment (CVA)**

**Orientation**

Level of Consciousness

Comatose

**Facial**

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

**Pupils**

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

5

Pupil Reaction

Unreactive

**Visual**

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

**Motor**

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pronator Drift	Test	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test	
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test	
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Document 12/01/22 14:00 JR (Rec: 12/01/22 14:17 JR Desktop)		
Glasgow Coma Scale		
Assess	None	
Eye Opening	None	
Verbal Response	None	
Motor Response	Flaccid	
Total	3	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Babinski Reflex Response

Absent Bilateral

Document 12/01/22 16:00 JR (Rec: 12/01/22 16:36 JR Desktop)

Glasgow Coma Scale

Assess

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Total

Glasgow Coma Scale Total

3

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

5

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 12/01/22 18:00 JR (Rec: 12/01/22 18:08 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Left Unable to Test,Right Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Document 12/01/22 20:00 HL (Rec: 12/01/22 21:50 HL Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flaccid	
Total		3
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Comatose
Facial		
Protocol: CVA, NERVES		
Eyeblink Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Absent
Gag Reflex		Absent
Sense of Smell		unable to test
Speech		Artificially Ventilated / Trached
Pupils		
Protocol: CVA, NERVES		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left			
Pupil Size (mm)	5		
Pupil Reaction	Unreactive		
Right			
Pupil Size (mm)	5		
Pupil Reaction	Unreactive		
Visual			
Protocol: CVA,NERVES			
Visual Fields	Unable to Test		
States Number of Fingers Held 12 inches From Eyes	Unable to Test		
Vision, Reading	Unable to Test		
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test		
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test		
Shoulder Shrug	Left Unable to Test,Right Unable to Test		
Pronator Drift	Unable to Test		
Touch Sensory	Left Unable to Test,Right Unable to Test		
Protocol: CVA,NERVES			
Cheek	Left Unable to Test,Right Unable to Test		
Forehead	Left Unable to Test,Right Unable to Test		
Mandible	Left Unable to Test,Right Unable to Test		
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test		
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test		
Babinski Reflex Response	Absent Bilateral		
Document 12/01/22 22:00 HL (Rec: 12/01/22 22:17 HL Desktop)			
Glasgow Coma Scale			
Assess			
Eye Opening	None		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flaccid
Total	
Glasgow Coma Scale Total	3
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Test
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Left Unable to Test, Right Unable to Test
Touch Sensory	Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 12/01/22 23:59 HL (Rec: 12/02/22 00:18 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

**Interventions - Continued**

Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 12/02/22 02:00 HL (Rec: 12/02/22 02:56 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	
Pupil Size (mm)	5

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupill Reaction	Unreactive
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 12/02/22 04:00 HL	(Rec: 12/02/22 04:51 HL Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Neurological Assessment (CVA)

Orientation  
 Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES  
 Eyebrow Symmetry

Eyes Rises

Unable to Test  
 Unable to Test

Smile Rises

Tongue Deviation

Unable to Test  
 Unable to Test

Eye Movement

Cough Reflex

Absent

Gag Reflex

Sense of Smell

Absent

Speech

unable to test  
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

5

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Unable to Test  
 Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Nutrition Follow-Up Assessment **Start:** 10/19/22 10:07  
 Freq: **Status:** Discharge

Protocol: 10/26/22 14:18 KV (Rec: 10/26/22 14:27 KV Desktop)  
 Document 10/26/22 14:18 KV (Rec: 10/26/22 14:27 KV Desktop)

Nutrition Follow-Up  
 Patient History  
 Date of Assessment 10/26/22  
 Medical Diagnosis Hydrocephalus  
 Medications Levemir, Novolog, Novolin R, Levothyroxine, Prinivil  
 Relevant Labs Na 136, K 4.5, BUN 16, Cr 0.93, eGFR > 60, BG 267, POC BG 260/275, Ca 8.7, Phos 3.8, Mag 1.8  
 Labs  
 Anthropometric Measurements  
 Height 5 Ft 3 in  
 Comment 10/21-10/26: 110 kg  
 10/19: 118 kg  
 Weight Calculations  
 Ideal Body Weight 52 kg  
 Adjusted Body Weight 67 kg  
 Percent of Ideal Body Weight (%) 211  
 Calculated Calorie Requirement

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Calculated Calorie Requirement Range	25-30 Kcal/kg
Body Weight Method	Adjusted Body Weight
Body Weight Comment	67 kg
Total Kcal	1675-2010 kcals
Calculated Protein Requirement	1.0-1.2 gm protein/kg
Calculated Grams Protein Range	Adjusted Body Weight
Body Weight Method	67 kg
Body Weight Comment	67-80 g pro
Total Protein	25-30 ml/kg
Calculated Fluid Requirement	67 kg
Calculated Fluid Requirement	1675-2010 mls or per MD
Body Weight Comment	
mls Fluid Requirements	
Pressure Injury	
Pressure Injury Locations	None documented
Intake Assessment	
Current Diet Ordered	10/25: NPO
Assessment of Intake	10/26: NPO
	10/19-10/25: 75-100% all recorded meals, mostly 100%
Nutrition Note	Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. Transferred to QVH for further neurological assessment/treatment. Pending neuro surgery today 10/26.
	- Pt w/ NSG at time of attempted visit
	. Pt NPO today for OR w/ neuro.
	Remains w/ good PO intake until placed NPO, no other nutritional concerns at this time. Continue to monitor.
Nutrition Risk	Moderate
Nutrition Risk Level	
Nutrition Diagnosis	Impaired nutrient utilization R/T DM
Previous Diagnosis	AEB CCD low diet order, POC BG 104-363

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Current Diagnosis

while admitted  
 Impaired nutrient utilization R/T DM  
 AEB elevated Bg levels, receiving  
 exogenous insulin to maintain Bg  
 levels

Dietitian Assessment/Notification

The following are indicators for Diagnosis of Protein Calorie Malnutrition (PCM):  
 PO intake remains >75%

Pre-Teaching Assessment

Nutrition Education Not Appropriate Due To

Confusion

Nutrition Interventions  
 Intervention

Advance Diet as Tolerated, Family/  
 Nursing to Continue to Encourage Meal  
 Intake

Nutrition Recommendations

Update Weight/Reweigh Patient, Advance  
 Diet as Tolerated  
 Resume oral diet once pt is back from  
 OR

Comments

Nutrition Monitor and Evaluate  
 Monitor and Evaluate

PO Intake of Meals, Diet Tolerance, Lab  
 Values/Changes, Weight Change, NPO  
 Status, Intake and Output

Nutrition Re-Assessment

Days to Follow-Up

Needs Re-Assessment

Document 10/28/22 14:13 MR (Rec: 10/28/22 16:35 MR QDIETARY103)

5  
 10/31/22

Nutrition Follow-Up

Patient History

Date of Assessment

Medical Diagnosis

Medications

10/28/22  
 Hydrocephalus  
 Pepcid, Insulin Human Regular (1 unit/  
 hr), NS @ 50 ml/hr, Prinivil  
 - Dulcolax (PRN/not given)

Relevant Labs

10/28: Na 142, K 4.3, BUN 26 H, Cr 1.  
 06, eGFR 53 L, Bg 146 H, POC Bg 136 H,



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anthropometric Measurements

Height  
 Comment

142 H, 141 H, 149 H  
 5 ft 3 in  
 10/27-10/28: 104.5 kg - bed scale wt;  
 wt discrepancy noted; RD to use ICU  
 bed scale wt from RN on 10/27 & 10/28  
 to re-estimate pt's nutrition needs  
 10/21-10/26: 110 kg - bed scale wt  
 10/19: 118 kg

Weight Calculations  
 Ideal Body Weight

Calculated Calorie Requirement  
 Calculated Calorie Requirement Range

52.3 kg  
 11-14 kcal/kg ABW; intubation, BMI 40.  
 8 kg/m<sup>2</sup>  
 Actual Body Weight  
 104.5 kg; updated 10/28  
 1150-1460 kcal

Body Weight Method  
 Body Weight Comment  
 Total Kcal  
 Calculated Protein Requirement  
 Calculated Protein Requirement Range

1.2-2.0 g protein/kg; intubation,  
 hypocaloric feedings (ASPEN guidelines  
 )  
 Ideal Body Weight  
 52.3 kg used; updated 10/28  
 63-105 g protein

Body Weight Method  
 Body Weight Comment  
 Total Protein  
 Calculated Fluid Requirement  
 Calculated Fluid Requirement

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements  
 Pressure Injury  
 Pressure Injury Locations  
 Intake Assessment

Current Diet Ordered  
 Assessment of Intake  
 Nutrition Note

None noted at this time.  
 NPO  
 - NS @ 50 ml/hr: 1200 mls  
 Pt is a 61 y/o F w/ pmhx of DM, HTN,  
 hypothyroidism brought to FPH ED for  
 AMS. Brain MRI revealed cystic lesion

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

and hydrocephalus. Transferred to QVH for further neurological assessment/treatment. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remained intubated post-op. When pt on PO diet (CCD/low+low sodium ; no seafood), intake was good at 75-100% meals from 10/19-10/25.

- Consult received today from Dr. Batou at ~09:34 AM for tube feeding.
- Pt in ICU-7. Insulin drip in place at 1 unit/hr. Vent AC mode, FIO2 30%. IV fluid in place - NS @ 50 ml/hr. RN providing bedside care. OGT in place. Spoke with RN after to relay TF recommendations. Discussed Glucerna 1. 2 @ 20 ml/hr start rate, goal rate 45 ml/hr & Prosource 1 packet daily. See recommendation section below for complete details. Last BM recorded on 10/22 x1. Bowel med (Dulcolax) in place if needed, rec provide if no BM today.
- Labs noted. POC BG within desirable range, on insulin drip at this time. Renal labs noted, WNL on admission; will monitor. Most recent K+ WNL.
- Nutritional risk changed to high d/t change in condition: intubation, tube feeding/nutrition support plans.

High

Impaired nutrient utilization R/T DM  
 AEB elevated BG levels, receiving  
 exogenous insulin to maintain BG

Nutrition Risk  
 Nutrition Risk Level  
 Nutrition Diagnosis  
 Previous Diagnosis

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nutrition Status  
Current Diagnosis

Levels.  
Unresolved  
Increased nutrient need (protein) R/T  
increased nutritional demands for  
intubation AEB need for 1.2-2.0 g  
protein/kg IBW for BMI for LBM  
preservation.

Pre-Teaching Assessment  
Nutrition Education Not Appropriate Due To

NPO, Intubated

Nutrition Interventions  
Comments

- See nutrition recommendations below,  
in 10/28 note.

Nutrition Recommendations  
Comments

1. Initiate TF via OGT: Glucerna 1.2 @ 20 ml/hr, increase 10 mls Q6H as tolerated until 45 ml/hr goal rate is reached
  2. Prosource 1 packet daily
- Provides:  
- TF: Glucerna 1.2 @ 45 ml/hr: 1296 kcal, 65 g protein, and 869 mls free water  
- Prosource (1): 60 kcal, 15 g protein, and ~60 mls free water  
TOTAL: 1356 kcal (100%, 13.0 kcal/kg ABW) & 80 g protein (1.5 g protein/kg IBW)

Nutrition Monitor and Evaluate  
Monitor and Evaluate

Lab Values/Changes, Weight Change, NPO Status, Skin Integrity, IV Fluid Rate, Intake and Output  
- Nutrition recommendations

Comment  
Nutrition Re-Assessment  
Days to Follow-Up  
Needs Re-Assessment

3  
10/31/22

10/28/22 14:13 (created 10/28/22 16:37) Dietitian Nutrition Note by Ronquillo, Michelle Arnalia  
Nutrition re-assessment & consult for tube feeding completed today. Please refer to attached link for complete details.

**Lyons, Kathleen A**

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61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Recommendations noted below as well.

**Recommendations:**

- 1. Initiate TF via OGT: Glucerna 1.2 @ 20 ml/hr, increase 10 mls Q6H as tolerated until 45 ml/hr goal rate is reached**
- 2. Prosource 1 packet daily**

Provides:

- TF: Glucerna 1.2 @ 45 ml/hr: 1296 kcal, 65 g protein, and 869 mls free water
- Prosource (1): 60 kcal, 15 g protein, and ~60 mls free water
- TOTAL: 1356 kcal (100%, 13.0 kcal/kg ABW) & 80 g protein (1.5 g protein/kg IBW)

Clinical Nutrition team will continue to follow-up with patient as per protocol.

Initialized on 10/28/22 16:37 - END OF NOTE

Document      10/31/22 13:05      MR      (Rec: 10/31/22 17:29      MR      QDIETARY103)

Nutrition Follow-Up

Patient History

Date of Assessment

Medical Diagnosis

Anthropometric Measurements

Height

Comment

10/31/22  
Hydrocephalus

5 Ft 3 in  
10/27-10/28: 104.5 kg - bed scale wt;  
wt discrepancy noted; RD to use ICU  
bed scale wt from RN on 10/27 & 10/28  
to re-estimate pt's nutrition needs  
10/21-10/26: 110 kg - bed scale wt  
10/19: 118 kg

Weight Calculations  
Ideal Body Weight  
Calculated Calorie Requirement  
Calculated Calorie Requirement Range

52.3 kg  
11-14 kcal/kg ABW; intubation, BMI 40.  
8 kg/m2

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Body Weight Method  
 Body Weight Comment  
 Total Kcal  
 Calculated Protein Requirement  
 Calculated Grams Protein Range

Actual Body Weight  
 104.5 kg; updated 10/28  
 1150-1460 kcal

1.2-2.0 g protein/kg; intubation,  
 hypocaloric feedings (ASPEN guidelines  
 )

Body Weight Method  
 Body Weight Comment  
 Total Protein  
 Calculated Fluid Requirement

Ideal Body Weight  
 52.3 kg used; updated 10/28  
 63-105 g protein

Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered  
 Assessment of Intake

None noted at this time.

Nutrition Note

NPO  
 - NS @ 50 ml/hr: 1200 mls  
 - TF: Glucerna 1.2 @ 45 ml/hr: 1296 kcal, 65 g protein, and 869 mls free water  
 - Prosource (1): 60 kcal, 15 g protein, and ~60 mls free water  
 - FWF: 150 mls Q6H: 600 mls  
 TOTAL: 1356 kcal (100%, 13.0 kcal/kg ABW), 80 g protein (1.5 g protein/kg IBW), and 2729 mls (52.2 ml/kg IBW)  
 Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothryroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. Transferred to QVH for further neurological assessment/treatment. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

	<p>10/26. Pt remained intubated post-op. When pt on PO diet (CCD/low+low sodium ; no seafood), intake was good at 75-100% meals from 10/19-10/25. Pt started on TF on 10/28.</p> <ul style="list-style-type: none"> <li>- Pt in ICU-7. Vent AC mode, FIO2 30%. EVD in place. IV fluid continues, NS @ 50 ml/hr. TF infusing via OGT - Glucerna 1.2 @ 45 ml/hr goal rate.&amp; Prosource 1 packet daily. RN confirms pt tolerating TF well at this time &amp; Prosource being given. FWF added today</li> <li>- 150 mls Q6H. BM x1 noted yesterday, 10/30. details.</li> <li>- Labs noted. POC BG 143-256 in past 24-hrs. Need for tighter BG control. Renal labs WNL again. Na elevated, see FWF order.</li> </ul>
<p>Nutrition Risk                  Nutrition Risk Level                  Nutrition Diagnosis                  Previous Diagnosis</p>	<p>High</p> <p>Increased nutrient need (protein) R/T increased nutritional demands for intubation AEB need for 1.2-2.0 g protein/kg IBW for BMI for LBM preservation.</p>
<p>Nutrition Status                  Current Diagnosis</p>	<p>Unresolved</p> <p>Increased nutrient need (protein) R/T increased nutritional demands for intubation AEB need for 1.2-2.0 g protein/kg IBW for BMI for LBM preservation.</p>
<p>Pre-Teaching Assessment                  Nutrition Education Not Appropriate Due To                  Nutrition Interventions                  Intervention</p>	<p>Intubated,Receiving Tube Feeding</p> <p>Continue Current TF as Tolerated, Family/Nursing to Continue to</p>

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nutrition Recommendations

Comments

Encourage Meal Intake

1. Continue TF via OGT: Glucerna 1.2 @ 45 ml/hr
2. Continue Prosource 1 packet daily
3. Continue FWE: 150 mls Q6H

Nutrition Monitor and Evaluate

Lab Values/Changes, NPO Status, Tube Feeding Tolerance, Skin Integrity, IV Fluid Rate, Intake and Output  
 - Nutrition recommendations

Comment

Nutrition Re-Assessment

Days to Follow-Up

Needs Re-Assessment

Document

Nutrition Follow-Up

Patient History

Date of Assessment

Medical Diagnosis

Medications

Relevant Labs

Labs

11/03: Na 132 L, K 4.3, BUN 19, Cr 0.88, eGFR >60, BG 265 H, POC BG 223 H, 237 H, 195 H

Anthropometric Measurements

Height

Comment

5 ft 3 in  
 11/03: 106 kg - bed scale wt  
 10/27-10/28: 104.5 kg - bed scale wt;  
 wt discrepancy noted; RD to use ICU bed scale wt from RN on 10/27 & 10/28 to re-estimate pt's nutrition needs  
 10/21-10/26: 110 kg - bed scale wt  
 10/19: 118 kg

Weight Calculations  
 Ideal Body Weight  
 Calculated Calorie Requirement

52.3 kg

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Calculated Calorie Requirement Range

11-14 kcal/kg ABW; intubation, EMT 40.  
 8 kg/m<sup>2</sup>  
 Body Weight Method  
 Actual Body Weight  
 104.5 kg; updated 10/28  
 Total Kcal  
 1150-1460 kcal

Calculated Protein Requirement  
 Calculated Grams Protein Range

1.2-2.0 g protein/kg; intubation,  
 hypocaloric feedings (ASPEN guidelines  
 )  
 Ideal Body Weight  
 52.3 kg used; updated 10/28  
 63-105 g protein

Calculated Fluid Requirement  
 Calculated Fluid Requirement

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

Body Weight Method  
 Body Weight Comment  
 Total Protein  
 Calculated Fluid Requirement  
 Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements  
 Pressure Injury  
 Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered

None noted at this time.

Assessment of Intake

TF: Glucerna 1.2 @ 45 ml/hr, Prosource  
 1x/day  
 - TF: Glucerna 1.2 @ 45 ml/hr: 1296  
 kcal, 65 g protein, and 869 mls free  
 water  
 - Prosource (1): 60 kcal, 15 g protein  
 , and ~60 mls free water  
 - FWF: 150 mls Q6H: 600 mls  
 TOTAL: 1356 kcal (100%, 13.0 kcal/kg  
 ABW), 80 g protein (1.5 g protein/kg  
 IBW), and 2729 mls (52.2 ml/kg IBW)  
 Pt is a 61 y/o F w/ pmhx of DM, HTN,  
 hypothyroidism brought to FPH ED for  
 AMS. Brain MRI revealed cystic lesion  
 and hydrocephalus. Transferred to QVH  
 for further neurological assessment/  
 treatment. S/p right frontal

Nutrition Note



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remained intubated post-op. When pt on PO diet (CCD/low+low sodium ; no seafood), intake was good at 75-100% meals from 10/19-10/25. Pt started on TF on 10/28. Per 11/02 Neurosurgical note: "pt with poor prognosis, need to discuss with family goals of care".

- Pt in ICU-7. Vent AC mode, FIO2 28%. EVD in place. TF infusing via OGT - Glucerna 1.2 @ 45 ml/hr goal rate & Prosource 1 packet daily. RN confirms pt tolerating TF well at this time & Prosource being given per order. FWF added 10/31 - 150 mls Q6H. BM xl noted on 10/30. Dulcolax (PRN) available, provide if pt remains without BM today

- Labs noted. POC BG 171-237 in past 24-hrs. Novolin N 30 units Q8H added on 11/02.

\*Palliative Care RN note on 11/02- family awaiting discussion with Neurosurgeon before deciding on trach/PEG.

High

Increased nutrient need (protein) R/T  
increased nutritional demands for intubation AEB need for 1.2-2.0 g protein/kg IBW for BMI for LBM preservation.

Unresolved  
Increased nutrient need (protein) R/T

Nutrition Risk

Nutrition Risk Level

Nutrition Diagnosis

Previous Diagnosis

Nutrition Status

Current Diagnosis

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

increased nutritional demands for intubation AEB need for 1.2-2.0 g protein/kg IBW for BMT for IBM preservation.

Receiving Tube Feeding

Continue Current TF as Tolerated

1. Continue TF via OGT: Glucerna 1.2 @ 45 ml/hr
2. Continue Prosource 1 packet daily
3. Continue FWE: 150 mls Q6H

Lab Values/Changes, Tube Feeding Tolerance, Skin Integrity, Intake and Output

- Goals of care

3  
 11/06/22

11/06/22  
 Hydrocephalus  
 Pepcid, Novolog (PRN coverage),  
 Novolin N 37 units Q8H

11/06: Na 133 L, K 4.7 H, BUN 32 H, Cr 1.28 H, eGFR 42 L, BG 151 H, POC BG 146 H

5 Ft 3 in  
 11/06: 105 kg - bed scale wt  
 11/03: 106 kg - bed scale wt  
 10/27-10/28: 104.5 kg - bed scale wt;

Pre-Teaching Assessment  
 Nutrition Education Not Appropriate Due To Nutrition Interventions  
 Intervention  
 Nutrition Recommendations  
 Comments

Nutrition Monitor and Evaluate  
 Monitor and Evaluate

Comment  
 Nutrition Re-Assessment  
 Days to Follow-Up  
 Needs Re-Assessment  
 Document 11/06/22 11:17 KV (Rec: 11/06/22 11:30 KV Desktop)  
 Nutrition Follow-Up  
 Patient History  
 Date of Assessment  
 Medical Diagnosis  
 Medications

Relevant Labs  
 Labs

Anthropometric Measurements  
 Height  
 Comment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

wt discrepancy noted; RD to use ICU bed scale wt from RN on 10/27 & 10/28 to re-estimate pt's nutrition needs  
 10/21-10/26: 110 kg - bed scale wt  
 10/19: 118 kg

Weight Calculations  
 Ideal Body Weight  
 Adjusted Body Weight  
 Percent of Ideal Body Weight (%)

52.3 kg  
 67 kg  
 211

Calculated Calorie Requirement  
 Calculated Calorie Requirement Range

11-14 kcal/kg ABW; intubation, BMI 40.  
 8 kg/m2  
 Actual Body Weight  
 104.5 kg; updated 10/28  
 1150-1460 kcal

Body Weight Method  
 Body Weight Comment  
 Total Kcal  
 Calculated Protein Requirement  
 Calculated Grams Protein Range

1.2-2.0 g protein/kg; intubation, hypocaloric feedings (ASPEN guidelines)

Body Weight Method  
 Body Weight Comment  
 Total Protein  
 Calculated Fluid Requirement  
 Calculated Fluid Requirement  
 Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements

Ideal Body Weight  
 52.3 kg used; updated 10/28  
 63-105 g protein  
 35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

Pressure Injury  
 Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered

None noted at this time.

Assessment of Intake

TF: Glucerna 1.2 @ 45 ml/hr, Prosource 1x/day  
 - TF: Glucerna 1.2 @ 45 ml/hr: 1296 kcal, 65 g protein, and 869 mls free water  
 - Prosource (1): 60 kcal, 15 g protein, and ~60 mls free water

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

## Nutrition Note

- FWF: 150 mls Q6H; 600 mls  
 TOTAL: 1356 kcal (100%, 13.0 kcal/kg  
 ABW), 80 g protein (1.5 g protein/kg  
 IBW), and 2729 mls (52.2 ml/kg IBW)  
 Pt is a 61 y/o F w/ pmhx of DM, HTN,  
 hypothyroidism brought to FPH ED for  
 AMS. Brain MRI revealed cystic lesion  
 and hydrocephalus. Transferred to QVH  
 for further neurological assessment/  
 treatment. S/p right frontal  
 endoscopic transventricular resection  
 of colloid cyst, placement of EVD on  
 10/26. Pt remained intubated post-op.  
 When pt on PO diet (CCD/low+low sodium  
 ; no seafood), intake was good at 75-  
 100% meals from 10/19-10/25. Pt  
 started on TF on 10/28. Per 11/02  
 Neurosurgical note: "pt with poor  
 prognosis, need to discuss with family  
 goals of care".

- Pt in ICU-7. Vent VC+ mode, Fio2 28%  
 . EVD in place, Neurosurgical Progress  
 Note indicates plan is to wean. TF  
 infusing via OGF - Glucerna 1.2 @ 45  
 ml/hr goal rate & Prosource 1 packet  
 daily. Pt continues to tolerate TF  
 well at this time & Prosource being  
 given per order. FWF added 10/31 - 150  
 mls Q6H. BM x1 noted early this  
 morning 11/06; appears to be having  
 regular BM's.

- Labs noted. POC BG 133-319 in past  
 24-hrs. Novolin N 37 units Q8H  
 increased on 11/05, BG more controlled  
 today. Renal markers becoming more  
 altered, Cr 1.28 today, continue FWF's  
 . UOP decreased on 11/05, improving

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

today.

- Physician note on 11/04 note family discussion with Neurosurgeon deciding on trach/PEG.

High

Nutrition Risk  
Nutrition Risk Level  
Nutrition Diagnosis  
Previous Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for intubation AEB need for 1.2-2.0 g protein/kg IBW for BMI for LBM preservation.

Nutrition Status  
Current Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for intubation AEB need for 1.2-2.0 g protein/kg IBW for BMI & LBM preservation.

Dietitian Assessment/Notification  
The following are indicators for

Diagnosis of Protein Calorie Malnutrition (PCM):

Comments

TF continues at goal rate.

Pre-Teaching Assessment  
Nutrition Education Not Appropriate

Receiving Tube Feeding

Nutrition Interventions  
Intervention

Continue Current TF as Tolerated

Nutrition Recommendations  
Comments

1. Continue TF via OGT: Glucerna 1.2 @ 45 ml/hr
2. Continue Prosource 1 packet daily
3. Continue FWE: 150 mls Q6H

Nutrition Monitor and Evaluate  
Monitor and Evaluate

Lab Values/Changes, Tube Feeding Tolerance, Skin Integrity, Intake and Output

Comment  
Nutrition Re-Assessment

- Goals of care

Days to Follow-Up

3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Needs Re-Assessment      11/09/22  
Document      11/09/22 13:30      MR      (Rec: 11/09/22 17:14      MR      QDIETARY103)

**Nutrition Follow-Up**

Patient History  
Date of Assessment  
Medical Diagnosis  
Medications

**Relevant Labs**

Labs

11/09: Na 133 L, K 4.3, BUN 20, Cr 0.96, eGFR 59 L, BG 179 H, POC BG 169 H, 160 H

**Anthropometric Measurements**

Height  
Comment

5 Ft 3 in  
11/06: 105 kg - bed scale wt  
11/03: 106 kg - bed scale wt  
10/27-10/28: 104.5 kg - bed scale wt;  
wt discrepancy noted; RD to use ICU  
bed scale wt from RN on 10/27 & 10/28  
to re-estimate pt's nutrition needs  
10/21-10/26: 110 kg - bed scale wt  
10/19: 118 kg

**Weight Calculations**

Ideal Body Weight  
Calculated Calorie Requirement  
Calculated Calorie Requirement Range

Body Weight Method  
Body Weight Comment  
Total Kcal

Calculated Protein Requirement  
Calculated Grams Protein Range

Body Weight Method  
Body Weight Comment  
Total Protein  
Calculated Fluid Requirement

1.3-1.5 g protein/kg IBW; trach to vent  
Ideal Body Weight  
52.3 kg used; updated 11/09  
68-78 g protein

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Calculated Fluid Requirement  
 Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements  
 Pressure Injury  
 Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered  
 Assessment of Intake

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

None noted at this time.

TF: Glucerna 1.2 @ 45 ml/hr, Prosource  
 1x/day

- TF: Glucerna 1.2 @ 45 ml/hr: 1296  
 kcal, 65 g protein, and 869 mls free  
 water

- Prosource (1): 60 kcal, 15 g protein  
 , and ~60 mls free water

- FWF: 150 mls Q6H: 600 mls

TOTAL: 1356 kcal (100%, 25.9 kcal/kg  
 IBW), 80 g protein (1.5 g protein/kg  
 IBW), and 2729 mls (52.2 ml/kg IBW)

Pt is a 61 y/o F w/ pmhx of DM, HTN,  
 hypothyroidism brought to FPH ED for  
 AMS. Brain MRI revealed cystic lesion  
 and hydrocephalus. Transferred to QVH  
 for further neurological assessment/  
 treatment. S/p right frontal  
 endoscopic transventricular resection  
 of colloid cyst, placement of EVD on  
 10/26. Pt remained intubated post-op.  
 When pt on PO diet (CCD/low+low sodium  
 ; no seafood), intake was good at 75-  
 100% meals from 10/19-10/25. Pt  
 started on TF on 10/28. Per notes,  
 family decided on trach & PEG. S/p  
 trach today, 11/09.  
 - Pt in ICU-7. Pt trach to vent now.  
 Pt's family member at bedside. Spoke  
 to family member to discuss nutrition  
 support meeting nutritional needs,

## Nutrition Note

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

family member verbalized understanding  
. TF infusing via OGT - Glucerna 1.2 @  
45 ml/hr goal rate & Prosource 1  
packet daily. Pt continues to tolerate  
TF well at this time & Prosource  
continues to be given per order. FWF  
added 10/31 - 150 mls Q6H. BM x1 noted  
on 11/06. Pt NPO at midnight for PEG  
placement.  
- Labs noted. POC BG 160-186 in past  
24-hrs. Renal markers improved, BUN/Cr  
WNL again.

High

Nutrition Risk  
Nutrition Risk Level  
Nutrition Diagnosis  
Previous Diagnosis

Increased nutrient need (protein) R/T  
increased nutritional demands for  
intubation AEB need for 1.2-2.0 g  
protein/kg IBW for BMI & LBM  
preservation.  
Unresolved

Nutrition Status  
Current Diagnosis

Increased nutrient need (protein) R/T  
increased nutritional demands for  
current status AEB need for 1.3-1.5 g  
protein/kg IBW for BMI & LBM  
preservation.

Pre-Teaching Assessment  
Nutrition Education Not Appropriate Due To  
Nutrition Recommendations

Comments

- Receiving Tube Feeding
1. Continue TF: Glucerna 1.2 @ 45 ml/hr; may also advance to 50 ml/hr goal rate and d/c Prosource if pt at 50 ml/hr (1.37 g protein/kg IBW)
  2. Continue Prosource 1 packet daily
  3. Continue FWF: 150 mls Q6H

Nutrition Monitor and Evaluate  
Monitor and Evaluate

Lab Values/Changes, Weight Change, Tube



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Feeding Tolerance, Skin Integrity,  
 Intake and Output

Nutrition Re-Assessment  
 Days to Follow-Up

Needs Re-Assessment 3  
 11/12/22

Document 11/12/22 09:21 TP (Rec: 11/12/22 10:02 TP QDIETARY104)

Nutrition Follow-Up

Patient History  
 Date of Assessment

11/12/22  
 Hydrocephalus

Medical Diagnosis  
 Medications  
 Novolin, Vancomycin

Relevant Labs

Labs  
 11/12:  
 NA/K 136/4.0, BUN/Crea 13/0.73, GFR >  
 60, BS 168, BPOC 149

11/09: Na 133 L, K 4.3, BUN 20, Cr 0.  
 96, eGFR 59 L, BG 179 H, POC BG 169 H,  
 160 H

Anthropometric Measurements

Height  
 5 ft 3 in

Comment  
 Wt last updated 11/12: 108.2 kg (bedscale)

11/11: 108.2 kg  
 11/10: 107.8 kg  
 11/9: 109 kg

Weight Calculations

Ideal Body Weight 52.3 kg  
 Adjusted Body Weight 67 kg  
 Percent of Ideal Body Weight (%) 211

Calculated Calorie Requirement 25-28 kcal/kg IBW; trach to vent (11/09)

Calculated Calorie Requirement Range  
 Body Weight Method  
 Body Weight Comment 52.3 kg; updated 11/09  
 Total Kcal 1150-1460 kcal  
 Calculated Protein Requirement

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Calculated Grams Protein Range	1.3-1.5 g protein/kg IBW; trach to vent
Body Weight Method	Ideal Body Weight
Body Weight Comment	52.3 kg used; updated 11/09
Total Protein	68-78 g protein
Calculated Fluid Requirement	35-40 ml/kg
Calculated Fluid Requirement	Ideal Body Weight
Body Weight Method	52.3 kg used
Body Weight Comment	1830-2080 mls or per physician
mls Fluid Requirements	
Pressure Injury	
Pressure Injury Locations	None noted at this time.
Intake Assessment	
Current Diet Ordered	
Assessment of Intake	TF: Glucerna 1.2 @ 45 ml/hr - TF: Glucerna 1.2 @ 45 ml/hr: 1296 kcal (100%, 24.7 kcal/kg), 65 g protein (95%, 1.24 gm prot/kg), 869 mls free water Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. Transferred to QVH for further neurological assessment/treatment. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remained intubated post-op. Pt previously on po diet 10/19-10/25. Pt started on TF on 10/28. Per notes, family decided on trach & PEG. Trach, 11/09. Novolog and Novolin noted for BS management. - Pt remains in ICU, trach to vent noted, vent setting: VC 16, Peep 5, FIO2 28%. Current TF remains unchanged from previous nutrition follow up, does not reflect previous RD
Nutrition Note	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

recommendation. Concur with previous RD recommendation to slightly increase feeding to meet estimated nutritional needs. Spoke with RN Cristina, stated pt tolerating feeding well at this time, communicated recommendations, will monitor feeding tolerance.

Nutrition Risk  
Nutrition Risk Level

High

Nutrition Diagnosis  
Previous Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for current status AEB need for 1.3-1.5 g protein/kg IBW for BMI & LBM preservation.  
Unresolved

Nutrition Status  
Current Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for current status AEB need for 1.3-1.5 g protein/kg IBW for BMI & LBM preservation.

Dietitian Assessment/Notification

The following are indicators for Diagnosis of Protein Calorie Malnutrition (PCM):  
TF continues at goal rate.

Comments  
Pre-Teaching Assessment

Receiving Tube Feeding

Nutrition Education Not Appropriate Due To  
Nutrition Interventions

Intervention

Nutrition Recommendations

Comments

Continue Current TF as Tolerated  
Glucerna 1.2 @ 50 ml/hr: 1440 kcal ( 100%, 27.5 kcal), 72 gm prot (100%, 1.37 gm prot/kg), 966 ml free water

Nutrition Monitor and Evaluate  
Monitor and Evaluate

Lab Values/Changes, Weight Change, Tube Feeding Tolerance, Skin Integrity, Intake and Output

Nutrition Re-Assessment

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Days to Follow-Up 3  
 Needs Re-Assessment 11/15/22

Document 11/15/22 08:24 LS (Rec: 11/15/22 08:43 LS QDIETARY101)

**Nutrition Follow-Up**

Patient History  
 Date of Assessment  
 Medical Diagnosis  
 Medications

11/12/22  
 Hydrocephalus  
 NaCl TID, Pepcid, Levothyroxine,  
 Insulin NPH 25 units BID, Aspart

**Relevant Labs**

POC Glu 193 221  
 (10/25) A1c 7.9%

**Anthropometric Measurements**

Height 5 Ft 3 in  
 Weight 104.5 kg  
 Comment 11/15: 104.5 kg at visit  
 11/11: 108.2 kg  
 11/10: 107.8 kg  
 10/30: 106.5 kg  
 10/27: 104.5 kg  
 10/21: 110 kg

**Weight Calculations**

Ideal Body Weight 52.3 kg  
 Adjusted Body Weight 67 kg  
 Percent of Ideal Body Weight (%) 211  
 Body Mass Index (BMI) 40.8  
 Body Mass Index (BMI) Classification Extreme Obesity  
 Obesity Class III

**Calculated Calorie Requirement**

Calculated Calorie Requirement Range 15-20 kcal/kg actual; trach to vent  
 Body Weight Method Actual Body Weight  
 Body Weight Comment 104 kg; updated 11/15, accounts for  
 activity level  
 Total Kcal 1560-2080 kcal (Penn State = 1484 kcal  
 /day)

**Calculated Protein Requirement**

Calculated Grams Protein Range 1.5-2.0

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Body Weight Method  
 Body Weight Comment

Total Protein

Calculated Fluid Requirement

Body Weight Method  
 Body Weight Comment

mls Fluid Requirements  
 Pressure Injury

Pressure Injury Locations  
 Intake Assessment

Current Diet Ordered  
 Assessment of Intake

Nutrition Note

Ideal Body Weight  
 52.3 kg used; updated 11/15, increased  
 d/t IBW/underfeeding in obese  
 78-104 g protein

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

None noted at this time.

TF: Glucerna 1.2 @ 45 ml/hr  
 - TF: Glucerna 1.2 @ 45 ml/hr: 1296 kcal (100%, 24.7 kcal/kg), 65 g protein (95%, 1.24 gm prot/kg), 869 mls free water  
 Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remains intubated post-op, started on TF on 10/28. Trach, 11/09, PEG 11/10. BG managed by endo. No flushes, pt receiving NaCl tabs; defer to neuro for flush recs.  
 - Current TF remains unchanged from previous nutrition follow up.  
 - Last BM 11/14. Pump history shows 3025 ml x72 hrs (93% goal volume).  
 Concur with previous RD recommendation to slightly increase feeding to meet estimated nutritional needs. Spoke with RN Ruth, stated pt tolerating feeding well at this time,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nutrition Risk  
Nutrition Risk Level  
Nutrition Diagnosis  
Previous Diagnosis

communicated recommendations.

High

Nutrition Status  
Current Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for current status AEB need for 1.3-1.5 g protein/kg IBW for BMT & LBM preservation.  
Unresolved  
Suboptimal enteral nutrition infusion r/t pump pauses AEB 93% goal volume provided x72 hrs

Pre-Teaching Assessment  
Nutrition Education Not Appropriate Due To  
Nutrition Interventions  
Intervention  
Nutrition Recommendations  
Recommendations

Receiving Tube Feeding

Continue Current TF as Tolerated

Comments

Update Weight/Reweigh Patient, Advance Diet as Tolerated  
1. Adjust TF to new goal rate:  
Glucerna 1.2 @55 ml/hr.  
Glucerna 1.2 @55 ml/hr: 1584 (100%), 79 g protein (1.51 g/kg, 100%), 1062 ml free water

Nutrition Monitor and Evaluate  
Monitor and Evaluate

Lab Values/Changes, Weight Change, Tube Feeding Tolerance, Skin Integrity, Intake and Output

Nutrition Re-Assessment  
Days to Follow-Up  
Needs Re-Assessment  
Document 11/18/22 11:12 KV (Rec: 11/18/22 11:28 KV Desktop)  
Nutrition Follow-Up  
Patient History

Date of Assessment  
Medical Diagnosis

11/18/22  
Hydrocephalus

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046  
**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Medications

NaCl T1D, Peppid, Levothyroxine,  
 Insulin NPH 30 units BID, Aspart  
 Trach to vent 11/09

Other Nutrition Related Problem  
 Relevant Labs

Na 143, K 3.8, BUN 14, Cr 0.76, eGFR >  
 60, Bg 189, PC Bg 158/166/166  
 (10/25) A1c 7.9%

Anthropometric Measurements

Height  
 Comment

5 Ft 3 in  
 11/18: 105 kg - Continue estimated  
 needs from 11/15  
 11/15: 104.5 kg at visit  
 11/11: 108.2 kg  
 11/10: 107.8 kg  
 10/30: 106.5 kg  
 10/27: 104.5 kg  
 10/21: 110 kg

Weight Calculations

Ideal Body Weight  
 Adjusted Body Weight  
 Percent of Ideal Body Weight (%)

52.3 kg  
 67 kg  
 211

Calculated Calorie Requirement

Calculated Calorie Requirement Range  
 Body Weight Method  
 Body Weight Comment

15-20 kcal/kg actual; trach to vent  
 Actual Body Weight  
 104 kg; updated 11/15, accounts for  
 activity level  
 1560-2080 kcal

Total Kcal

Calculated Protein Requirement  
 Calculated Grams Protein Range  
 Body Weight Method  
 Body Weight Comment

1.5-2.0  
 Ideal Body Weight  
 52.3 kg used; updated 11/15, increased  
 d/t IBW/underfeeding in obese  
 78-104 g protein

Total Protein

Calculated Fluid Requirement  
 Calculated Fluid Requirement  
 Body Weight Method  
 Body Weight Comment

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

mls Fluid Requirements

1830-2080 mls or per physician

Pressure Injury

Pressure Injury Locations

Intake Assessment

Current Diet Ordered

Assessment of Intake

None noted at this time.

**Nutrition Note**

TF: Glucerna 1.2 @ 55 ml/hr  
- TF: Glucerna 1.2 @55 ml/hr: 1584 (100%), 79 g protein (1.51 g/kg, 100%), 1062 ml free water  
Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remains intubated post-op, started on TF on 10/28. Trach, 11/09, PEG 11/10. BG managed by endo. No water flushes, pt receiving NaCl tabs; deferred to neuro for flush rees on 11/15. Electrolytes stable.  
- TF running at goal rate at visit.  
Concur w/ rees per previous RD, RN confirms pt tolerates feeding.  
- x1 large/soft BM documented this morning 11/18.

Nutrition Risk  
Nutrition Risk Level

High

Nutrition Diagnosis  
Previous Diagnosis

Nutrition Status  
Current Diagnosis

Suboptimal enteral nutrition infusion r/t pump pauses AEB 93% goal volume provided x72 hrs  
Improved  
Increased nutrient need (protein) r/t increased nutritional demands for current status AEB trach to vent dependent and higher needs to maintain skin integrity and prevent loss of



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

IBM

Dietitian Assessment/Notification

The following are indicators for Diagnosis of Protein Calorie Malnutrition (PCM):

Comments TF continues at goal rate.

Pre-Teaching Assessment

Nutrition Education Not Appropriate Due To

Nutrition Interventions

Intervention

Nutrition Recommendations

Recommendations

Comments

Nutrition Monitor and Evaluate

Monitor and Evaluate

Nutrition Re-Assessment

Days to Follow-Up

Needs Re-Assessment

Document 11/21/22 14:17 MR (Rec: 11/21/22 17:00 MR QDIETARY103)

Nutrition Follow-Up

Patient History

Date of Assessment

Medical Diagnosis

Medications

Relevant Labs

Labs

Anthropometric Measurements

Height

Comment

11/21/22  
 Hydrocephalus  
 Lovenox, Peppid, Novolog, NS 1 g TID  
 11/21: Na 143, K 3.9, BUN 13, Cr 0.91,  
 eGFR >60, BG 273 H, Phos 4.6,  
 Magnesium 1.8, POC BG 242 H, 242 H,  
 239 H  
 5 ft 3 in  
 11/21: 105 kg - bed scale wt by RN  
 11/18: 105 kg - Continue estimated  
 needs from 11/15  
 11/15: 104.5 kg at visit  
 11/11: 108.2 kg

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

11/10:	107.8 kg
10/30:	106.5 kg
10/27:	104.5 kg
10/21:	110 kg
52.3 kg	
15-20 kcal/kg actual;	trach to vent
Actual Body Weight	
104 kg;	updated 11/15, accounts for
activity level	
1560-2080 kcal	
1.5-2.0	
Ideal Body Weight	
52.3 kg used;	updated 11/15, increased
d/t IBW/underfeeding	in obese
78-104 g protein	
35-40 ml/kg	
Ideal Body Weight	
52.3 kg used	
1830-2080 mls	or per physician
None noted	at this time.
TF: Glucerna 1.2 @ 55 ml/hr	
- TF: Glucerna 1.2 @55 ml/hr: 1584 (	
100%), 79 g protein (1.51 g/kg, 100%),	
1062 ml free water	
Pt is a 61 y/o F w/ pmhx of DM, HTN,	
hypothyroidism brought to FPH ED for	
AMS. Brain MRI revealed cystic lesion	
and hydrocephalus. S/p right frontal	
endoscopic transventricular resection	
of colloid cyst, placement of EVD on	
10/26. Pt remains intubated post-op,	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

started on TF on 10/28. Trach, 11/09, PEG 11/10. BG managed by endo. No water flushes, pt receiving NaCl tabs; deferred to neuro for flush recs on 11/15. Electrolytes stable.  
- Pt in ICU-6. Pt EVD clamped at this time. TF running at goal rate at visit . No new TF recs. Spoke with RN, pt tolerates TF at this time. Pt not tolerating EVD clamped, now pending shunt placement per RN at visit. Pt's last BM on 11/18.  
- Labs noted. POC BG uncontrolled ( greater than 200 in past 24-hrs). Rec tighter BG control, new order for Novolin N 26 units Q12H added today.

Nutrition Risk  
Nutrition Risk Level  
Nutrition Diagnosis  
Previous Diagnosis

High

Increased nutrient need (protein) R/T increased nutritional demands for current status AEB trach to vent dependent and higher needs to maintain skin integrity and prevent loss of LBM.  
Unresolved  
Increased nutrient need (protein) R/T increased nutritional demands for current status AEB trach to vent dependent and higher needs to maintain skin integrity and prevent loss of LBM.

Nutrition Status  
Current Diagnosis  
Pre-Teaching Assessment  
Nutrition Education Not Appropriate Due To  
Nutrition Interventions  
Comments  
Nutrition Recommendations

Receiving Tube Feeding  
- Continue TF via g-tube

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Recommendations

Update Weight/Reweigh Patient, Advance

Comments

Diet as Tolerated

Nutrition Monitor and Evaluate  
Monitor and Evaluate

1. Continue TF: Glucerna 1.2 @55 ml/hr

Nutrition Re-Assessment

Lab Values/Changes, Weight Change, Tube Feeding Tolerance, Skin Integrity, Intake and Output

Days to Follow-Up

3  
11/24/22

Needs Re-Assessment

11/21/22 14:17 (created 11/21/22 17:02) Dietitian Nutrition Note by Ronquillo, Michelle Arnalia  
Nutrition re-assessment completed today. Please refer to attached link for complete details.  
Recommendations noted below as well.

**Recommendation:**

**1. Continue TF: Glucerna 1.2 @55 ml/hr**

Clinical Nutrition team will continue to follow-up with patient as per protocol.

Initialized on 11/21/22 17:02 - END OF NOTE

Document 11/23/22 13:17 MR (Rec: 11/23/22 14:44 MR QDIETARY103)

Nutrition Follow-Up

Patient History

Date of Assessment

Medical Diagnosis

Medications

Relevant Labs

Labs

Anthropometric Measurements

11/23/22  
Hydrocephalus  
Lovenox, Pepcid, Novolog, NS 1 g TID  
11/23: Na 141, K 4.1, BUN 14, Cr 0.85,  
eGFR >60, BG 200 H, POC BG 194 H, 176  
H, 328 H

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Height 5 Ft 3 in  
 Comment 11/21: 105 kg - bed scale wt by RN  
 11/18: 105 kg - Continue estimated  
 needs from 11/15

11/15: 104.5 kg at visit  
 11/11: 108.2 kg  
 11/10: 107.8 kg  
 10/30: 106.5 kg  
 10/27: 104.5 kg  
 10/21: 110 kg

Weight Calculations  
 Ideal Body Weight 52.3 kg

Calculated Calorie Requirement 15-20 kcal/kg actual; trach to vent  
 Body Weight Method Actual Body Weight  
 Body Weight Comment 104 kg; updated 11/15, accounts for  
 activity level  
 Total Kcal 1560-2080 kcal

Calculated Protein Requirement 1.5-2.0  
 Calculated Grams Protein Range Ideal Body Weight  
 Body Weight Method 52.3 kg used; updated 11/15, increased  
 Body Weight Comment d/t IBW/underfeeding in obese  
 78-104 g protein

Total Protein 35-40 ml/kg  
 Calculated Fluid Requirement Ideal Body Weight  
 Calculated Fluid Requirement 52.3 kg used  
 Body Weight Method 1830-2080 mls or per physician  
 Body Weight Comment

mls Fluid Requirements  
 Pressure Injury Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered  
 Assessment of Intake

Nutrition Note

None noted at this time.  
 TF: Glucerna 1.2 @ 55 ml/hr  
 - TF: Glucerna 1.2 @ 55 ml/hr: 1584 (100%), 79 g protein (1.51 g/kg, 100%), 1062 ml free water  
 Pt is a 61 y/o F w/ pmhx of DM, HTN,

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remains intubated post-op, started on TF on 10/28. Trach, 11/09, PEG 11/10. BG managed by endo. No water flushes, pt receiving NaCl tabs; deferred to neuro for flush rees on 11/15. Electrolytes stable.

- Pt in ICU-6. Pt made NPO at midnight for right VP shunt today d/t not tolerating EVD clamping per Neurology notes. TF on prior at goal rate 55 ml/hr. At visit, pt TF on at goal rate. Spoke with RN, pt tolerates TF at this time. Pt's last BM on 11/18.

Confirmed with RN no BM today on current shift. RD rec bowel regimen d/t lack of BM going on 5 days today.

- Labs noted. POC BG uncontrolled on most recent BG check - 328 mg/dL, 194, 176 on first two BG checks today. New order for Novolin N 30 units Q12H added on 11/22, held this AM d/t NPO for procedure. Anticipate Novolin N resume now that procedure is done. Will continue to monitor.

High

Nutrition Risk

Nutrition Risk Level

Nutrition Diagnosis

Previous Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for current status AEB trach to vent dependent and higher needs to maintain skin integrity and prevent loss of

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Interventions - Continued**

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046  
**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Nutrition Status  
 Current Diagnosis

IBM.  
 Unresolved  
 Increased nutrient need (protein) R/T  
 increased nutritional demands for  
 current status AEB trach to vent  
 dependent and higher needs to maintain  
 skin integrity and prevent loss of  
 IBM.

Pre-Teaching Assessment  
 Nutrition Education Not Appropriate Due To  
 Nutrition Interventions  
 Intervention  
 Nutrition Recommendations  
 Comments

Receiving Tube Feeding  
 Continue Current TF as Tolerated

Nutrition Monitor and Evaluate  
 Monitor and Evaluate

1. Continue TF: Glucerna 1.2 @ 55 ml/  
 hr  
 2. Provide bowel regimen; no BM  
 recorded since 11/18  
 Lab Values/Changes, Weight Change, Tube  
 Feeding Tolerance, Skin Integrity,  
 Intake and Output

Nutrition Re-Assessment  
 Days to Follow-Up  
 Needs Re-Assessment  
 Document 11/26/22 13:05 MR (Rec: 11/26/22 15:20 MR QDIETARY103)  
 Nutrition Follow-Up  
 Patient History  
 Date of Assessment  
 Medical Diagnosis  
 Medications

3  
 11/26/22  
 11/26/22  
 Hydrocephalus  
 Novolin N (30 units Q8H), Novolog (PRN  
 coverage, Levophed drip, 1/2NS @ 50  
 ml/hr, Pepcid, Synthroid, Keppra,  
 Vancomycin

Relevant Labs  
 Labs

11/26: Na 160 H, K 4.3, BUN 50 H, Cr 1  
 .9 H, eGFR 27 L, BG 199 H, POC BG 208  
 H, 176 H, 176 H

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046  
**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anthropometric Measurements

Height  
 Comment

11/23: Na 141, K 4.1, BUN 14, Cr 0.85,  
 eGFR >60, BG 200 H, POC BG 194 H, 176  
 H, 328 H

5 Ft 3 in  
 11/21: 105 kg - bed scale wt by RN  
 11/18: 105 kg - Continue estimated  
 needs from 11/15

11/15: 104.5 kg at visit  
 11/11: 108.2 kg  
 11/10: 107.8 kg  
 10/30: 106.5 kg  
 10/27: 104.5 kg  
 10/21: 110 kg

52.3 kg

Weight Calculations  
 Ideal Body Weight  
 Calculated Calorie Requirement  
 Calculated Calorie Requirement Range  
 Body Weight Method  
 Body Weight Comment

15-20 kcal/kg actual; trach to vent  
 Actual Body Weight  
 104 kg; updated 11/15, accounts for  
 activity level  
 1560-2080 kcal

Total Kcal  
 Calculated Protein Requirement  
 Calculated Grams Protein Range  
 Body Weight Method  
 Body Weight Comment

1.5-2.0  
 Ideal Body Weight  
 52.3 kg used; updated 11/15, increased  
 d/t IBW/underfeeding in obese  
 78-104 g protein

Total Protein  
 Calculated Fluid Requirement  
 Calculated Fluid Requirement

35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician

Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements  
 Pressure Injury  
 Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered

None noted at this time.  
 TF: Glucerna 1.2 @ 55 ml/hr



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment of Intake

- TF: Glucerna 1.2 @ 55 ml/hr: 1584 (100%), 79 g protein (1.51 g/kg, 100%), 1062 ml free water  
- IV Fluids: 1/2NS @ 50 ml/hr: 1200 mls

Nutrition Note

Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remains intubated post-op, started on TF on 10/28. Trach, 11/09, PEG 11/10. BG managed by endo. VP shunt on 11/23. Note change in labs from 11/23 RD f/u. Na elevated, renal labs altered today, 11/26. Pt also with decreased UOP (~235 mls in past 24-hrs). Insulin regimen adjusted by physician. Per 11/25 Neuro note: family wants to continue TF and medical care, no heroic measures, DNR/full treatment now. One legacy following, however family not yet decided on further goals of care per notes.

- Pt in ICU-6. Pt with family members at bedside. RD provided privacy d/t current situation. Pt TF noted to be on. TF remains at goal rate 55 ml/hr. Pt's last BM on 11/18. IV Fluids - 1/2NS @ 50 ml/hr in place since yesterday, 11/25. Rec continue TF at this time.

Nutrition Risk

Nutrition Risk Level

Nutrition Diagnosis

High

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Previous Diagnosis

Increased nutrient need (protein) R/T  
increased nutritional demands for  
current status AEB trach to vent  
dependent and higher needs to maintain  
skin integrity and prevent loss of  
LBM.  
Unresolved  
Increased nutrient need (protein) R/T  
increased nutritional demands for  
current status AEB trach to vent  
dependent and higher needs to maintain  
skin integrity and prevent loss of  
LBM.

Nutrition Status  
Current Diagnosis

Receiving Tube Feeding

Pre-Teaching Assessment

Nutrition Education Not Appropriate Due To

Nutrition Interventions  
Intervention

Nutrition Recommendations  
Recommendations

Comments

Continue Current TF as Tolerated  
Update Weight/Reweigh Patient, Advance  
Diet as Tolerated  
\*No new nutrition recommendations on  
11/26.  
1. Continue TF: Glucerna 1.2 @ 55 ml/  
hr  
2. Provide bowel regimen as  
appropriate; no BM recorded since 11/  
18  
3. Fluid per physicians

Nutrition Monitor and Evaluate  
Monitor and Evaluate

Lab Values/Changes, Weight Change, Tube  
Feeding Tolerance, Skin Integrity, IV  
Fluid Rate, Intake and Output  
- Goals of care/family decisions

Comment  
Nutrition Re-Assessment  
Days to Follow-Up  
Needs Re-Assessment  
Document 11/29/22 14:45 MR (Rec: 11/29/22 20:03 MR QDIETARY103)

3  
11/29/22

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nutrition Follow-Up

Patient History

Date of Assessment

Medical Diagnosis

Medications

11/29/22  
 Hydrocephalus  
 Novolin N (30 units Q8H), Novolog (PRN coverage), Pepcid, Synthroid,  
 Levophed, Zosyn

Relevant Labs

Labs

11/29: Na 166 H, K 3.9, BUN 60 H, Cr 2  
 .36 H, eGFR 21 L, BG 110 H, POC BG 238  
 H, 126 H  
 11/26: Na 160 H, K 4.3, BUN 50 H, Cr 1  
 .9 H, eGFR 27 L, BG 199 H, POC BG 208  
 H, 176 H, 176 H  
 11/23: Na 141, K 4.1, BUN 14, Cr 0.85,  
 eGFR >60, BG 200 H, POC BG 194 H, 176  
 H, 328 H

Anthropometric Measurements

Height

Comment

5 ft 3 in  
 11/29: 108 kg  
 11/21: 105 kg - bed scale wt by RN  
 11/18: 105 kg - Continue estimated  
 needs from 11/15  
 11/15: 104.5 kg at visit  
 11/11: 108.2 kg  
 11/10: 107.8 kg  
 10/30: 106.5 kg  
 10/27: 104.5 kg  
 10/21: 110 kg

Weight Calculations

Ideal Body Weight

Calculated Calorie Requirement

Calculated Calorie Requirement Range

Body Weight Method

Body Weight Comment

52.3 kg  
 15-20 kcal/kg actual; trach to vent  
 Actual Body Weight  
 104 kg; updated 11/15, accounts for  
 activity level  
 1560-2080 kcal

Total Kcal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Calculated Protein Requirement  
 Calculated Grams Protein Range  
 Body Weight Method  
 Body Weight Comment  
 Total Protein  
 Calculated Fluid Requirement  
 Calculated Fluid Requirement  
 Body Weight Method  
 Body Weight Comment  
 mls Fluid Requirements  
 Pressure Injury  
 Pressure Injury Locations  
 Intake Assessment  
 Current Diet Ordered  
 Assessment of Intake

1.5-2.0  
 Ideal Body Weight  
 52.3 kg used; updated 11/15, increased  
 d/t IBW/underfeeding in obese  
 78-104 g protein  
 35-40 ml/kg  
 Ideal Body Weight  
 52.3 kg used  
 1830-2080 mls or per physician  
 None noted at this time.

TF: Glucerna 1.2 @ 55 ml/hr  
 - TF current at 20 ml/hr d/t restarted  
 after residual check 290 mls (previously stopped d/t residuals 400s-700s this AM per RN at visit today, 11/29.

- TF per order: Glucerna 1.2 @ 55 ml/hr: 1584 (100%, 15.2 kcal/kg; 104 kg used), 79 g protein (100%, 1.51 g protein/kg IBW), 1062 ml free water  
 Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. S/p right frontal endoscopic transventricular resection of colloid cyst, placement of EVD on 10/26. Pt remains intubated post-op, started on TF on 10/28. Trach, 11/09, PEG 11/10. BG managed by endo. VP shunt on 11/23. Note change in labs from 11/23 RD f/u. Na elevated, renal labs altered 11/26 & remain elevated 11/29. Insulin regimen adjusted by

Nutrition Note

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

physician. Per 11/29 Neuro note: "pt with poor prognosis; family do not wish to proceed with any comfort measures despite poor neurological function".

- Pt in ICU-6. Continues on Levophed drip. Spoke with RN whom noted TF continues, however restarted at 20 ml/hr. TF off this morning d/t residuals 400s-700s, physician ok'd resume TF with residuals at ~290 mls. Pt with new FWF order: 250 mls Q6H per Nephrologist d/t elevated sodium. BM x1 noted this morning, 11/29. D/t current goals of care, continue nutrition support d/t DNR/full treatment at this time. Will continue to monitor Palliative Care RN notes re : pt goals of care.

High

Nutrition Risk  
Nutrition Risk Level  
Nutrition Diagnosis  
Previous Diagnosis

Increased nutrient need (protein) R/T increased nutritional demands for current status AEB trach to vent dependent and higher needs to maintain skin integrity and prevent loss of LBM.

Nutrition Status  
Current Diagnosis

Unresolved  
Increased nutrient need (protein) R/T increased nutritional demands for current status AEB trach to vent dependent and higher needs to maintain skin integrity and prevent loss of LBM.

Pre-Teaching Assessment  
Nutrition Education Not Appropriate Due To

Receiving Tube Feeding

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nutrition Interventions

Intervention

Nutrition Recommendations

Comments

Continue Current TF as Tolerated

\*No new nutrition recommendations on 11/26 or 11/29.

1. Continue TF, Glucerna 1.2: advance as appropriate to goal rate 55 ml/hr
2. Provide bowel regimen as appropriate
3. Fluid per physicians

Nutrition Monitor and Evaluate  
 Monitor and Evaluate

Lab Values/Changes, Weight Change, Tube Feeding Tolerance, Skin Integrity, Intake and Output

- Goals of care/family decisions

Comment  
 Nutrition Re-Assessment  
 Days to Follow-Up  
 Needs Re-Assessment

3  
 12/02/22

Nutrition Initial Assessment  
 Freq:

Start: 10/19/22 10:07  
 Status: Discharge

Protocol:

Document 10/21/22 13:17 AHA (Rec: 10/21/22 13:49 AHA Desktop)

Nutrition Initial Assessment

Patient History

Date of Assessment

Medical Diagnosis

Medical History

Medications

10/21/22  
 Hydrocephalus  
 DM, HTN, Hypothyroidism  
 Levemir, Novolin, Levothyroxine,  
 Prinivil

Relevant Labs

Labs

10/21: POC BG 363, 208, 174  
 10/20 last updated: Na 136, K 4.0, BUN 13, Cr 0.79, eGFR >60, BG 65 L

Anthropometric Measurements

Height

Weight Calculations

Ideal Body Weight

5 ft 3 in  
 52 kg

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Percent of Ideal Body Weight (%)	211
Adjusted Body Weight	67 kg
Calculated Calorie Requirement	25-30 Kcal/kg
Calculated Calorie Requirement Range	Adjusted Body Weight
Body Weight Method	67 kg
Body Weight Comment	1675-2010 kcaals
Total Kcal	
Calculated Protein Requirement	1.0-1.2 gm protein/kg
Calculated Grams Protein Range	Adjusted Body Weight
Body Weight Method	67 kg
Body Weight Comment	67-80 g pro
Total Protein	
Calculated Fluid Requirement	25-30 ml/kg
Calculated Fluid Requirement	67 kg
Body Weight Comment	1675-2010 mls or per MD
mls Fluid Requirements	
Pressure Injury	
Pressure Injury Locations	None documented
Intake Assessment	
Current Diet Ordered	CCD Low, Low Na
Assessment of Intake	75-100% all recorded meals
Nutrition Note	Pt is a 61 y/o F w/ pmhx of DM, HTN, hypothyroidism brought to FPH ED for AMS. Brain MRI revealed cystic lesion and hydrocephalus. Transferred to QVH for further neurological assessment/treatment. Pending neuro surgery date. - Visited pt, two siblings at bedside. Pt speaks clearly, however is forgetful/repetitive and can become slightly agitated. Pt upset w/ inpatient insulin type and regimen, informed her I am not able to order different types of insulin for her. Pt expressed numerous food preferences, noted. Pt and family deny hx of wt loss, n/v, abd pain. Remains w/ good

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

PO intake, no other nutritional concerns at this time. Continue to monitor.

Nutrition Risk  
 Nutrition Risk Level

Moderate

Nutrition Diagnosis  
 Nutrition Diagnosis

Impaired nutrient utilization R/T DM  
 AEB COD low diet order, POC BG 104-363 while admitted

Dietitian Assessment/Notification  
 The following are indicators for Diagnosis of Protein Calorie Malnutrition  
 Malnutrition Level  
 Pre-Teaching Assessment  
 Nutrition Education Not Appropriate Due To  
 Nutrition Interventions  
 Intervention

Confusion  
 Not Applicable

Nutrition Assistant to Assist with Food Preferences and Menu Selection, Continue Current Diet, Family/Nursing to Continue to Encourage Meal Intake

Nutrition Recommendations  
 Nutrition Monitor and Evaluate  
 Monitor and Evaluate

Update Weight/Reweigh Patient  
 PO Intake of Meals, Diet Tolerance, Lab Values/Changes, Weight Change, Intake and Output

Nutrition Re-Assessment  
 Days to Follow-Up  
 Needs Re-Assessment

5  
 10/26/22

Start: 10/19/22 10:07  
 Status: Discharge

**Freq:**  
**Protocol:**  
 Document  
 Nutrition Screening  
 Patient Data  
 Date of Admission  
 Date Screened  
 Nutrition Risk

10/19/22 10:07 LS (Rec: 10/19/22 10:07 LS QDIETARY101)  
 10/18/22  
 10/19/22



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nutrition Risk Follow-Up					Moderate		
Nutrition Re-Assessment					10/21/22		
Oral hygiene care						Start: 10/26/22 20:39	Status: Discharge
Freq: Q4HR							
Protocol:							
Document	10/26/22 23:59	XD	(Rec: 10/27/22 01:12	XD	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/27/22 00:30	SZC	(Rec: 10/27/22 00:43	SZC	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/27/22 04:00	XD	(Rec: 10/27/22 04:29	XD	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/27/22 08:00	LH	(Rec: 10/27/22 10:07	LH	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/27/22 12:00	LH	(Rec: 10/27/22 13:11	LH	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/27/22 16:00	LH	(Rec: 10/27/22 16:37	LH	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/27/22 23:02	KGS	(Rec: 10/27/22 23:02	KGS	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							
Document	10/28/22 04:00	JAB	(Rec: 10/28/22 05:28	JAB	Desktop)		
Oral Hygiene, Provide							
Oral Care							
Oral Hygiene, Provide							



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 10/29/22 16:00	LH	(Rec: 10/29/22 16:47	LH	Desktop)	
Oral Hygiene, Provide					
Oral Care					Brush Teeth/Gums
Oral Hygiene, Provide					
Document 10/29/22 20:00	XD	(Rec: 10/29/22 21:29	XD	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document 10/29/22 23:59	XD	(Rec: 10/30/22 00:25	XD	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 10/30/22 04:00	XD	(Rec: 10/30/22 04:38	XD	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 10/30/22 08:00	LH	(Rec: 10/30/22 09:56	LH	Laptop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG, Deep Subglottic Suction
Document 10/30/22 11:55	JT	(Rec: 10/30/22 11:57	JT	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 10/30/22 16:00	LH	(Rec: 10/30/22 17:21	LH	Laptop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Brush Teeth/Gums
Document 10/30/22 20:00	XD	(Rec: 10/30/22 20:28	XD	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document 10/30/22 23:59	XD	(Rec: 10/31/22 00:17	XD	Desktop)	

**Iyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

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**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction
Document	10/31/22 04:00	XD	(Rec: 10/31/22 05:10	XD	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction
Document	10/31/22 08:00	CO	(Rec: 10/31/22 08:16	CO	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	10/31/22 12:00	CO	(Rec: 10/31/22 12:07	CO	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	10/31/22 16:00	CO	(Rec: 10/31/22 16:54	CO	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction
Document	10/31/22 20:00	ST	(Rec: 10/31/22 21:43	ST	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care with CHG
Document	10/31/22 23:57	JV	(Rec: 10/31/22 23:57	JV	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction
Document	11/01/22 04:00	ST	(Rec: 11/01/22 05:00	ST	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care
Document	11/01/22 08:00	RD	(Rec: 11/01/22 08:56	RD	Desktop)			
Oral Hygiene, Provide								
Oral Care								
Oral Hygiene, Provide								Mouth Care with CHG, Brush Teeth/Gums,
Oral Care								

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/01/22 12:00	RD	(Rec: 11/01/22 12:28	RD	Desktop)	Mouth Care, Deep Subglottic Suction
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/01/22 16:00	RD	(Rec: 11/01/22 16:27	RD	Desktop)	Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/01/22 20:00	ST	(Rec: 11/01/22 23:20	ST	Desktop)	Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/01/22 23:59	ST	(Rec: 11/02/22 00:26	ST	Desktop)	Mouth Care with CHG
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/02/22 04:00	ST	(Rec: 11/02/22 04:54	ST	Desktop)	Mouth Care
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/02/22 08:00	EC	(Rec: 11/02/22 11:40	EC	Desktop)	Brush Teeth/Gums, Mouth Care
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/02/22 11:29	QL	(Rec: 11/02/22 11:29	QL	Desktop)	Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/02/22 16:00	EC	(Rec: 11/02/22 18:16	EC	Desktop)	Mouth Care, Deep Subglottic Suction
Document Oral Hygiene, Provide Oral Care Oral Hygiene, Provide	11/02/22 20:00	HL	(Rec: 11/02/22 20:47	HL	Other)	Mouth Care, Deep Subglottic Suction

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/02/22 23:59	HL	(Rec: 11/03/22 00:56	HL	Other)				Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/03/22 04:00	HL	(Rec: 11/03/22 06:07	HL	Other)				Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/03/22 08:00	CO	(Rec: 11/03/22 08:19	CO	Desktop)				Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/03/22 11:25	MC	(Rec: 11/03/22 11:25	MC	Desktop)				Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/03/22 16:00	CO	(Rec: 11/03/22 16:07	CO	Desktop)				Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/03/22 20:00	HL	(Rec: 11/03/22 20:33	HL	Desktop)				Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/03/22 23:59	HL	(Rec: 11/04/22 00:52	HL	Desktop)				Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide	11/04/22 00:00	AC	(Rec: 11/04/22 04:37	AC	Desktop)				Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide									Mouth Care, Deep Subglottic Suction

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Document	11/04/22 08:00	CO	(Rec: 11/04/22 08:26	CO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	11/04/22 12:00	CO	(Rec: 11/04/22 12:13	CO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/04/22 12:00	JT	(Rec: 11/04/22 12:13	JT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/04/22 16:00	CO	(Rec: 11/04/22 16:26	CO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/04/22 20:00	KC	(Rec: 11/04/22 21:20	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/04/22 23:59	KC	(Rec: 11/05/22 04:05	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/05/22 04:00	KC	(Rec: 11/05/22 05:43	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care
Document	11/05/22 08:00	JM	(Rec: 11/05/22 10:53	JM	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/05/22 11:19	QL	(Rec: 11/05/22 11:19	QL	Desktop)	
Oral Hygiene, Provide						





**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

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**Visit:** QH0054940416

## Interventions - Continued

Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 11/06/22 20:00	KC	(Rec: 11/06/22 21:25	KC	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document 11/06/22 23:59	KC	(Rec: 11/07/22 00:59	KC	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					
Document 11/07/22 04:00	KC	(Rec: 11/07/22 04:50	KC	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					
Document 11/07/22 08:00	RD	(Rec: 11/07/22 09:25	RD	Desktop)	
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document 11/07/22 12:00	RD	(Rec: 11/07/22 12:51	RD	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					
Document 11/07/22 16:00	RD	(Rec: 11/07/22 16:48	RD	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					
Document 11/07/22 20:00	CMS	(Rec: 11/07/22 20:07	CMS	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					
Document 11/07/22 23:59	CMS	(Rec: 11/08/22 01:00	CMS	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					

Mouth Care, Deep Subglottic Suction

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document	11/08/22 04:00	CMS	(Rec: 11/08/22 04:13	CMS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/08/22 08:00	JD	(Rec: 11/08/22 08:52	JD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/08/22 11:51	JT	(Rec: 11/08/22 11:52	JT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/08/22 16:00	JD	(Rec: 11/08/22 16:28	JD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/08/22 20:00	CMS	(Rec: 11/08/22 20:16	CMS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	11/08/22 23:59	CMS	(Rec: 11/09/22 00:42	CMS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/09/22 04:00	CMS	(Rec: 11/09/22 04:12	CMS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/09/22 08:00	JD	(Rec: 11/09/22 08:14	JD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction

**Iyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document	11/09/22 12:00	JD	(Rec: 11/09/22 16:25	JD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						
Document	11/09/22 16:00	JD	(Rec: 11/09/22 16:25	JD	Desktop)	
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care						
Oral Hygiene, Provide						
Document	11/09/22 20:00	MA	(Rec: 11/09/22 21:19	MA	Desktop)	
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care						
Oral Hygiene, Provide						
Document	11/09/22 23:59	MA	(Rec: 11/10/22 00:51	MA	Desktop)	
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care						
Oral Hygiene, Provide						
Document	11/09/22 23:59	TRUOLIN	(Rec: 11/10/22 02:21	TRUOLIN	Desktop)	
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Oral Care						
Oral Hygiene, Provide						
Document	11/10/22 04:00	MA	(Rec: 11/10/22 04:49	MA	Desktop)	
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care						
Oral Hygiene, Provide						
Document	11/10/22 08:00	MN	(Rec: 11/10/22 10:17	MN	Desktop)	
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care						
Oral Hygiene, Provide						
Document	11/10/22 12:00	MN	(Rec: 11/10/22 13:12	MN	Desktop)	
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care						

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/10/22 12:15	BIE	(Rec: 11/10/22 17:07	BIE	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/10/22 16:00	MN	(Rec: 11/10/22 18:02	MN	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/10/22 20:00	AV	(Rec: 11/10/22 20:31	AV	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/10/22 23:59	AV	(Rec: 11/11/22 00:38	AV	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/11/22 04:00	AV	(Rec: 11/11/22 05:46	AV	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/11/22 08:00	MN	(Rec: 11/11/22 10:14	MN	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/11/22 12:00	MN	(Rec: 11/11/22 13:18	MN	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/11/22 12:00	QL	(Rec: 11/11/22 13:38	QL	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/11/22 16:00	MN	(Rec: 11/11/22 16:20	MN	Desktop)	
Oral Hygiene, Provide						
Oral Care						

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 11/11/22 20:00	CMS	(Rec: 11/11/22 20:28)	CMS	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG, Mouth Care
Document 11/11/22 23:59	CMS	(Rec: 11/12/22 00:11)	CMS	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG, Mouth Care
Document 11/12/22 04:00	CMS	(Rec: 11/12/22 04:09)	CMS	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Brush Teeth/Gums, Mouth Care
Document 11/12/22 08:00	CO	(Rec: 11/12/22 08:16)	CO	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document 11/12/22 11:29	ES	(Rec: 11/12/22 16:18)	ES	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document 11/12/22 12:00	CO	(Rec: 11/12/22 12:17)	CO	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 11/12/22 16:00	CO	(Rec: 11/12/22 16:22)	CO	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 11/12/22 20:00	JAB	(Rec: 11/12/22 20:23)	JAB	Desktop)	
Oral Hygiene, Provide					
Oral Care					
Oral Hygiene, Provide					Mouth Care with CHG
Document 11/12/22 23:51	LE	(Rec: 11/12/22 23:53)	LE	Desktop)	
Oral Hygiene, Provide					

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/12/22 23:59	JAB	(Rec: 11/13/22 00:48	JAB	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Brush Teeth/Gums	
Document	11/13/22 04:00	JAB	(Rec: 11/13/22 04:50	JAB	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Brush Teeth/Gums, Deep Subglottic Suction	
Document	11/13/22 08:00	CO	(Rec: 11/13/22 08:26	CO	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care with CHG, Mouth Care, Deep Subglottic Suction	
Document	11/13/22 11:40	JT	(Rec: 11/13/22 11:40	JT	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/13/22 16:00	CO	(Rec: 11/13/22 16:19	CO	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/13/22 20:00	HL	(Rec: 11/13/22 20:37	HL	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/13/22 23:25	CSD	(Rec: 11/14/22 00:40	CSD	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/13/22 23:59	HL	(Rec: 11/14/22 00:16	HL	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/14/22 04:00	HL	(Rec: 11/14/22 04:26	HL	Desktop)				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/14/22 08:00	JM	(Rec: 11/14/22 11:39	JM	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/14/22 11:55	JT	(Rec: 11/14/22 11:59	JT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/14/22 16:00	JM	(Rec: 11/14/22 16:25	JM	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/14/22 20:00	MA	(Rec: 11/14/22 21:04	MA	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	11/14/22 23:59	MA	(Rec: 11/15/22 00:32	MA	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	11/15/22 04:00	MA	(Rec: 11/15/22 04:47	MA	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/15/22 08:00	RD	(Rec: 11/15/22 10:40	RD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/15/22 12:00	RD	(Rec: 11/15/22 12:54	RD	Desktop)	
Oral Hygiene, Provide						

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Care Oral Hygiene, Provide						Mouth Care with CHG,Brush Teeth/Gums, Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/15/22 12:00	QL	(Rec: 11/15/22 14:46	QL	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/15/22 16:00	RD	(Rec: 11/15/22 16:33	RD	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care with CHG,Brush Teeth/Gums, Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/15/22 20:00	KC	(Rec: 11/15/22 21:31	KC	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care with CHG,Brush Teeth/Gums, Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/15/22 23:59	KC	(Rec: 11/16/22 01:21	KC	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/16/22 04:00	KC	(Rec: 11/16/22 04:43	KC	Desktop)	
Oral Care Oral Hygiene, Provide						Brush Teeth/Gums,Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/16/22 08:00	JM	(Rec: 11/16/22 09:13	JM	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care with CHG,Brush Teeth/Gums, Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/16/22 12:00	JM	(Rec: 11/16/22 12:36	JM	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care,Deep Subglottic Suction
Document Oral Hygiene, Provide	11/16/22 16:00	JM	(Rec: 11/16/22 16:36	JM	Desktop)	
Oral Care Oral Hygiene, Provide						Mouth Care,Deep Subglottic Suction



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/16/22 20:00	CMS	(Rec: 11/16/22 20:05	CMS	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care with CHG, Mouth Care, Deep Subglottic Suction	
Document	11/16/22 23:59	CMS	(Rec: 11/17/22 00:16	CMS	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/17/22 00:15	SMF	(Rec: 11/17/22 06:00	SMF	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	
Document	11/17/22 04:00	CMS	(Rec: 11/17/22 04:01	CMS	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction	
Document	11/17/22 08:00	JMV	(Rec: 11/17/22 11:40	JMV	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Brush Teeth/Gums, Deep Subglottic Suction	
Document	11/17/22 12:00	JMV	(Rec: 11/17/22 12:08	JMV	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care with CHG, Deep Subglottic Suction	
Document	11/17/22 16:00	JMV	(Rec: 11/17/22 16:04	JMV	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide									
Document	11/17/22 20:00	CMS	(Rec: 11/17/22 22:20	CMS	Desktop)				
Oral Hygiene, Provide									
Oral Care									
Oral Hygiene, Provide								Mouth Care, Deep Subglottic Suction	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	11/17/22 23:59	CMS	(Rec: 11/18/22 01:24	CMS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/18/22 04:00	CMS	(Rec: 11/18/22 04:24	CMS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/18/22 08:00	MT	(Rec: 11/18/22 09:25	MT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Deep Subglottic Suction
Document	11/18/22 12:00	JMV	(Rec: 11/18/22 13:02	JMV	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/18/22 16:00	JMV	(Rec: 11/18/22 16:56	JMV	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/18/22 20:00	KC	(Rec: 11/18/22 22:44	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/18/22 23:24	KGS	(Rec: 11/18/22 23:24	KGS	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/19/22 04:00	KC	(Rec: 11/19/22 04:33	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document 11/19/22 08:00	RD	(Rec: 11/19/22 10:57	RD	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums,
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/19/22 12:00	RD	(Rec: 11/19/22 13:40	RD	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums,
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/19/22 16:00	RD	(Rec: 11/19/22 18:06	RD	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums,
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/19/22 20:00	KC	(Rec: 11/19/22 21:29	KC	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums,
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/19/22 23:59	KC	(Rec: 11/20/22 02:27	KC	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums,
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/20/22 04:00	KC	(Rec: 11/20/22 04:46	KC	Desktop)	
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document 11/20/22 08:00	JMV	(Rec: 11/20/22 09:11	JMV	Desktop)	
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document 11/20/22 11:38	QL	(Rec: 11/20/22 11:38	QL	Desktop)	
Oral Hygiene, Provide					Mouth Care with CHG, Deep Subglottic
Oral Care					Suction

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document	11/20/22 16:00	JMV	(Rec: 11/20/22 16:36	JMV	Desktop)
Oral Hygiene, Provide					Brush Teeth/Gums, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/20/22 20:00	KC	(Rec: 11/20/22 21:15	KC	Desktop)
Oral Hygiene, Provide					Mouth Care with CHG, Brush Teeth/Gums, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/20/22 23:59	KC	(Rec: 11/21/22 01:03	KC	Desktop)
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/21/22 04:00	KC	(Rec: 11/21/22 04:14	KC	Desktop)
Oral Hygiene, Provide					Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/21/22 08:00	JMV	(Rec: 11/21/22 09:58	JMV	Desktop)
Oral Hygiene, Provide					Mouth Care with CHG, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/21/22 12:00	JMV	(Rec: 11/21/22 12:24	JMV	Desktop)
Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/21/22 16:00	JMV	(Rec: 11/21/22 16:14	JMV	Desktop)
Oral Hygiene, Provide					Brush Teeth/Gums, Deep Subglottic Suction
Oral Care					
Oral Hygiene, Provide					
Document	11/21/22 20:00	KC	(Rec: 11/21/22 21:07	KC	Desktop)
Oral Hygiene, Provide					
Oral Care					

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Deep Subglottic Suction
Document	11/21/22 23:14	MCC	(Rec: 11/22/22 01:24	MCC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care
Document	11/21/22 23:59	KC	(Rec: 11/22/22 00:30	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/22/22 04:00	KC	(Rec: 11/22/22 05:14	KC	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/22/22 08:00	JR	(Rec: 11/22/22 09:26	JR	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Deep Subglottic Suction
Document	11/22/22 12:00	JT	(Rec: 11/22/22 12:01	JT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/22/22 16:00	REG	(Rec: 11/22/22 16:13	REG	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/22/22 20:00	JAB	(Rec: 11/22/22 22:59	JAB	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG
Document	11/22/22 23:35	GS	(Rec: 11/23/22 06:04	GS	Desktop)	
Oral Hygiene, Provide						
Oral Care						

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide					Mouth Care, Deep Subglottic Suction
Document	11/22/22 23:59	JAB	(Rec: 11/23/22 01:22	JAB	Desktop)
Oral Hygiene, Provide					
Oral Care					Mouth Care
Oral Hygiene, Provide					
Document	11/23/22 04:00	JAB	(Rec: 11/23/22 06:54	JAB	Desktop)
Oral Hygiene, Provide					
Oral Care					Brush Teeth/Gums
Oral Hygiene, Provide					
Document	11/23/22 07:30	JR	(Rec: 11/23/22 09:07	JR	Desktop)
Oral Hygiene, Provide					
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document	11/23/22 12:00	JR	(Rec: 11/23/22 12:26	JR	Desktop)
Oral Hygiene, Provide					
Oral Care					Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document	11/23/22 12:10	EM	(Rec: 11/23/22 12:48	EM	Desktop)
Oral Hygiene, Provide					
Oral Care					Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document	11/23/22 16:00	JR	(Rec: 11/23/22 16:33	JR	Desktop)
Oral Hygiene, Provide					
Oral Care					Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Oral Hygiene, Provide					
Document	11/23/22 20:00	JAB	(Rec: 11/24/22 02:15	JAB	Desktop)
Oral Hygiene, Provide					
Oral Care					Mouth Care with CHG
Oral Hygiene, Provide					
Document	11/23/22 23:59	JAB	(Rec: 11/24/22 02:15	JAB	Desktop)
Oral Hygiene, Provide					
Oral Care					Mouth Care
Oral Hygiene, Provide					
Document	11/24/22 04:00	JAB	(Rec: 11/24/22 04:09	JAB	Desktop)
Oral Hygiene, Provide					

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Oral Care						Brush Teeth/Gums
Oral Hygiene, Provide						
Document	11/24/22 08:00	MT	(Rec: 11/24/22 09:24	MT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Deep Subglottic Suction
Document	11/24/22 11:52	JT	(Rec: 11/24/22 11:52	JT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/24/22 16:00	MT	(Rec: 11/24/22 16:44	MT	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/24/22 20:00	LO	(Rec: 11/24/22 22:43	LO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Deep Subglottic Suction
Document	11/25/22 00:00	LO	(Rec: 11/25/22 01:29	LO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/25/22 00:20	SMF	(Rec: 11/25/22 04:05	SMF	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/25/22 04:00	LO	(Rec: 11/25/22 06:20	LO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/25/22 12:00	QL	(Rec: 11/25/22 12:12	QL	Desktop)	
Oral Hygiene, Provide						
Oral Care						

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide					Mouth Care,Deep Subglottic Suction
Document 11/25/22 16:00	SAV	(Rec: 11/25/22 18:55	SAV	Desktop)	
Oral Hygiene, Provide					
Oral Care					Mouth Care
Oral Hygiene, Provide					
Document 11/25/22 20:00	LO	(Rec: 11/25/22 21:54	LO	Desktop)	
Oral Hygiene, Provide					
Oral Care					Mouth Care with CHG
Oral Hygiene, Provide					
Document 11/25/22 23:00	CSD	(Rec: 11/26/22 00:48	CSD	Desktop)	
Oral Hygiene, Provide					
Oral Care					Mouth Care,Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/26/22 00:00	LO	(Rec: 11/26/22 00:32	LO	Desktop)	
Oral Hygiene, Provide					
Oral Care					Mouth Care
Oral Hygiene, Provide					
Document 11/26/22 04:00	LO	(Rec: 11/26/22 06:41	LO	Desktop)	
Oral Hygiene, Provide					
Oral Care					Brush Teeth/Gums
Oral Hygiene, Provide					
Document 11/26/22 08:00	LH	(Rec: 11/26/22 09:23	LH	Phone)	
Oral Hygiene, Provide					
Oral Care					Mouth Care with CHG
Oral Hygiene, Provide					
Document 11/26/22 12:00	LH	(Rec: 11/26/22 14:02	LH	Phone)	
Oral Hygiene, Provide					
Oral Care					Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/26/22 12:00	QL	(Rec: 11/26/22 14:42	QL	Laptop)	
Oral Hygiene, Provide					
Oral Care					Mouth Care,Deep Subglottic Suction
Oral Hygiene, Provide					
Document 11/26/22 16:00	LH	(Rec: 11/26/22 16:08	LH	Phone)	
Oral Hygiene, Provide					
Oral Care					Brush Teeth/Gums
Oral Hygiene, Provide					



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document	11/26/22 20:00	LO	(Rec: 11/26/22 20:39	LO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG
Document	11/26/22 23:28	KS	(Rec: 11/26/22 23:28	KS	Laptop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/27/22 04:00	LO	(Rec: 11/27/22 04:55	LO	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums
Document	11/27/22 08:00	LH	(Rec: 11/27/22 11:27	LH	Phone)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG
Document	11/27/22 11:45	QL	(Rec: 11/27/22 11:45	QL	Laptop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/27/22 16:00	LH	(Rec: 11/27/22 17:03	LH	Phone)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums, Deep Subglottic Suction
Document	11/27/22 20:00	JAB	(Rec: 11/27/22 21:12	JAB	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG
Document	11/27/22 23:59	JAB	(Rec: 11/28/22 02:43	JAB	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care
Document	11/28/22 04:00	JAB	(Rec: 11/28/22 04:54	JAB	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Brush Teeth/Gums

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Document	11/28/22 08:00	UG	(Rec: 11/28/22 16:08	UG	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/28/22 12:00	UG	(Rec: 11/28/22 16:08	UG	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/28/22 16:00	UG	(Rec: 11/28/22 16:08	UG	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/28/22 20:00	XD	(Rec: 11/28/22 21:00	XD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Mouth Care, Deep Subglottic Suction
Document	11/28/22 23:59	XD	(Rec: 11/29/22 01:20	XD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/29/22 04:00	XD	(Rec: 11/29/22 05:03	XD	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/29/22 08:00	UG	(Rec: 11/29/22 09:48	UG	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care with CHG, Brush Teeth/Gums, Mouth Care, Deep Subglottic Suction
Document	11/29/22 12:00	UG	(Rec: 11/29/22 15:55	UG	Desktop)	
Oral Hygiene, Provide						
Oral Care						
Oral Hygiene, Provide						Mouth Care, Deep Subglottic Suction
Document	11/29/22 12:10	EM	(Rec: 11/29/22 16:57	EM	Desktop)	
Oral Hygiene, Provide						
Oral Hygiene, Provide						

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Care	Oral Hygiene, Provide	UG	(Rec: 11/29/22 17:15	UG	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/29/22 16:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	XD	(Rec: 11/29/22 20:09	XD	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/29/22 20:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	XD	(Rec: 11/30/22 01:25	XD	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/29/22 23:59					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	XD	(Rec: 11/30/22 05:07	XD	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/30/22 04:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	JM	(Rec: 11/30/22 09:44	JM	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/30/22 08:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	JT	(Rec: 11/30/22 12:05	JT	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/30/22 12:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	JM	(Rec: 11/30/22 16:06	JM	Desktop)	Mouth Care, Deep Subglottic Suction
Document	11/30/22 16:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide					
Document	11/30/22 20:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	HL	(Rec: 11/30/22 23:58	HL	Desktop)	Brush Teeth/Gums, Deep Subglottic Suction
Document	11/30/22 20:00					
Oral Hygiene, Provide	Oral Care					
Oral Hygiene, Provide	Oral Hygiene, Provide	HL	(Rec: 12/01/22 00:59	HL	Desktop)	Brush Teeth/Gums, Deep Subglottic Suction
Document	11/30/22 23:59					



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oral Hygiene, Provide Mouth Care, Deep Subglottic Suction  
 Document 12/02/22 04:00 HL (Rec: 12/02/22 04:51 HL Desktop)  
 Oral Hygiene, Provide  
 Oral Care  
 Oral Hygiene, Provide Mouth Care, Deep Subglottic Suction

Other Nursing Interventions Start: 10/27/22 23:21  
 Freq: ONCE Status: Discharge

Protocol: Document 10/27/22 23:21 JAB (Rec: 10/27/22 23:47 JAB Desktop)

Other Nursing Interventions Start: 10/27/22 23:26  
 Freq: ONCE Status: Discharge

Protocol: Document 10/27/22 23:26 JAB (Rec: 10/28/22 00:41 JAB Desktop)

Other Nursing Interventions Start: 10/28/22 09:34  
 Freq: ONCE Status: Discharge

Protocol: Document 10/28/22 09:34 ML (Rec: 10/28/22 19:35 ML Desktop)

Other Nursing Interventions Start: 10/31/22 12:00  
 Freq: Q6HR Status: Complete

Protocol: Document 10/31/22 12:00 CO (Rec: 10/31/22 12:08 CO Desktop)

Document 10/31/22 18:00 CO (Rec: 10/31/22 18:05 CO Desktop)

Document 10/31/22 23:59 ST (Rec: 11/01/22 02:17 ST Desktop)

Document 11/01/22 06:00 ST (Rec: 11/01/22 06:47 ST Desktop)

Document 11/01/22 12:00 RD (Rec: 11/01/22 12:28 RD Desktop)

Document 11/01/22 18:00 RD (Rec: 11/01/22 18:25 RD Desktop)

Document 11/01/22 23:59 ST (Rec: 11/02/22 00:26 ST Desktop)

Document 11/02/22 06:00 ST (Rec: 11/02/22 06:12 ST Desktop)

Document 11/02/22 12:00 EC (Rec: 11/02/22 13:40 EC Desktop)

Document 11/02/22 18:00 EC (Rec: 11/02/22 18:18 EC Desktop)

Document 11/02/22 23:59 HL (Rec: 11/03/22 01:01 HL Other)

Document 11/03/22 06:00 HL (Rec: 11/03/22 06:10 HL Other)

Document 11/03/22 12:00 CO (Rec: 11/03/22 12:04 CO Desktop)

Document 11/03/22 18:00 CO (Rec: 11/03/22 18:13 CO Desktop)

Document 11/03/22 23:59 HL (Rec: 11/04/22 00:56 HL Desktop)

Document 11/04/22 06:00 HL (Rec: 11/04/22 06:57 HL Desktop)

Document 11/04/22 12:00 CO (Rec: 11/04/22 12:13 CO Desktop)

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Document	11/04/22 18:00	CO	(Rec: 11/04/22 18:02	CO	Desktop)		
Document	11/04/22 23:59	KC	(Rec: 11/05/22 04:10	KC	Desktop)		
Document	11/05/22 06:00	KC	(Rec: 11/05/22 06:44	KC	Desktop)		
Document	11/05/22 12:00	JM	(Rec: 11/05/22 12:22	JM	Desktop)		
Other Nursing Interventions							
Freq:	Q6HR					Start:	11/05/22 18:00
Protocol:						Status:	Complete
Document	11/05/22 18:00	JM	(Rec: 11/05/22 18:23	JM	Desktop)		
Document	11/05/22 23:59	KC	(Rec: 11/06/22 00:46	KC	Desktop)		
Document	11/06/22 06:00	KC	(Rec: 11/06/22 07:11	KC	Desktop)		
Other Nursing Interventions							
Freq:	ONCE					Start:	11/09/22 22:55
Protocol:						Status:	Discharge
Document	11/09/22 22:55	MA	(Rec: 11/09/22 23:08	MA	Desktop)		
Other Nursing Interventions							
Freq:	ONCE					Start:	11/16/22 23:55
Protocol:						Status:	Discharge
Document	11/16/22 23:55	CMS	(Rec: 11/17/22 00:30	CMS	Desktop)		
Other Nursing Interventions							
Freq:	ONCE					Start:	11/20/22 07:07
Protocol:						Status:	Discharge
Document	11/20/22 07:07	JMV	(Rec: 11/20/22 07:27	JMV	Desktop)		
Other Nursing Interventions							
Freq:	ONCE					Start:	11/22/22 13:47
Protocol:						Status:	Discharge
Document	11/22/22 13:47	REG	(Rec: 11/22/22 14:34	REG	Desktop)		
Other Nursing Interventions							
Freq:	Q12HR					Start:	11/24/22 12:01
Protocol:						Status:	Discharge
Document	11/24/22 20:00	LO	(Rec: 11/24/22 22:53	LO	Desktop)		
Document	11/25/22 08:00	SAV	(Rec: 11/25/22 18:00	SAV	Desktop)		
Document	11/25/22 20:00	LO	(Rec: 11/25/22 20:52	LO	Desktop)		
Document	11/26/22 08:00	LH	(Rec: 11/26/22 09:23	LH	Phone)		
Document	11/26/22 20:00	LO	(Rec: 11/26/22 20:41	LO	Desktop)		
Document	11/27/22 08:00	LH	(Rec: 11/27/22 11:27	LH	Phone)		
Document	11/27/22 20:00	JAB	(Rec: 11/27/22 20:39	JAB	Desktop)		
Document	11/28/22 08:00	UG	(Rec: 11/28/22 16:10	UG	Desktop)		

**Lyons Kathleen A**      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
**Facility:** Queen of the Valley Hospital      **Med Rec Num:** MR01483046      **Visit:** QH0054940416  
61 F 07/13/1961

Interventions - Continued

Document	11/28/22 20:00	XD	(Rec: 11/28/22 23:46	XD	Desktop)	
Document	11/29/22 08:00	UG	(Rec: 11/29/22 09:49	UG	Desktop)	
Document	11/29/22 20:00	XD	(Rec: 11/29/22 20:09	XD	Desktop)	
Document	11/30/22 08:00	JM	(Rec: 11/30/22 09:14	JM	Desktop)	
Document	11/30/22 20:00	HL	(Rec: 12/01/22 00:00	HL	Desktop)	
Document	12/01/22 08:00	JR	(Rec: 12/01/22 09:44	JR	Desktop)	
Document	12/01/22 20:00	HL	(Rec: 12/01/22 20:34	HL	Desktop)	

Other Nursing Interventions

Freq: ONCE

Protocol:

Document 11/24/22 20:54 LO (Rec: 11/24/22 22:53 LO Desktop)

Other Nursing Interventions

Freq: Q4HR

Protocol:

Document	11/28/22 12:00	UG	(Rec: 11/28/22 16:40	UG	Desktop)	
Document	11/28/22 16:00	UG	(Rec: 11/28/22 16:40	UG	Desktop)	
Document	11/28/22 20:00	XD	(Rec: 11/28/22 21:01	XD	Desktop)	
Document	11/28/22 23:59	XD	(Rec: 11/29/22 01:20	XD	Desktop)	
Document	11/29/22 04:00	XD	(Rec: 11/29/22 05:03	XD	Desktop)	
Document	11/29/22 12:00	UG	(Rec: 11/29/22 15:55	UG	Desktop)	
Document	11/29/22 18:00	UG	(Rec: 11/29/22 18:43	UG	Desktop)	
Document	11/29/22 20:00	XD	(Rec: 11/29/22 20:09	XD	Desktop)	
Document	11/29/22 23:59	XD	(Rec: 11/30/22 01:25	XD	Desktop)	
Document	11/30/22 04:00	XD	(Rec: 11/30/22 05:08	XD	Desktop)	
Document	11/30/22 08:00	JM	(Rec: 11/30/22 09:14	JM	Desktop)	
Document	11/30/22 12:00	JM	(Rec: 11/30/22 12:06	JM	Desktop)	
Document	11/30/22 16:00	JM	(Rec: 11/30/22 16:06	JM	Desktop)	
Document	11/30/22 20:00	HL	(Rec: 12/01/22 00:00	HL	Desktop)	
Document	11/30/22 23:59	HL	(Rec: 12/01/22 01:00	HL	Desktop)	
Document	12/01/22 04:00	HL	(Rec: 12/01/22 04:42	HL	Desktop)	
Document	12/01/22 08:00	JR	(Rec: 12/01/22 09:44	JR	Desktop)	
Document	12/01/22 12:00	JR	(Rec: 12/01/22 12:26	JR	Desktop)	
Document	12/01/22 16:00	JR	(Rec: 12/01/22 16:37	JR	Desktop)	
Document	12/01/22 20:00	HL	(Rec: 12/01/22 20:34	HL	Desktop)	
Document	12/01/22 23:59	HL	(Rec: 12/02/22 00:22	HL	Desktop)	
Document	12/02/22 04:00	HL	(Rec: 12/02/22 04:54	HL	Desktop)	

Other Nursing Interventions

Start: 11/30/22 12:09

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Freq: ONCE Status: Discharge

Protocol: 11/30/22 12:09 JM (Rec: 11/30/22 12:12 JM Desktop)

Other Nursing Interventions Start: 11/30/22 13:00  
 Freq: QSHIFP Status: Discharge

Protocol: 11/30/22 20:00 HL (Rec: 12/01/22 00:00 HL Desktop)

Document 12/01/22 08:00 JR (Rec: 12/01/22 09:44 JR Desktop)

Document 12/01/22 20:00 HL (Rec: 12/01/22 20:34 HL Desktop) Start: 11/30/22 13:24

Other Nursing Interventions Status: Discharge  
 Freq: ONCE

Protocol: 11/30/22 13:24 JM (Rec: 11/30/22 19:22 JM Desktop)

Pain Assessment Start: 10/18/22 23:09  
 Freq: QSHIFP Status: Complete

Protocol: 10/19/22 08:00 LZ (Rec: 10/19/22 10:02 LZ Desktop)

Pain/PCA Assessment Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission) 3  
 Pain Scale Used Numeric (0 - 10)  
 Pain Score, 0 - 10 Scales 0

PCA in Use No  
 Document 10/19/22 19:36 REG(3) (Rec: 10/19/22 20:09 REG(3) Desktop)

Pain/PCA Assessment Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/20/22 08:00 LZ (Rec: 10/20/22 12:45 LZ Desktop)

**Pain/PCA Assessment**

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/20/22 20:00 REG(4) (Rec: 10/21/22 00:06 REG(4) Desktop)

**Pain/PCA Assessment**

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Numeric (0 - 10)  
 Pain Score, 0 - 10 Scales 0  
 PCA in Use No

Document 10/21/22 08:00 KL (Rec: 10/21/22 10:44 KL Desktop)

Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Numeric (0 - 10)

Pain Scale Used 0

No

Pain Score, 0 - 10 Scales

No

PCA in Use

Comment

NO COMPLAINTS OF PAIN AT THIS TIME

Document 10/21/22 20:00 JU (Rec: 10/21/22 21:48 JU Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Scale Used Numeric (0 - 10)  
 Pain Score, 0 - 10 Scales 0  
 PCA in Use No

Document 10/22/22 08:00 LZ (Rec: 10/22/22 10:11 LZ Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used Numeric (0 - 10)  
 Pain Score, 0 - 10 Scales 0  
 PCA in Use No

Document 10/22/22 20:00 JU (Rec: 10/22/22 23:16 JU Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used Numeric (0 - 10)  
 Pain Score, 0 - 10 Scales 0  
 PCA in Use No

Document 10/23/22 08:00 SL (Rec: 10/23/22 08:24 SL Desktop)  
 Pain/PCA Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Alleviating Factors

PCA in Use

Document 10/23/22 20:00 JU (Rec: 10/23/22 22:54 JU Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/24/22 08:00 LZ (Rec: 10/24/22 12:50 LZ Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/24/22 20:00 LM (Rec: 10/24/22 23:18 LM QNSUK104)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/25/22 08:00 BP (Rec: 10/25/22 14:08 BP Other)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	
Pain Scale Used		Numeric (0 - 10)
Pain Score, 0 - 10 Scales	0	
PCA in Use		No
Document 10/25/22 20:00 JDM (Rec: 10/25/22 22:33 JDM QNSUK104)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.	3	
Pain Management Goal/Tolerated, This Number or Less ( Admission)		Numeric (0 - 10)
Pain Scale Used	0	
Pain Score, 0 - 10 Scales		No
PCA in Use		
Document 10/26/22 08:00 SK (Rec: 10/26/22 09:02 SK Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.	3	
Pain Management Goal/Tolerated, This Number or Less ( Admission)		Numeric (0 - 10)
Pain Scale Used	0	
Pain Score, 0 - 10 Scales		No
PCA in Use		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Assessment

Freq: Q2HR

Start: 10/26/22 21:20  
 Status: Discharge

Protocol:

Document 10/27/22 08:00 LH (Rec: 10/27/22 13:00 LH Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales Numeric (0 - 10)

PCA in Use

No

Document 10/27/22 20:00 JAB (Rec: 10/27/22 23:49 JAB Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used Numeric (0 - 10)

Pain Score, 0 - 10 Scales

PCA in Use No

Document 10/28/22 08:00 GH (Rec: 10/28/22 08:05 GH Other)

Pain/PCA Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Numeric (0 - 10)

Pain Score, 0 - 10 Scales

0

PCA in Use

No

Document 10/28/22 20:00 ML (Rec: 10/28/22 20:32 ML Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Numeric (0 - 10)

Pain Score, 0 - 10 Scales

0

PCA in Use

No

Document 10/29/22 08:00 LH (Rec: 10/29/22 09:44 LH Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/29/22 20:00 XD (Rec: 10/29/22 21:29 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No

0

3

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Score, 0 - 10 Scales

PCA in Use

Document 10/30/22 08:00 LH (Rec: 10/30/22 09:55 LH Laptop)

0  
 No

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/30/22 20:00 XD (Rec: 10/30/22 20:28 XD Desktop)

0  
 No

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/31/22 08:00 CO (Rec: 10/31/22 08:17 CO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

0  
No

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Score, 0 - 10 Scales

PCA in Use

Document 10/31/22 20:00 ST (Rec: 10/31/22 21:43 ST Desktop)      0  
No

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.  
N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Score, 0 - 10 Scales

PCA in Use

Document 11/01/22 08:00 RD (Rec: 11/01/22 08:56 RD Desktop)      0  
No

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

PCA in Use

Document 11/01/22 20:00 ST (Rec: 11/01/22 22:56 ST Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Score, 0 - 10 Scales

PCA in Use

Document 11/02/22 08:00 EC (Rec: 11/02/22 10:10 EC Desktop)

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

0

No

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital    **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961    **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Pain/PCA Assessment**

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/02/22 20:00 HL (Rec: 11/02/22 20:36 HL Other)

**Pain/PCA Assessment**

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
Pain Score, 0 - 10 Scales		0
Pain Level, 0 - 10 Scales		No Pain
PCA in Use		No
Document 11/03/22 08:00 CO (Rec: 11/03/22 08:19 CO Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale No Pain  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/03/22 20:00 HL (Rec: 11/03/22 20:28 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression Relaxed

BPS: Upper Limbs No Movement

BPS: Compliance with Ventilation Tolerating Movement

BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale No Pain

Pain Score, 0 - 10 Scales 0

Pain Level, 0 - 10 Scales No Pain

PCA in Use No

Document 11/04/22 08:00 CO (Rec: 11/04/22 08:26 CO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3  
 Query Text:Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale No Pain  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No  
 Document 11/04/22 20:00 KC (Rec: 11/04/22 21:17 KC Desktop)  
 Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale	No Pain
Pain Score, 0 - 10 Scales	0
Pain Level, 0 - 10 Scales	No Pain
PCA in Use	No

Document 11/05/22 08:00 JM (Rec: 11/05/22 10:54 JM Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FIACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale

No Pain

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

PCA in Use

No

Document 11/05/22 20:00 KC (Rec: 11/05/22 21:15 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
No

Document 11/06/22 08:00 JM (Rec: 11/06/22 10:56 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		No Pain
Pain Level, 3 - 12 BPS Scale		0
Pain Score, 0 - 10 Scales		No Pain
Pain Level, 0 - 10 Scales		No
PCA in Use		
Document 11/06/22 20:00 KC (Rec: 11/06/22 21:18 KC Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/07/22 08:00 RD (Rec: 11/07/22 09:25 RD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/07/22 20:00 CMS (Rec: 11/07/22 20:06 CMS Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/07/22 20:00 CMS (Rec: 11/07/22 20:06 CMS Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

FLACC

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/08/22 08:00 JD (Rec: 11/08/22 08:52 JD Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/08/22 20:00 CMS (Rec: 11/08/22 20:16 CMS Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/09/22 08:00 JD (Rec: 11/09/22 08:14 JD Desktop)  
 Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/09/22 20:00 MA (Rec: 11/09/22 21:36 MA Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/10/22 08:00 MN (Rec: 11/10/22 09:01 MN Desktop)

Pain/PCA Assessment

Intensity/Location

FLACC

0

No Pain

No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

FLACC  
 0  
 No Pain  
 No

Document 11/10/22 20:00 AV (Rec: 11/10/22 20:31 AV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

FLACC  
 0  
 No Pain  
 No

Document 11/11/22 08:00 MN (Rec: 11/11/22 10:12 MN Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/11/22 20:00 CMS (Rec: 11/11/22 20:28 CMS Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/12/22 08:00 CO (Rec: 11/12/22 08:16 CO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/12/22 20:00 JAB (Rec: 11/12/22 20:23 JAB Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/13/22 08:00 CO (Rec: 11/13/22 08:26 CO Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/13/22 20:00 HL (Rec: 11/13/22 20:32 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/14/22 08:00 JM (Rec: 11/14/22 11:40 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

FLACC

0

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/14/22 20:00 MA (Rec: 11/14/22 20:58 MA Desktop)

Pain/PCA Assessment  
 Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/15/22 08:00 RD (Rec: 11/15/22 10:40 RD Desktop)

Pain/PCA Assessment  
 Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/15/22 20:00 KC (Rec: 11/15/22 20:10 KC Desktop)

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/15/22 20:00 KC (Rec: 11/15/22 20:10 KC Desktop)

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/16/22 08:00 JM (Rec: 11/16/22 09:13 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/16/22 20:00 CMS (Rec: 11/16/22 20:05 CMS Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Numerical: Patients over age 9  
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/17/22 08:00 JMW (Rec: 11/17/22 11:43 JMW Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/17/22 20:00 CMS (Rec: 11/17/22 22:20 CMS Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/18/22 08:00 MT (Rec: 11/18/22 09:22 MT Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/18/22 20:00 KC (Rec: 11/18/22 22:17 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/18/22 23:59 KC (Rec: 11/19/22 01:22 KC Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Document 11/19/22 02:00 KC (Rec: 11/19/22 04:39 KC Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Scale Used	FLACC
Pain Score, 0 - 10 Scales	0
Pain Level, 0 - 10 Scales	No Pain
PCA in Use	No
Document 11/19/22 04:00 KC (Rec: 11/19/22 04:39 KC Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	FLACC
Pain Score, 0 - 10 Scales	0
Pain Level, 0 - 10 Scales	No Pain
PCA in Use	No
Document 11/19/22 06:00 KC (Rec: 11/19/22 07:23 KC QICUK103)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	FLACC
Pain Score, 0 - 10 Scales	0
Pain Level, 0 - 10 Scales	No Pain

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

PCA in Use				No
Document	11/19/22 10:00	RD (Rec: 11/19/22 10:45	RD Desktop)	
Pain/PCA Assessment				
Intensity/Location				
Protocol: NEURO.PA1				
Numerical: Patients over age 9				
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.				
Wong-Baker Faces: Patients over age 3.				
FLACC: Children too young to communicate verbally, adults unable to communicate.				
N-PASS: Neonates and infants.				
Behavioral Pain Scale (BPS): Intubated patients.				
Pain Management Goal/Tolerated, This Number or Less ( Admission)				3
Pain Scale Used				FLACC
Pain Score, 0 - 10 Scales				0
Pain Level, 0 - 10 Scales				No Pain
PCA in Use				No
Document	11/19/22 12:00	RD (Rec: 11/19/22 13:40	RD Desktop)	
Pain/PCA Assessment				
Intensity/Location				
Protocol: NEURO.PA1				
Numerical: Patients over age 9				
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.				
Wong-Baker Faces: Patients over age 3.				
FLACC: Children too young to communicate verbally, adults unable to communicate.				
N-PASS: Neonates and infants.				
Behavioral Pain Scale (BPS): Intubated patients.				
Pain Management Goal/Tolerated, This Number or Less ( Admission)				3
Pain Scale Used				FLACC
Pain Score, 0 - 10 Scales				0
Pain Level, 0 - 10 Scales				No Pain
PCA in Use				No
Document	11/19/22 14:00	RD (Rec: 11/19/22 16:30	RD Desktop)	
Pain/PCA Assessment				

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/19/22 16:00 RD (Rec: 11/19/22 18:06 RD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/19/22 18:00 RD (Rec: 11/19/22 18:59 RD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

PCA in Use

FLACC  
0  
No Pain  
No

Document 11/19/22 20:00 KC (Rec: 11/19/22 21:37 KC Desktop)  
Pain/PCA Assessment

**Intensity/Location**

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

PCA in Use

FLACC  
0  
No Pain  
No

Document 11/19/22 22:00 KC (Rec: 11/19/22 22:56 KC Desktop)  
Pain/PCA Assessment

**Intensity/Location**

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/19/22 23:59 KC (Rec: 11/20/22 02:31 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/20/22 02:00 KC (Rec: 11/20/22 02:31 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	FLACC
Pain Scale Used		0
Pain Score, 0 - 10 Scales		No Pain
Pain Level, 0 - 10 Scales		No
PCA in Use		
Document 11/20/22 04:00 KC (Rec: 11/20/22 04:47 KC Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	FLACC
Pain Scale Used		0
Pain Score, 0 - 10 Scales		No Pain
Pain Level, 0 - 10 Scales		No
PCA in Use		
Document 11/20/22 06:00 KC (Rec: 11/20/22 06:50 KC Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	FLACC
Pain Scale Used		FLACC

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/20/22 08:00 JMV (Rec: 11/20/22 09:17 JMV Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/20/22 10:00 JMV (Rec: 11/20/22 10:31 JMV Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/20/22 12:00 JMV (Rec: 11/20/22 12:18 JMV Desktop)  
 Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/20/22 14:00 JMV (Rec: 11/20/22 14:08 JMV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/20/22 16:00 JMV (Rec: 11/20/22 16:36 JMV Desktop)

Pain/PCA Assessment

Intensity/Location



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/20/22 18:00 JMW (Rec: 11/20/22 18:21 JMW Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/20/22 20:00 KC (Rec: 11/20/22 21:19 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

FLACC

0

No Pain

No

Document 11/20/22 22:00 KC (Rec: 11/20/22 23:39 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

FLACC

0

No Pain

No

Document 11/20/22 23:59 KC (Rec: 11/21/22 01:09 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/21/22 02:00 KC (Rec: 11/21/22 03:48 KC Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used FLACC  
 Pain Score, 0 - 10 Scales 0  
 Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/21/22 04:00 KC (Rec: 11/21/22 04:25 KC Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/21/22 06:00 KC (Rec: 11/21/22 07:11 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/21/22 08:00 JMV (Rec: 11/21/22 09:58 JMV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

Behavioral (3 - 12, Intubated Patient)  
 Relaxed

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
Pain Score, 0 - 10 Scales	0
Pain Level, 0 - 10 Scales	No Pain
PCA in Use	No
Document 11/21/22 10:00 JMV (Rec: 11/21/22 10:06 JMV Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
Pain Score, 0 - 10 Scales	0

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Pain Level, 0 - 10 Scales No Pain  
 PCA in Use No

Document 11/21/22 12:00 JMV (Rec: 11/21/22 12:25 JMV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission) Behavioral (3 - 12, Intubated Patient)

Pain Scale Used Relaxed

BPS: Facial Expression No Movement

BPS: Upper Limbs Tolerating Movement

BPS: Compliance with Ventilation 3

BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale No Pain

Pain Score, 0 - 10 Scales 0

Pain Level, 0 - 10 Scales No Pain

PCA in Use No

Document 11/21/22 14:00 JMV (Rec: 11/21/22 14:18 JMV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

Pain Score, 0 - 10 Scales

Pain Level, 0 - 10 Scales

PCA in Use

Document 11/21/22 16:00 JMV (Rec: 11/21/22 16:14 JMV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement  
3

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/21/22 18:00 JMV (Rec: 11/21/22 18:24 JMV Desktop)      No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/21/22 20:00 KC (Rec: 11/21/22 21:15 KC Desktop)      No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/21/22 22:00 KC (Rec: 11/21/22 22:23 KC Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/21/22 22:00 KC (Rec: 11/21/22 22:23 KC Desktop)

Pain/PCA Assessment

Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS score		3
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/21/22 23:59 KC (Rec: 11/22/22 00:31 KC Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation	3	
BPS score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/22/22 02:00 KC (Rec: 11/22/22 02:19 KC Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Numerical: Patients over age 9	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces:	Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS):	Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/22/22 04:00 KC (Rec: 11/22/22 05:17 KC Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces:	Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS):	Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/22/22 06:00 KC (Rec: 11/22/22 07:00 KC Desktop)

No Pain  
 No

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/22/22 08:00 JR (Rec: 11/22/22 09:26 JR Desktop)

No Pain  
 No

Pain/PCA Assessment  
 Intensity/Location

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used  
 Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression  
 Relaxed

BPS: Upper Limbs  
 No Movement

BPS: Compliance with Ventilation  
 Tolerating Movement

BPS Score  
 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale  
 No Pain

PCA In Use  
 No

Document 11/22/22 10:00 REG (Rec: 11/22/22 10:55 REG Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used  
 Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression  
 Relaxed

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 11/22/22 12:00 REG (Rec: 11/22/22 12:41 REG Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 11/22/22 14:00 REG (Rec: 11/22/22 14:37 REG Desktop)  
 Pain/PCA Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/22/22 16:00 REG (Rec: 11/22/22 16:13 REG Desktop) No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Behavioral (3 - 12, Intubated Patient)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale

PCA in Use No Pain  
 Document 11/22/22 18:00 REG (Rec: 11/22/22 18:18 REG Desktop) No

Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression Relaxed

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale No Pain

PCA in Use No

Document 11/22/22 20:00 JAB (Rec: 11/22/22 23:25 JAB Desktop)



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/22/22 22:00 JAB (Rec: 11/22/22 23:26 JAB Desktop)      No Pain

Pain/PCA Assessment      No

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/22/22 23:59 JAB (Rec: 11/23/22 01:21 JAB Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document      11/23/22 02:00      JAB      (Rec: 11/23/22 06:57      JAB      Desktop)  
Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (      3

Admission)

Behavioral (3 - 12, Intubated Patient)

Pain Scale Used

Relaxed

BPS: Facial Expression

No Movement

BPS: Upper Limbs

Tolerating Movement

BPS: Compliance with Ventilation

3

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

No Pain

Pain Level, 3 - 12 BPS Scale

No

PCA in Use

No

Document      11/23/22 04:00      JAB      (Rec: 11/23/22 06:57      JAB      Desktop)  
Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (      3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/23/22 06:00 JAB (Rec: 11/23/22 06:57 JAB Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

3

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

PCA in Use

No

Document 11/23/22 07:30 JR (Rec: 11/23/22 09:07 JR Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

Behavioral (3 - 12, Intubated Patient)  
Relaxed

BPS: Upper Limbs

No Movement

BPS: Compliance with Ventilation

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

No Pain

PCA in Use

No

Document 11/23/22 10:00 JR (Rec: 11/23/22 10:16 JR Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/23/22 12:00 JR (Rec: 11/23/22 12:26 JR Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Level, 3 - 12 BPS Scale No Pain  
 PCA in Use No

Document 11/23/22 14:00 JR (Rec: 11/23/22 14:35 JR Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression Relaxed

BPS: Upper Limbs No Movement

BPS: Compliance with Ventilation Tolerating Movement

BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale No Pain

PCA in Use No

Document 11/23/22 16:00 JR (Rec: 11/23/22 16:35 JR Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Behavioral Pain Scale (BPS) : Intubated patients. Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient) Relaxed No Movement Tolerating Movement
Pain Scale Used		
BPS: Facial Expression		
BPS: Upper Limbs		
BPS: Compliance with Ventilation		
BPS Score		3
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/23/22 18:00 JR (Rec: 11/23/22 18:35 JR Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS) : Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient) Relaxed No Movement Tolerating Movement
Pain Scale Used		
BPS: Facial Expression		
BPS: Upper Limbs		
BPS: Compliance with Ventilation		
BPS Score		3
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/23/22 20:00 JAB (Rec: 11/24/22 02:14 JAB Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression

Relaxed

BPS: Upper Limbs

No Movement

BPS: Compliance with Ventilation

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

No Pain

PCA in Use

No

Document 11/23/22 22:00 JAB (Rec: 11/24/22 02:14 JAB Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	
BPS: Facial Expression	Behavioral (3 - 12, Intubated Patient)
BPS: Upper Limbs	Relaxed
BPS: Compliance with Ventilation	No Movement
BPS Score	Tolerating Movement
Query Text: Behavioral Health Scale (BPS)	3
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/23/22 23:59 JAB (Rec: 11/24/22 02:15 JAB Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	
BPS: Facial Expression	Behavioral (3 - 12, Intubated Patient)
BPS: Upper Limbs	Relaxed
BPS: Compliance with Ventilation	No Movement
BPS Score	Tolerating Movement
Query Text: Behavioral Health Scale (BPS)	3
No Pain: 3	
Mild: 4 - 6	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/24/22 02:00 JAB (Rec: 11/24/22 02:28 JAB Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/24/22 04:00 JAB (Rec: 11/24/22 04:09 JAB Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 05:20 JAB (Rec: 11/24/22 05:20 JAB Desktop)      No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 05:20 JAB (Rec: 11/24/22 05:20 JAB Desktop)      No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use  
 No Pain

Document 11/24/22 08:00 MT (Rec: 11/24/22 09:24 MT Desktop)  
 Pain/PCA Assessment  
 No

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 10:00 MT (Rec: 11/24/22 12:06 MT Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

report pain.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	No Pain
Mild: 4 - 6	No
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	
PCA in Use	
Document 11/24/22 12:00 MT (Rec: 11/24/22 12:26 MT Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 14:00 MT (Rec: 11/24/22 15:18 MT Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 16:00 MT (Rec: 11/24/22 16:43 MT Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 18:00 MT (Rec: 11/24/22 18:46 MT Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 20:00 LO (Rec: 11/24/22 22:44 LO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/24/22 22:00 LO (Rec: 11/24/22 22:48 LO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3  
 Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale No Pain  
 PCA in Use No  
 Document 11/25/22 00:00 LO (Rec: 11/25/22 01:29 LO Desktop)  
 Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS score		3
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/25/22 02:00 IO (Rec: 11/25/22 06:19 IO Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation	3	
BPS score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/25/22 04:00 IO (Rec: 11/25/22 06:19 IO Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text:Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/25/22 06:00 LO (Rec: 11/25/22 06:19 LO Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/25/22 08:00 SAV (Rec: 11/25/22 17:51 SAV Desktop) No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression Behavioral (3 - 12, Intubated Patient)

BPS: Upper Limbs Relaxed

BPS: Compliance with Ventilation No Movement

BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/25/22 10:00 SAV (Rec: 11/25/22 17:51 SAV Desktop) No Pain

Pain/PCA Assessment

Intensity/Location

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

Document 11/25/22 12:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)  
 PCA in Use No Pain  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 No Pain

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 11/25/22 14:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Behavioral (3 - 12, Intubated Patient)

Pain Scale Used

Relaxed

BPS: Facial Expression

No Movement

BPS: Upper Limbs

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain

Document 11/25/22 16:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)

Pain/PCA Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3  
 Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS scale No Pain  
 PCA in Use No  
 Document 11/25/22 18:00 SAV (Rec: 11/25/22 18:59 SAV Desktop)  
 Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale

No Pain  
 No

Document 11/25/22 20:00 IO (Rec: 11/25/22 21:54 IO Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Behavioral (3 - 12, Intubated Patient)

Pain Scale Used

Relaxed

BPS: Facial Expression

No Movement

BPS: Upper Limbs

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

No Pain

PCA in Use

No

Document 11/25/22 22:00 IO (Rec: 11/25/22 22:16 IO Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/26/22 00:00 LO (Rec: 11/26/22 00:32 LO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/26/22 02:00 IO (Rec: 11/26/22 03:07 IO Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/26/22 04:00 LO (Rec: 11/26/22 06:42 LO Desktop)  
 Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/26/22 06:00 LO (Rec: 11/26/22 06:42 LO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Admission)

Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text:Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/26/22 08:00 LH (Rec: 11/26/22 09:23 LH Phone)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text:Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

PCA in Use

No

Document 11/26/22 10:00 LH (Rec: 11/26/22 10:26 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

Behavioral (3 - 12, Intubated Patient)  
 Relaxed

BPS: Upper Limbs

No Movement

BPS: Compliance with Ventilation

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

No Pain

PCA in Use

No

Document 11/26/22 12:00 LH (Rec: 11/26/22 14:02 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Iyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS scale		No Pain
PCA in Use		No
Document 11/26/22 14:00 LH (Rec: 11/26/22 14:02 LH Phone)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Level, 3 - 12 BPS Scale No Pain  
 PCA in Use No

Document 11/26/22 16:00 LH (Rec: 11/26/22 16:08 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression Relaxed

BPS: Upper Limbs No Movement

BPS: Compliance with Ventilation Tolerating Movement

BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale No Pain

PCA in Use No

Document 11/26/22 18:00 LH (Rec: 11/26/22 18:03 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Behavioral Pain Scale (BPS) : Intubated patients. Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient) Relaxed No Movement Tolerating Movement
Pain Scale Used		
BPS: Facial Expression		
BPS: Upper Limbs		
BPS: Compliance with Ventilation		
BPS Score		3
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/26/22 20:00 LO (Rec: 11/26/22 20:39 LO Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS) : Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient) Relaxed No Movement Tolerating Movement
Pain Scale Used		
BPS: Facial Expression		
BPS: Upper Limbs		
BPS: Compliance with Ventilation		
BPS Score		3
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/26/22 22:00 LO (Rec: 11/26/22 22:41 LO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/27/22 00:00 LO (Rec: 11/27/22 03:15 LO Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	
BPS: Facial Expression	Behavioral (3 - 12, Intubated Patient)
BPS: Upper Limbs	Relaxed
BPS: Compliance with Ventilation	No Movement
BPS Score	Tolerating Movement
Query Text:Behavioral Health Scale (BPS)	3
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/27/22 02:00 LO (Rec: 11/27/22 03:15 LO Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	
BPS: Facial Expression	Behavioral (3 - 12, Intubated Patient)
BPS: Upper Limbs	Relaxed
BPS: Compliance with Ventilation	No Movement
BPS Score	Tolerating Movement
Query Text:Behavioral Health Scale (BPS)	3
No Pain: 3	
Mild: 4 - 6	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use  
 No Pain  
 No

Document 11/27/22 04:00 IO (Rec: 11/27/22 04:55 IO Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text:Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6

Moderate: 7 - 9  
 Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 11/27/22 06:00 IO (Rec: 11/27/22 07:22 IO Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 08:00 LH (Rec: 11/27/22 11:27 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 08:00 LH (Rec: 11/27/22 11:27 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use  
 No Pain

Document 11/27/22 10:00 LH (Rec: 11/27/22 11:27 LH Phone)  
 Pain/PCA Assessment  
 No

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 12:00 LH (Rec: 11/27/22 14:12 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 14:00 LH (Rec: 11/27/22 14:12 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 16:00 LH (Rec: 11/27/22 17:03 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 18:00 LH (Rec: 11/27/22 18:37 LH Phone)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 20:00 JAB (Rec: 11/27/22 21:12 JAB Desktop) No Pain

Pain/PCA Assessment No

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Behavioral (3 - 12, Intubated Patient) Relaxed

No Movement

Tolerating Movement

3

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 22:00 JAB (Rec: 11/28/22 02:45 JAB Desktop)      No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/27/22 23:59 JAB (Rec: 11/28/22 02:45 JAB Desktop)      No Pain

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/28/22 02:00 JAB (Rec: 11/28/22 02:45 JAB Desktop)      No Pain

Pain/PCA Assessment      No

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/28/22 02:00 JAB (Rec: 11/28/22 02:45 JAB Desktop)      No Pain

Pain/PCA Assessment      No

Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS score					3
Query Text:	Behavioral Health Scale (BPS)				
No Pain:	3				
Mild:	4 - 6				
Moderate:	7 - 9				
Severe:	10 - 12				
Pain Level,	3 - 12 BPS Scale			No Pain	
PCA in Use				No	
Document	11/28/22 04:00 JAB (Rec: 11/28/22 04:54	JAB	Desktop)		
Pain/PCA Assessment					
Intensity/Location					
Protocol:	NEURO.PA1				
Numerical:	Patients over age 9				
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.				
Wong-Baker Faces:	Patients over age 3.				
FLACC:	Children too young to communicate verbally, adults unable to communicate.				
N-PASS:	Neonates and infants.				
Behavioral Pain Scale (BPS):	Intubated patients.				
Pain Management Goal/Tolerated,	This Number or Less (			3	
Admission)					
Pain Scale Used				Behavioral (3 - 12, Intubated Patient)	
BPS: Facial Expression				Relaxed	
BPS: Upper Limbs				No Movement	
BPS: Compliance with Ventilation				Tolerating Movement	
BPS score				3	
Query Text:	Behavioral Health Scale (BPS)				
No Pain:	3				
Mild:	4 - 6				
Moderate:	7 - 9				
Severe:	10 - 12				
Pain Level,	3 - 12 BPS Scale			No Pain	
PCA in Use				No	
Document	11/28/22 06:00 JAB (Rec: 11/28/22 06:25	JAB	Desktop)		
Pain/PCA Assessment					
Intensity/Location					
Protocol:	NEURO.PA1				

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Numerical: Patients over age 9	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces:	Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS):	Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/28/22 08:00 UG (Rec: 11/28/22 16:11 UG Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces:	Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS):	Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/28/22 10:00 UG (Rec: 11/28/22 16:11 UG Desktop)

No Pain  
 No

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

3

Pain Scale Used

Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression

Relaxed

BPS: Upper Limbs

No Movement

BPS: Compliance with Ventilation

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/28/22 12:00 UG (Rec: 11/28/22 16:11 UG Desktop)

Pain/PCA Assessment

Intensity/Location

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

Pain Scale Used  
 BPS: Facial Expression

BPS: Facial Expression Behavioral (3 - 12, Intubated Patient)  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale No Pain  
 PCA In Use No

Document 11/28/22 14:00 UG (Rec: 11/28/22 16:11 UG Desktop)  
 Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS scale  
 PCA in Use No Pain  
 No

Document 11/28/22 16:00 UG (Rec: 11/28/22 16:11 UG Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS scale  
 PCA in Use No Pain  
 No

Document 11/28/22 18:00 UG (Rec: 11/28/22 18:24 UG Desktop)  
 Pain/PCA Assessment



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/28/22 20:00 XD (Rec: 11/28/22 21:01 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Behavioral (3 - 12, Intubated Patient)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale No Pain  
 PCA in Use No

Document 11/28/22 22:00 XD (Rec: 11/28/22 22:25 XD Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 11/28/22 23:59 XD (Rec: 11/29/22 01:20 XD Desktop)

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/29/22 02:00 XD (Rec: 11/29/22 02:43 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/29/22 04:00 XD (Rec: 11/29/22 05:03 XD Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document      11/29/22 06:00    XD    (Rec: 11/29/22 06:42    XD    Desktop)  
Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (      3

Admission)

Behavioral (3 - 12, Intubated Patient)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Tolerating Movement

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain

Document      11/29/22 08:00    UG    (Rec: 11/29/22 09:49    UG    Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9  
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (      3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/29/22 10:00 UG (Rec: 11/29/22 15:53 UG Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

3

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

PCA in Use

No

Document 11/29/22 12:00 UG (Rec: 11/29/22 15:53 UG Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/29/22 14:00 UG (Rec: 11/29/22 15:53 UG Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS scale		No Pain
PCA in Use		No
Document 11/29/22 16:00 UG (Rec: 11/29/22 17:15 UG Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Pain Level, 3 - 12 BPS Scale      No Pain  
PCA in Use      No

Document 11/29/22 18:00 UG (Rec: 11/29/22 18:44 UG Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use      No Pain

Document 11/29/22 20:00 XD (Rec: 11/29/22 20:11 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Behavioral Pain Scale (BPS) : Intubated patients. Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient) Relaxed No Movement Tolerating Movement
Pain Scale Used		
BPS: Facial Expression		
BPS: Upper Limbs		
BPS: Compliance with Ventilation		
BPS Score		3
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 11/29/22 22:00 XD (Rec: 11/30/22 00:39 XD Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS) : Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient) Relaxed No Movement Tolerating Movement
Pain Scale Used		
BPS: Facial Expression		
BPS: Upper Limbs		
BPS: Compliance with Ventilation		
BPS Score		3
Query Text:Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
No

Document 11/29/22 23:59 XD (Rec: 11/30/22 00:39 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

Behavioral (3 - 12, Intubated Patient)

BPS: Facial Expression

Relaxed

BPS: Upper Limbs

No Movement

BPS: Compliance with Ventilation

Tolerating Movement

BPS Score

3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
No

Document 11/30/22 02:00 XD (Rec: 11/30/22 05:05 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text:Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No
Document 11/30/22 04:00 XD (Rec: 11/30/22 05:05 XD Desktop)	
Pain/PCA Assessment	
Intensity/Location	
Protocol: NEURO.PA1	
Numerical: Patients over age 9	
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces: Patients over age 3.	
FLACC: Children too young to communicate verbally, adults unable to communicate.	
N-PASS: Neonates and infants.	
Behavioral Pain Scale (BPS): Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3
Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text:Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/30/22 06:00 XD (Rec: 11/30/22 06:06 XD Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 11/30/22 08:00 JM (Rec: 11/30/22 09:45 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 10:00 JM (Rec: 11/30/22 11:06 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FIACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 10:00 JM (Rec: 11/30/22 11:06 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement  
3

Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement  
3

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Mild: 4 - 6  
Moderate: 7 - 9  
Severe: 10 - 12  
Pain Level, 3 - 12 BPS Scale  
PCA in Use  
No Pain

Document 11/30/22 12:00 JM (Rec: 11/30/22 12:09 JM Desktop)  
Pain/PCA Assessment

Intensity/Location  
Protocol: NEURO.PA1  
Numerical: Patients over age 9  
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
Wong-Baker Faces: Patients over age 3.  
FLACC: Children too young to communicate verbally, adults unable to communicate.  
N-PASS: Neonates and infants.  
Behavioral Pain Scale (BPS): Intubated patients.  
Pain Management Goal/Tolerated, This Number or Less ( 3  
Admission)  
Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
BPS: Facial Expression Relaxed  
BPS: Upper Limbs No Movement  
BPS: Compliance with Ventilation Tolerating Movement  
BPS Score 3  
Query Text:Behavioral Health Scale (BPS)  
No Pain: 3  
Mild: 4 - 6  
Moderate: 7 - 9  
Severe: 10 - 12  
Pain Level, 3 - 12 BPS Scale No Pain  
PCA in Use No  
Document 11/30/22 14:00 JM (Rec: 11/30/22 14:51 JM Desktop)  
Pain/PCA Assessment  
Intensity/Location  
Protocol: NEURO.PA1  
Numerical: Patients over age 9  
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 16:00 JM (Rec: 11/30/22 16:06 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement  
3



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 18:00 JM (Rec: 11/30/22 18:03 JM Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 20:00 HL (Rec: 11/30/22 23:58 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 22:00 HL (Rec: 12/01/22 00:02 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise

report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

No Pain  
 No

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 11/30/22 23:59 HL (Rec: 12/01/22 00:59 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 12/01/22 02:00 HL (Rec: 12/01/22 04:30 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Behavioral (3 - 12, Intubated Patient)

Relaxed

No Movement

Tolerating Movement

3

No Pain

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cognitively Impaired (PAINAD) : Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 12/01/22 04:00 HL (Rec: 12/01/22 04:38 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 12/01/22 04:00 HL (Rec: 12/01/22 04:38 HL Desktop)

Pain/PCA Assessment

No Pain  
No  
Behavioral (3 - 12, Intubated Patient)  
Relaxed  
No Movement  
Tolerating Movement

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS score		3
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 12/01/22 06:00 HL (Rec: 12/01/22 06:49 HL Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9		
Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.		
Wong-Baker Faces: Patients over age 3.		
FLACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS): Intubated patients.		
Pain Management Goal/Tolerated, This Number or Less ( Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 12/01/22 08:00 JR (Rec: 12/01/22 09:44 JR Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Numerical: Patients over age 9	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces:	Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS):	Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		Tolerating Movement
BPS: Compliance with Ventilation		3
BPS Score		
Query Text: Behavioral Health Scale (BPS)		
No Pain: 3		
Mild: 4 - 6		
Moderate: 7 - 9		
Severe: 10 - 12		
Pain Level, 3 - 12 BPS Scale		No Pain
PCA in Use		No
Document 12/01/22 10:00 JR (Rec: 12/01/22 10:26 JR Desktop)		
Pain/PCA Assessment		
Intensity/Location		
Protocol: NEURO.PA1		
Numerical: Patients over age 9	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Cognitively Impaired (PAINAD):	Patients with advanced dementia or who are aphasic, cannot otherwise report pain.	
Wong-Baker Faces:	Patients over age 3.	
FIACC: Children too young to communicate verbally, adults unable to communicate.		
N-PASS: Neonates and infants.		
Behavioral Pain Scale (BPS):	Intubated patients.	
Pain Management Goal/Tolerated, This Number or Less (Admission)	3	Behavioral (3 - 12, Intubated Patient)
Pain Scale Used		Relaxed
BPS: Facial Expression		No Movement
BPS: Upper Limbs		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 12/01/22 12:00 JR (Rec: 12/01/22 12:23 JR Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Behavioral (3 - 12, Intubated Patient)  
 Relaxed  
 No Movement  
 Tolerating Movement  
 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

No Pain  
 No

Document 12/01/22 14:00 JR (Rec: 12/01/22 14:17 JR Desktop)

Pain/PCA Assessment

Intensity/Location

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA In Use

Document 12/01/22 16:00 JR (Rec: 12/01/22 16:36 JR Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less (

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

Behavioral (3 - 12, Intubated Patient)  
 Relaxed



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)

No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 12/01/22 18:00 JR (Rec: 12/01/22 18:08 JR Desktop)

Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)

Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale  
 PCA in Use No Pain  
 No

Document 12/01/22 20:00 HL (Rec: 12/01/22 21:50 HL Desktop)  
 Pain/PCA Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)  
 BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3  
 Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS scale No Pain  
 PCA in Use No  
 Document 12/01/22 22:00 HL (Rec: 12/01/22 22:19 HL Desktop)  
 Pain/PCA Assessment  
 Intensity/Location  
 Protocol: NEURO.PA1  
 Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.  
 Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.  
 N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.  
 Pain Management Goal/Tolerated, This Number or Less ( 3  
 Admission)  
 Pain Scale Used Behavioral (3 - 12, Intubated Patient)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

BPS: Facial Expression Relaxed  
 BPS: Upper Limbs No Movement  
 BPS: Compliance with Ventilation Tolerating Movement  
 BPS Score 3

Query Text: Behavioral Health Scale (BPS)  
 No Pain: 3  
 Mild: 4 - 6  
 Moderate: 7 - 9  
 Severe: 10 - 12  
 Pain Level, 3 - 12 BPS Scale

PCA in Use No Pain  
 No

Document 12/01/22 23:59 HL (Rec: 12/02/22 00:18 HL Desktop)  
 Pain/PCA Assessment

Intensity/Location  
 Protocol: NEURO.PA1

Numerical: Patients over age 9  
 Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.  
 FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.  
 Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission) Behavioral (3 - 12, Intubated Patient)

Pain Scale Used Relaxed

BPS: Facial Expression No Movement

BPS: Upper Limbs Tolerating Movement  
 3

BPS Score  
 Query Text: Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale No Pain

PCA in Use No

Document 12/02/22 02:00 HL (Rec: 12/02/22 02:56 HL Desktop)

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

Pain Scale Used

BPS: Facial Expression

BPS: Upper Limbs

BPS: Compliance with Ventilation

BPS Score

Query Text:Behavioral Health Scale (BPS)

No Pain: 3

Mild: 4 - 6

Moderate: 7 - 9

Severe: 10 - 12

Pain Level, 3 - 12 BPS Scale

PCA in Use

Document 12/02/22 04:00 HL (Rec: 12/02/22 04:51 HL Desktop)

Pain/PCA Assessment

Intensity/Location

Protocol: NEURO.PA1

Numerical: Patients over age 9

Cognitively Impaired (PAINAD): Patients with advanced dementia or who are aphasic, cannot otherwise report pain.

Wong-Baker Faces: Patients over age 3.

FLACC: Children too young to communicate verbally, adults unable to communicate.

N-PASS: Neonates and infants.

Behavioral Pain Scale (BPS): Intubated patients.

Pain Management Goal/Tolerated, This Number or Less ( 3

Admission)

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Pain Scale Used	Behavioral (3 - 12, Intubated Patient)
BPS: Facial Expression	Relaxed
BPS: Upper Limbs	No Movement
BPS: Compliance with Ventilation	Tolerating Movement
BPS Score	3
Query Text: Behavioral Health Scale (BPS)	
No Pain: 3	
Mild: 4 - 6	
Moderate: 7 - 9	
Severe: 10 - 12	
Pain Level, 3 - 12 BPS Scale	No Pain
PCA in Use	No

Palliative Care Discharge Note

Freq:

Start: 11/02/22 12:41  
 Status: Discharge

Protocol:

Document 12/02/22 12:40 JW (Rec: 12/02/22 12:41 JW HTML-5391-3414)

Palliative Care Discharge Note

General

Date of Discharge

Discharged To

Advanced Directives on File by Discharge

Valid/Complete POLST on File by Discharge

Goals of Care at Discharge

Treatment Preferences at Discharge

12/02/22 12:41 Palliative Care Note by Westra, Jeffrey

Patient expired 12/2/22.

12/02/22  
 Expired  
 Yes  
 No: Declined  
 Seeking Curative  
 Seeking Selective

Initialized on 12/02/22 12:41 - END OF NOTE

Palliative Care Initial Encounter

Freq:

Start: 11/02/22 12:41  
 Status: Discharge

Protocol:

Document 11/02/22 12:46 JW (Rec: 11/02/22 13:14 JW Desktop)

Palliative Care Initial Encounter

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

General

Cognitive Capacity  
 History Provided By  
 Preferred Language  
 Advance Directives  
 Legal Document Type  
 Coping/Decision Making Ability  
 Medical Decision Maker

Living Arrangements  
 Living Arrangements Comment

Pain Assessment

Do You Have Pain

Pain Scale Used

Pain Severity

Satisfied with Pain Management

Respiratory Effort

Modified Borg Dyspnea Scale

Short of Breath

Satisfied with Shortness of Breath Regime

Treatment Preferences and Goals of Care

Patient's Health Care Goals

Patient's Treatment Preferences

Family's Health Care Goals for Patient

Palliative Performance Scale

Protocol: GEN.PPS

Palliative Performance Scale

Other Palliative Care Scales

Karnofsky Performance Scale

Interdisciplinary Collaboration of Care

Social Services

Spiritual Care

Palliative Care Physician

Description of Visit

Comment

11/02/22 12:56 Palliative Care Note by Westra,Jeffrey  
 Palliative Care initial encounter completed. X22530

Comatose  
 Family Member  
 English

No

None

Dependent/Unable

Patient's sister and brother and

sister-in-law

House

With sister

Unable to Respond

Cognitively Impaired

0

Unable

3. Moderate

Unable to Respond

Unable

Unknown

Unknown

Seeking Curative

10%

20%- Very Sick

Yes

Yes

Yes

see note

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient does not wake up, does not open eyes, and does not follow commands. Remains on the ventilator, tachypneic. No pressors or drips or sedation. Patient's sister Mary came to visit with patient and meet with this PC RN. PC RN met with patient's sister in the waiting room per Mary's request. Patient's brother and sister-in-law joined in on the phone.

Plan of care discussed. Mary reports that she was told that the patient would be home Saturday after the surgery. They find it difficult that she is in this state right now. Discussed with them to be prepared for decisions that will likely need to be made if patient remains obtunded. Education provided regarding trache/PEG and placement. Provided educational resources as well. Code status discussed. Family would like patient to remain to full code/full treatment. They would like to speak with the neurosurgeon regarding patient's condition and expectations of recovery. RN Veronica has communicated with Dr Ye regarding this.

Patient's sister also inquired about disability paperwork that she is completing for the patient on her behalf. Dr Lau aware. VM left for SW. Palliative Care to follow.

Initialized on 11/02/22 12:56 - END OF NOTE

Patient Belongings					Start: 10/18/22 23:09
Freq: ONCE					Status: Complete
Protocol:	10/19/22 01:13	REG(2)	(Rec: 10/19/22 02:26	REG(2)	Desktop)
Patient Belongings					
Belongings With Patient					
Belongings With Patient on Admission					Yes
Patient Care/ADL's/Activity					Start: 10/18/22 23:09
Freq: QSHFT					Status: Complete
Protocol:	10/19/22 04:00	TMG	(Rec: 10/19/22 07:06	TMG	Desktop)
Document					
Patient Care/ADL's/Activity					
Hourly Rounding					Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding					Bed Rails in Place, Bed in Low Position, Bed/Gurney Brakes Set
Safety Precautions					

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition			Self, Low Fowlers(15-30 Deg)
Patient Position			Set Up Provided
Bathing/Grooming			Linen Change
Level of Assistance			
Hygiene Care Performed			
Indwelling Catheter Care			
Foley Catheter Care			No
Document 10/19/22 08:00 LZ (Rec: 10/19/22 10:02 LZ Desktop)			
Patient Care/ADL's/Activity			
Hourly Rounding			Toileting Needs Met, Items Within Reach
Hourly Rounding			Bed Rails in Place, Bed in Low Position
Safety Precautions			, Bed/Gurney Brakes Set
Turn and Reposition			Self, Sitting
Patient Position			Independent
Bathing/Grooming			Brush Teeth/Gums, Gown Change, Linen Change
Level of Assistance			Brushing Hair
Hygiene Care Performed			No
Grooming Performed			Yes
Indwelling Catheter Care			Bilateral SCD
Foley Catheter Care			
Embolism Prevention			
Anti-Embolism Prevention			
Embolism Prevention			Chair
Sitting			30
Up to Wheelchair or Chair			Good
Duration Sitting (mins) (minutes)			
Tolerates Activity			No Assistive Device
Observation of Ambulation			To and From Bathroom
Ambulation Assistive Device			10
Ambulatory Location			Modified Independent
Ambulation Minutes			Good
Support Provided			
Ambulation Tolerance			
Document 10/19/22 20:00 REG(3) (Rec: 10/19/22 22:57 REG(3) Desktop)			
Patient Care/ADL's/Activity			



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding				Items within Reach
Hourly Rounding				Bed in Low Position
Safety Precautions				Self
Turn and Reposition				Minimum Assistance
Patient Position				No
Bathing/Grooming				Yes
Level of Assistance				Bilateral SCD
Indwelling Catheter Care				
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 10/20/22 02:00	TMG	(Rec: 10/20/22 02:27	TMG	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				Toileting Needs Met,Pain,Items within Reach
Hourly Rounding				Bed Rails in Place,Bed in Low Position ,Bed/Gurney Brakes Set
Safety Precautions				Self,Low Fowlers(15-30 Deg)
Turn and Reposition				Set Up Provided
Patient Position				Linen Change
Bathing/Grooming				No
Level of Assistance				
Hygiene Care Performed				
Indwelling Catheter Care				
Foley Catheter Care				
Document 10/20/22 08:00	LZ	(Rec: 10/20/22 12:45	LZ	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				Toileting Needs Met,Pain,Items within Reach
Hourly Rounding				Bed Rails in Place,Bed in Low Position ,Bed/Gurney Brakes Set
Safety Precautions				Self,Low Fowlers(15-30 Deg)
Turn and Reposition				Independent,Set Up Provided
Patient Position				
Bathing/Grooming				
Level of Assistance				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				Linen Change
Grooming Performed				Brushing Hair
Indwelling Catheter Care				No
Foley Catheter Care				No
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				No
Embolism Prevention				Not Applicable
Document 10/20/22 12:00	RC	(Rec: 10/20/22 14:24	RC	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				Toileting Needs Met,Pain,Items Within Reach
Patient Position				Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Bathing/Grooming				Self,Low Fowlers(15-30 Deg)
Level of Assistance				Independent,Set Up Provided
Hygiene Care Performed				Bed Bath,Gown Change,Linen Change, Moisturizer,Skin Care
Grooming Performed				Brushing Hair,Skin Care
Indwelling Catheter Care				No
Foley Catheter Care				No
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				Not Applicable
Embolism Prevention				
Document 10/20/22 19:03	RC	(Rec: 10/20/22 19:04	RC	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning,Toileting Needs Met,Pain, Items Within Reach
Turn and Reposition				Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Patient Position				Self,Low Fowlers(15-30 Deg)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming	Level of Assistance	Hygiene Care Performed	Independent
Grooming Performed	Document 10/20/22 20:00	REG(4)	(Rec: 10/21/22 00:06)
Patient Care/ADL's/Activity	Hourly Rounding	Hourly Rounding	Skin Care
Safety Precautions	Turn and Reposition	Patient Position	Bathing/Grooming
Level of Assistance	Hygiene Care Performed	Indwelling Catheter Care	Foley Catheter Care
Embolicism Prevention	Anti-Embolicism Prevention	Embolicism Prevention	Embolicism Prevention
Document 10/20/22 23:59	TMG	(Rec: 10/21/22 02:50)	TMG Desktop)
Patient Care/ADL's/Activity	Hourly Rounding	Hourly Rounding	Safety Precautions
Turn and Reposition	Patient Position	Bathing/Grooming	Level of Assistance

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				Linen Change, Perineal Care
Document	10/21/22 08:00	KL	(Rec: 10/21/22 10:46	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed/Gurney Brakes Set
Safety Precautions				Self, High Fowlers (90 Degree)
Turn and Reposition				Independent, Set Up Provided
Patient Position				Gown Change, Moisturizer, Mouth Care, Perineal Care, Skin Care
Bathing/Grooming				Brushing Hair, Skin Care
Level of Assistance				No
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				Float Heels
Foley Catheter Care				
				Positioning, Toileting Needs Met, Pain, Items Within Reach
				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning
				Self, Semi-Fowlers (30-45 Deg)
				Independent, Set Up Provided
				Gown Change, Linen Change
				Skin Care
				No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 10/22/22 08:00 LZ (Rec: 10/22/22 10:11 LZ Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 10/22/22 08:00 VS (Rec: 10/22/22 10:12 VS Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Document 10/22/22 20:00 TPS (Rec: 10/22/22 20:24 TPS Desktop)

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Self, Semi-Fowlers (30-45 Deg)

Independent, Set Up Provided  
 Brush Teeth/Gums, CHG Bath, Gown Change, Linen Change, Moisturizer, Skin Care  
 Brushing Hair, Skin Care

No

Yes

Bilateral SCD

Positioning, Toileting Needs Met, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning

Self, Semi-Fowlers (30-45 Deg)

Independent, Set Up Provided  
 Gown Change, Linen Change

No

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity				
Hourly Rounding				Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Safety Precautions				, Bed/Gurney Brakes Set
Turn and Reposition				Self
Patient Position				Independent, Set Up Provided
Bathing/Grooming				No
Level of Assistance				No
Indwelling Catheter Care				No
Foley Catheter Care				No
Embolism Prevention				No
Anti-Embolism Prevention				No
Document 10/23/22 08:00	SL	(Rec: 10/23/22 08:24	SL	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain,
Hourly Rounding				Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Safety Precautions				, Bed/Gurney Brakes Set
Turn and Reposition				Self
Patient Position				Independent
Bathing/Grooming				Independent
Level of Assistance				Independent
Pressure Injury Prevention/Treatment				Independent
Positioning Equipment				Independent
Document 10/23/22 20:00	EH	(Rec: 10/23/22 21:32	EH	Other)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain,
Hourly Rounding				Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Safety Precautions				, Bed/Gurney Brakes Set
Turn and Reposition				Self
Patient Position				Self
Bathing/Grooming				Self
Level of Assistance				Independent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care			No
Foley Catheter Care			No
Embolicism Prevention			No
Anti-Embolicism Prevention			No
Document	10/24/22 08:00	LZ (Rec: 10/24/22 12:50	LZ Desktop)
Patient Care/ADL's/Activity			
Hourly Rounding			
Hourly Rounding			
Safety Precautions			Positioning, Toileting Needs Met, Pain, Items Within Reach
Turn and Reposition			Bed Rails in Place, Bed in Low Position, Bed/Gurney Brakes Set
Patient Position			Self
Bathing/Grooming			Independent
Level of Assistance			No
Indwelling Catheter Care			No
Foley Catheter Care			No
Embolicism Prevention			No
Anti-Embolicism Prevention			No
Document	10/24/22 20:00	LM (Rec: 10/24/22 23:18	LM QNSUK104)
Patient Care/ADL's/Activity			
Hourly Rounding			
Hourly Rounding			
Safety Precautions			Positioning, Toileting Needs Met, Pain, Items Within Reach
Turn and Reposition			Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Patient Position			Self
Bathing/Grooming			Independent
Level of Assistance			Gown Change, Linen Change
Hygiene Care Performed			No
Indwelling Catheter Care			No
Foley Catheter Care			No
Embolicism Prevention			No
Anti-Embolicism Prevention			No
Document	10/25/22 08:00	RC (Rec: 10/25/22 10:31	RC Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Toileting Needs Met,Pain,Items Within Reach  
 Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Document 10/25/22 12:00 RC (Rec: 10/25/22 16:48 RC Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Toileting Needs Met,Pain,Items Within Reach  
 Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Document 10/25/22 17:56 RC (Rec: 10/25/22 17:58 RC Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Toileting Needs Met,Pain,Items Within Reach  
 Bed Rails in Place,Bed in Low Position



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition					, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position				Self	
Bathing/Grooming				Independent	
Level of Assistance				Linen Change	
Hygiene Care Performed				Skin Care	
Grooming Performed					
Document	10/25/22 20:00	JDM	(Rec: 10/25/22 22:34	JDM	QNSUK104)
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					Toileting Needs Met, Pain, Items within Reach
Safety Precautions					Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition				Self	
Patient Position				Independent	
Bathing/Grooming				Gown Change, Linen Change	
Level of Assistance				Skin Care	
Hygiene Care Performed					
Grooming Performed					
Document	10/25/22 22:45	EH	(Rec: 10/25/22 22:46	EH	Desktop)
Patient Care/ADL's/Activity					
Hourly Rounding					Items within Reach
Hourly Rounding					Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions					
Turn and Reposition				Self	
Patient Position				Independent	
Bathing/Grooming				Gown Change	
Level of Assistance				Skin Care	
Hygiene Care Performed					
Grooming Performed					
Indwelling Catheter Care					
Foley Catheter Care				No	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 10/26/22 08:00 SK (Rec: 10/26/22 09:43 SK Desktop)

Patient Care/ADL's/Activity

Hourly Rounding  
 Hourly Rounding  
 Safety Precautions

Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position

Self

Bathing/Grooming

Level of Assistance

Independent

Hygiene Care Performed  
 Grooming Performed

Gown Change  
 Skin Care

Indwelling Catheter Care

No

Foley Catheter Care

Patient Care/ADL's/Activity

Start: 10/26/22 21:20  
 Status: Discharge

Freq: Q2HR  
 Protocol:

Document 10/26/22 22:00 XD (Rec: 10/26/22 23:09 XD Desktop)

Patient Care/ADL's/Activity

Hourly Rounding  
 Hourly Rounding  
 Safety Precautions

Positioning, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position

Supine

Bathing/Grooming

Level of Assistance

Total Dependent

Hygiene Care Performed

Bed Bath, CHG Bath, Gown Change, Linen  
 Change, Mouth Care, Perineal Care, Skin  
 Care, Suction

Grooming Performed  
 Indwelling Catheter Care

Skin Care

Foley Catheter Care  
 Embolism Prevention

Yes

Anti-Embolism Prevention

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention				Bilateral SCD
Document	10/26/22 23:59	XD	(Rec: 10/27/22 01:12 XD Desktop)	
Patient Care/ADL's/Activity				Positioning, Pain
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/
Safety Precautions				Gurney Brakes Set
Turn and Reposition				Supine
Patient Position				Total Dependent
Bathing/Grooming				Mouth Care, Suction
Level of Assistance				Skin Care
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				
Foley Catheter Care				Positioning, Pain
Embolism Prevention				Bed Rails in Place, Bed in Low Position
Anti-Embolism Prevention				, Bed Alarm on and Functioning, Bed/
Embolism Prevention				Gurney Brakes Set
Document	10/27/22 02:00	XD	(Rec: 10/27/22 02:22 XD Desktop)	
Patient Care/ADL's/Activity				Supine
Hourly Rounding				Total Dependent
Hourly Rounding				Mouth Care, Suction
Safety Precautions				Skin Care
Turn and Reposition				Yes
Patient Position				Bilateral SCD
Bathing/Grooming				
Level of Assistance				Positioning, Pain
Hygiene Care Performed				Bed Rails in Place, Bed in Low Position
Grooming Performed				, Bed Alarm on and Functioning, Bed/
Indwelling Catheter Care				Gurney Brakes Set
Foley Catheter Care				Supine
Embolism Prevention				Total Dependent
Anti-Embolism Prevention				Mouth Care, Suction
Embolism Prevention				Skin Care
Embolism Prevention				Yes
Embolism Prevention				Bilateral SCD

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 10/27/22 04:00 XD (Rec: 10/27/22 04:29 XD Desktop)  
 Patient Care/ADL's/Activity  
 Hourly Rounding  
 Hourly Rounding  
 Safety Precautions  
 Positioning, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position  
 Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed  
 Grooming Performed  
 Indwelling Catheter Care  
 Foley Catheter Care  
 Embolism Prevention  
 Anti-Embolism Prevention  
 Embolism Prevention  
 Embolism Prevention  
 Total Dependent  
 Mouth Care, Suction  
 Skin Care

Document 10/27/22 06:00 XD (Rec: 10/27/22 06:31 XD Desktop)  
 Patient Care/ADL's/Activity  
 Hourly Rounding  
 Hourly Rounding  
 Safety Precautions  
 Positioning, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position  
 Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed  
 Grooming Performed  
 Indwelling Catheter Care  
 Foley Catheter Care  
 Embolism Prevention  
 Anti-Embolism Prevention  
 Embolism Prevention  
 Total Dependent  
 Mouth Care, Suction  
 Skin Care  
 Yes  
 Yes  
 Bilateral SCD  
 Document 10/27/22 08:00 LH (Rec: 10/27/22 13:23 LH Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 10/27/22 10:00 LH (Rec: 10/27/22 13:23 LH Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Positioning, Toileting Needs Met, Pain,

Items Within Reach

Bed Rails in Place, Bed in Low Position

, Bed Alarm on and Functioning, Bed/

Gurney Brakes Set, Restraints Checked

Refer to High Risk Turning Protocol

Total Dependent

Mouth Care, Perineal Care, Suction

Skin Care

Yes

Yes

Bilateral SCD

Positioning, Toileting Needs Met, Pain,

Items Within Reach

Bed Rails in Place, Bed in Low Position

, Bed Alarm on and Functioning, Bed/

Gurney Brakes Set, Restraints Checked

Refer to High Risk Turning Protocol

Total Dependent

Mouth Care, Perineal Care, Suction

Skin Care

Yes

Yes

Bilateral SCD



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	10/27/22	16:00	LH	(Rec: 10/27/22 16:36	LH	Desktop)	Bilateral SCD
Patient Care/ADL's/Activity								Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding								Bed Rails in Place, Bed in Low Position
Hourly Rounding								, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions								Refer to High Risk Turning Protocol
Turn and Reposition								Total Dependent
Patient Position								Mouth Care, Perineal Care, Suction
Bathing/Grooming								Skin Care
Level of Assistance								Yes
Hygiene Care Performed								Yes
Grooming Performed								Bilateral SCD
Indwelling Catheter Care								
Foley Catheter Care								
Embolism Prevention								
Document	10/27/22	18:00	LH	(Rec: 10/27/22 18:15	LH	Desktop)		
Patient Care/ADL's/Activity								Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding								Bed Rails in Place, Bed in Low Position
Hourly Rounding								, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions								Refer to High Risk Turning Protocol
Turn and Reposition								Total Dependent
Patient Position								Mouth Care, Perineal Care, Suction
Bathing/Grooming								Skin Care
Level of Assistance								Yes
Hygiene Care Performed								Yes
Grooming Performed								
Indwelling Catheter Care								
Foley Catheter Care								
Embolism Prevention								





**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				Mouth Care, Perineal Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				
Foley Catheter Care				Yes
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				
Document 10/27/22 23:59	JAB	(Rec: 10/28/22 00:50)	JAB	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				Positioning, Toileting Needs Met, Pain, Items Within Reach
Bathing/Grooming				Bed Rails in Place, Bed in Low Position
Level of Assistance				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Hygiene Care Performed				Refer to High Risk Turning Protocol, (Supine, Semi-Fowlers (30-45 Deg), Float Heels
Grooming Performed				
Indwelling Catheter Care				Total Dependent
Foley Catheter Care				Mouth Care, Perineal Care, Suction
Embolism Prevention				Skin Care
Anti-Embolism Prevention				Yes
Embolism Prevention				Yes
Document 10/28/22 02:00	JAB	(Rec: 10/28/22 02:51)	JAB	Bilateral SCD
Patient Care/ADL's/Activity				Desktop)
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning, Toileting Needs Met, Pain, Items Within Reach
Turn and Reposition				Bed Rails in Place, Bed in Low Position
				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Position				Refer to High Risk Turning Protocol, Right Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming				Total Dependent
Level of Assistance				Mouth Care, Perineal Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				Yes
Document 10/28/22 04:00	JAB	(Rec: 10/28/22 05:27	JAB	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked
Safety Precautions				Refer to High Risk Turning Protocol, Left Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition				Total Dependent
Patient Position				Mouth Care, Perineal Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Bilateral SCD
Anti-Embolism Prevention				Yes
Embolism Prevention				Yes
Document 10/28/22 06:00	JAB	(Rec: 10/28/22 06:26	JAB	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Hourly Rounding
Hourly Rounding				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Bathing/Grooming	Refer to High Risk Turning Protocol, (Supine, Semi-Fowlers (30-45 Deg), Float Heels
Level of Assistance	Total Dependent
Grooming Care Performed	Mouth Care, Perineal Care, Suction
Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Document 10/28/22 08:00 GH (Rec: 10/28/22 08:04 GH Other)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Hourly Rounding	Refer to High Risk Turning Protocol, Float Heels
Hourly Rounding	Total Dependent
Safety Precautions	Mouth Care, Perineal Care, Skin Care, Suction
Turn and Reposition	Skin Care
Patient Position	Yes
Bathing/Grooming	Yes
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	10/28/22	10:00	GH	(Rec: 10/28/22	10:03	GH	Other)	Bilateral SCD
Patient Care/ADL's/Activity	Patient Care/ADL's/Activity								Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Hourly Rounding								Bed Rails in Place, Bed in Low Position
Hourly Rounding	Hourly Rounding								, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions	Safety Precautions								Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition	Turn and Reposition								Total Dependent
Patient Position	Patient Position								Skin Care, Suction
Bathing/Grooming	Bathing/Grooming								Skin Care
Level of Assistance	Level of Assistance								Yes
Grooming Performed	Grooming Performed								Bilateral SCD
Indwelling Catheter Care	Indwelling Catheter Care								Positioning, Toileting Needs Met, Pain, Items Within Reach
Foley Catheter Care	Foley Catheter Care								Bed Rails in Place, Bed in Low Position
Embolism Prevention	Embolism Prevention								, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Anti-Embolism Prevention	Anti-Embolism Prevention								Refer to High Risk Turning Protocol, Float Heels
Embolism Prevention	Embolism Prevention								Total Dependent
Document	Document	10/28/22	12:00	GH	(Rec: 10/28/22	13:04	GH	Other)	Mouth Care, Perineal Care, Skin Care, Suction
Patient Care/ADL's/Activity	Patient Care/ADL's/Activity								Skin Care
Hourly Rounding	Hourly Rounding								
Hourly Rounding	Hourly Rounding								
Safety Precautions	Safety Precautions								
Turn and Reposition	Turn and Reposition								
Patient Position	Patient Position								
Bathing/Grooming	Bathing/Grooming								
Level of Assistance	Level of Assistance								
Hygiene Care Performed	Hygiene Care Performed								
Grooming Performed	Grooming Performed								

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care	Yes	
Foley Catheter Care	Yes	
Embolicism Prevention	Yes	
Anti-Embolicism Prevention	Bilateral SCD	
Document 10/28/22 14:00	GH	(Rec: 10/28/22 14:19 GH Other)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed	Total Dependent	
Grooming Performed	Skin Care,Suction	
Indwelling Catheter Care	Skin Care	
Foley Catheter Care	Yes	
Embolicism Prevention	Yes	
Anti-Embolicism Prevention	Bilateral SCD	
Embolicism Prevention	Yes	
Document 10/28/22 16:00	GH	(Rec: 10/28/22 16:09 GH Other)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked  
 Refer to High Risk Turning Protocol, Float Heels

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance		Total Dependent
Hygiene Care Performed		Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/28/22 18:00	GH (Rec: 10/28/22 18:37	Other)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Gurney Brakes Set, Restraints Checked
Turn and Reposition		Refer to High Risk Turning Protocol, Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/28/22 20:00	ML (Rec: 10/28/22 20:39	Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition					, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Patient Position					Refer to High Risk Turning Protocol, Float Heels
Bathing/Grooming					Total Dependent
Level of Assistance					Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed					Skin Care
Grooming Performed					Yes
Indwelling Catheter Care					Yes
Foley Catheter Care					Bilateral SCD
Embolicism Prevention					Yes
Anti-Embolicism Prevention					Bilateral SCD
Document 10/28/22 22:00	ML	(Rec: 10/28/22 22:19	ML	Desktop)	
Patient Care/ADL's/Activity					Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding					Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Hourly Rounding					Refer to High Risk Turning Protocol, Float Heels
Safety Precautions					
Turn and Reposition					
Patient Position					Total Dependent
Bathing/Grooming					Suction
Level of Assistance					Skin Care
Hygiene Care Performed					Yes
Grooming Performed					Yes
Indwelling Catheter Care					Bilateral SCD
Foley Catheter Care					
Embolicism Prevention					
Anti-Embolicism Prevention					
Document 10/28/22 23:59	ML	(Rec: 10/29/22 00:31	ML	Desktop)	
Patient Care/ADL's/Activity					

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding			Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding			Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions			
Turn and Reposition			Refer to High Risk Turning Protocol, Float Heels
Patient Position			
Bathing/Grooming			Total Dependent
Level of Assistance			Mouth Care, Suction
Hygiene Care Performed			Skin Care
Grooming Performed			Yes
Indwelling Catheter Care			Yes
Foley Catheter Care			Bilateral SCD
Embolism Prevention			Yes
Anti-Embolism Prevention			Bilateral SCD
Embolism Prevention			Yes
Document 10/29/22 02:00 ML (Rec: 10/29/22 02:44 ML Desktop)			
Patient Care/ADL's/Activity			
Hourly Rounding			Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding			Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions			
Turn and Reposition			Refer to High Risk Turning Protocol, Float Heels
Patient Position			
Bathing/Grooming			Total Dependent
Level of Assistance			Mouth Care, Suction
Hygiene Care Performed			Skin Care
Grooming Performed			Yes
Indwelling Catheter Care			Yes
Foley Catheter Care			
Embolism Prevention			
Anti-Embolism Prevention			Yes



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	10/29/22	04:00	ML	(Rec: 10/29/22 04:55	ML	Desktop)	Bilateral SCD
Patient Care/ADL's/Activity	Hourly Rounding							Positioning, Toileting Needs Met, Pain, Items Within Reach
	Hourly Rounding							Bed Rails in Place, Bed in Low Position
	Safety Precautions							, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
	Turn and Reposition							Refer to High Risk Turning Protocol, Float Heels
	Patient Position							Total Dependent
Bathing/Grooming	Level of Assistance							Mouth Care, Suction
	Grooming Performed							Skin Care
	Indwelling Catheter Care							Yes
	Foley Catheter Care							Yes
	Embolism Prevention							Bilateral SCD
	Anti-Embolism Prevention							Yes
	Embolism Prevention	Document	10/29/22	06:00	ML	(Rec: 10/29/22 06:19	ML	Desktop)
	Patient Care/ADL's/Activity							Positioning, Toileting Needs Met, Pain, Items Within Reach
	Hourly Rounding							Bed Rails in Place, Bed in Low Position
	Hourly Rounding							, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
	Safety Precautions							Refer to High Risk Turning Protocol, Float Heels
	Turn and Reposition							Total Dependent
	Patient Position							Mouth Care, Suction
	Bathing/Grooming							Skin Care
	Level of Assistance							
	Hygiene Care Performed							
	Grooming Performed							
	Indwelling Catheter Care							

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention	Yes	
Anti-Embolism Prevention		
Document 10/29/22 08:00 LH (Rec: 10/29/22 09:42 LH Desktop)	Bilateral SCD	
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/29/22 10:00 LH (Rec: 10/29/22 11:36 LH Desktop)	Bilateral SCD	
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked  
 Refer to High Risk Turning Protocol, Float Heels

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance		Total Dependent
Hygiene Care Performed		Mouth Care, Perineal Care, Skin Care,
Grooming Performed		Suction
Indwelling Catheter Care		Skin Care
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Document 10/29/22 12:00 LH (Rec: 10/29/22 12:46 LH Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		Refer to High Risk Turning Protocol,
Hygiene Care Performed		Float Heels
Grooming Performed		Total Dependent
Indwelling Catheter Care		Mouth Care, Perineal Care, Skin Care,
Foley Catheter Care		Suction
Embolism Prevention		Skin Care
Anti-Embolism Prevention		Yes
Embolism Prevention		Yes
Document 10/29/22 14:00 LH (Rec: 10/29/22 15:03 LH Desktop)		Bilateral SCD
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position		Gurney Brakes Set, Restraints Checked
Bathing/Grooming Level of Assistance Hygiene Care Performed		Refer to High Risk Turning Protocol, Float Heels
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention Anti-Embolism Prevention		Total Dependent Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Document 10/29/22 16:00 LH (Rec: 10/29/22 16:46 LH Desktop)		Yes Bilateral SCD
Patient Care/ADL's/Activity Hourly Rounding Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions		Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition Patient Position		Total Dependent Brush Teeth/Gums, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Bathing/Grooming Level of Assistance Hygiene Care Performed		Yes
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention Anti-Embolism Prevention		Yes Bilateral SCD
Document 10/29/22 18:00 LH (Rec: 10/29/22 18:24 LH Desktop)		
Patient Care/ADL's/Activity		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Brush Teeth/Gums, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Yes
	Document 10/29/22 20:00 XD (Rec: 10/29/22 21:30 XD Desktop)
	Patient Care/ADL's/Activity
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Brush Teeth/Gums, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention					Yes	
Anti-Embolism Prevention						Bilateral SCD
Embolism Prevention	10/29/22 22:00	XD	(Rec: 10/29/22 22:07	XD	Desktop)	
Patient Care/ADL's/Activity						
Hourly Rounding						Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding						Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked
Safety Precautions						Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition						
Patient Position						Total Dependent
Bathing/Grooming						Brush Teeth/Gums, Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance						Skin Care
Hygiene Care Performed						Yes
Grooming Performed						Yes
Indwelling Catheter Care						Bilateral SCD
Foley Catheter Care						
Embolism Prevention						
Anti-Embolism Prevention						
Embolism Prevention	10/29/22 23:59	XD	(Rec: 10/30/22 00:25	XD	Desktop)	
Document						
Patient Care/ADL's/Activity						
Hourly Rounding						Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding						Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked
Safety Precautions						Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition						
Patient Position						Total Dependent
Bathing/Grooming						
Level of Assistance						

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				Brush Teeth/Gums,Mouth Care, Skin Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Bilateral SCD
Anti-Embolism Prevention				Yes
Embolism Prevention				Bilateral SCD
Document 10/30/22 02:00	XD	(Rec: 10/30/22 02:09	XD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions				Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition				Total Dependent
Patient Position				Brush Teeth/Gums, Mouth Care, Skin Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				Positioning, Toileting Needs Met, Pain, Items Within Reach
Anti-Embolism Prevention				Bed Rails in Place, Bed in Low Position
Embolism Prevention				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Document 10/30/22 04:00	XD	(Rec: 10/30/22 04:39	XD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions				

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition				Refer to High Risk Turning Protocol, Float Heels
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Brush Teeth/Gums,Mouth Care, Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 10/30/22 06:00	XD	(Rec: 10/30/22 06:47	XD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Hourly Rounding				Refer to High Risk Turning Protocol, Float Heels
Safety Precautions				
Turn and Reposition				Total Dependent
Patient Position				Brush Teeth/Gums, Mouth Care, Skin Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 10/30/22 08:00	LH	(Rec: 10/30/22 09:53	LH	Laptop)
Patient Care/ADL's/Activity				
Hourly Rounding				



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position
Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Patient Position		Refer to High Risk Turning Protocol, Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolicism Prevention		Yes
Anti-Embolicism Prevention		
Embolicism Prevention		
Document 10/30/22 10:00 LH (Rec: 10/30/22 10:21 LH Laptop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Turn and Reposition		Refer to High Risk Turning Protocol, Float Heels
Patient Position		Total Dependent
Bathing/Grooming		Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance		Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		
Foley Catheter Care		
Embolicism Prevention		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes	Bilateral SCD
Embolism Prevention		
Document 10/30/22 12:00 LH (Rec: 10/30/22 13:28 LH Laptop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/30/22 14:00 LH (Rec: 10/30/22 15:18 LH Laptop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Positioning, Toileting Needs Met, Pain, Items Within Reach		
Bed Rails in Place, Bed in Low Position		
, Bed Alarm on and Functioning, Bed/		
Gurney Brakes Set, Restraints Checked		
Refer to High Risk Turning Protocol, Float Heels		
Total Dependent		
Mouth Care, Perineal Care, Skin Care, Suction		
Skin Care		
Yes		
Yes		
Bilateral SCD		
Yes		
Positioning, Toileting Needs Met, Pain, Items Within Reach		
Bed Rails in Place, Bed in Low Position		
, Bed Alarm on and Functioning, Bed/		
Gurney Brakes Set, Restraints Checked		
Refer to High Risk Turning Protocol, Float Heels		
Total Dependent		
Mouth Care, Perineal Care, Skin Care,		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Suction
Indwelling Catheter Care		Skin Care
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Document 10/30/22 16:00	LH (Rec: 10/30/22 17:19	LH Laptop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/30/22 18:00	LH (Rec: 10/30/22 18:27	LH Laptop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked  
 Refer to High Risk Turning Protocol, Float Heels  
 Total Dependent  
 Brush Teeth/Gums, Mouth Care, Perineal Care, Skin Care, Suction  
 Skin Care  
 Yes  
 Yes  
 Bilateral SCD  
 Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Position		Refer to High Risk Turning Protocol, Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care,Perineal Care,Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/30/22 20:00	XD (Rec: 10/30/22 20:28	XD Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		Positioning,Toileting Needs Met,Pain, Items Within Reach
Turn and Reposition		Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Restraints Checked
Patient Position		Refer to High Risk Turning Protocol, Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care,Perineal Care,Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 10/30/22 22:00	XD (Rec: 10/30/22 22:17	XD Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
		Positioning,Toileting Needs Met,Pain,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Bathing/Grooming	Refer to High Risk Turning Protocol, Float Heels
Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolicism Prevention	Bilateral SCD
Anti-Embolicism Prevention	Yes
Embolicism Prevention	Yes
Document 10/30/22 23:59 XD (Rec: 10/31/22 00:17 XD Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Hourly Rounding	Refer to High Risk Turning Protocol, Float Heels
Hourly Rounding	Refer to High Risk Turning Protocol, Float Heels
Safety Precautions	Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition	Refer to High Risk Turning Protocol, Float Heels
Patient Position	Refer to High Risk Turning Protocol, Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolicism Prevention	Yes
Anti-Embolicism Prevention	Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	10/31/22 02:00	XD	(Rec: 10/31/22 02:09	XD	Desktop)	Bilateral SCD
Patient Care/ADL's/Activity	Hourly Rounding						Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding							Bed Rails in Place, Bed in Low Position
Safety Precautions							, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Turn and Reposition							Refer to High Risk Turning Protocol, Float Heels
Patient Position							Total Dependent
Bathing/Grooming							Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance							Skin Care
Hygiene Care Performed							Yes
							Yes
							Bilateral SCD
							Yes
							Bilateral SCD
							Yes
							Positioning, Toileting Needs Met, Pain, Items Within Reach
							Bed Rails in Place, Bed in Low Position
							, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
							Refer to High Risk Turning Protocol, Float Heels
							Total Dependent
							CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed				Suction
Indwelling Catheter Care				Skin Care
Foley Catheter Care				Yes
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				Yes
Document 10/31/22 06:00	XD	(Rec: 10/31/22 06:12	XD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions				Refer to High Risk Turning Protocol, Float Heels
Turn and Reposition				Refer to High Risk Turning Protocol, Float Heels
Patient Position				Total Dependent
Bathing/Grooming				Mouth Care, Skin Care, Suction
Level of Assistance				Skin Care
Hygiene Care Performed				Yes
Grooming Performed				Yes
Indwelling Catheter Care				Bilateral SCD
Foley Catheter Care				Yes
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				Yes
Document 10/31/22 08:00	CO	(Rec: 10/31/22 08:17	CO	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions				Refer to High Risk Turning Protocol,
Turn and Reposition				Refer to High Risk Turning Protocol,
Patient Position				Refer to High Risk Turning Protocol,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming				Low Fowlers (15-30 Deg), Float Heels
Level of Assistance				Total Dependent
Hygiene Care Performed				Mouth Care, Skin Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Bilateral SCD
Anti-Embolism Prevention				
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				Yes
Document 10/31/22 12:00	CO	(Rec: 10/31/22 12:08	CO Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Restraints Checked
Hourly Rounding				Refer to High Risk Turning Protocol, Low Fowlers (15-30 Deg), Float Heels
Hourly Rounding				Total Dependent
Safety Precautions				Skin Care, Suction
Turn and Reposition				Skin Care
Patient Position				Yes
Bathing/Grooming				Bilateral SCD
Level of Assistance				Yes
Hygiene Care Performed				Positioning, Toileting Needs Met, Pain, Items Within Reach
Grooming Performed				Bed Rails in Place, Bed in Low Position
Indwelling Catheter Care				Bed Alarm on and Functioning, Bed/
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 10/31/22 12:00	CO	(Rec: 10/31/22 12:08	CO Desktop)	
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition				Gurney Brakes Set, Restraints Checked
Patient Position				Refer to High Risk Turning Protocol, Low Fowlers(15-30 Deg), Float Heels
Bathing/Grooming				Total Dependent
Level of Assistance				Mouth Care, Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolicism Prevention				
Anti-Embolicism Prevention				
Embolicism Prevention				
Document 10/31/22 14:00	CO	(Rec: 10/31/22 14:46	CO	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions				Refer to High Risk Turning Protocol, Low Fowlers(15-30 Deg), Float Heels
Turn and Reposition				Total Dependent
Patient Position				Skin Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				
Foley Catheter Care				
Embolicism Prevention				
Anti-Embolicism Prevention				
Embolicism Prevention				
Document 10/31/22 16:00	CO	(Rec: 10/31/22 16:54	CO	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain,
Hourly Rounding				
Hourly Rounding				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions		Items Within Reach
Turn and Reposition		Bed Rails in Place, Bed in Low Position
Patient Position		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Bathing/Grooming		Refer to High Risk Turning Protocol, Low Fowlers (15-30 Deg), Float Heels
Level of Assistance		Total Dependent
Hygiene Care Performed		Mouth Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolicism Prevention		Bilateral SCD
Anti-Embolicism Prevention		Yes
Embolicism Prevention		Bilateral SCD
Document 10/31/22 18:00	CO	(Rec: 10/31/22 18:05
Patient Care/ADL's/Activity		CO Desktop)
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked
Safety Precautions		Refer to High Risk Turning Protocol, Low Fowlers (15-30 Deg), Float Heels
Turn and Reposition		Total Dependent
Patient Position		Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Bilateral SCD
Indwelling Catheter Care		
Foley Catheter Care		
Embolicism Prevention		
Anti-Embolicism Prevention		
Embolicism Prevention		
Document 10/31/22 20:00	ST	(Rec: 10/31/22 21:44
		ST Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity Hourly Rounding Hourly Rounding Safety Precautions  Turn and Reposition Patient Position  Bathing/Grooming Level of Assistance Hygiene Care Performed  Grooming Performed Embolism Prevention	Document 10/31/22 22:00 ST (Rec: 10/31/22 22:06 ST Desktop) Patient Care/ADL's/Activity Hourly Rounding Hourly Rounding Safety Precautions  Turn and Reposition Patient Position  Bathing/Grooming Level of Assistance Hygiene Care Performed  Grooming Performed Embolism Prevention	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked  Refer to High Risk Turning Protocol, Low Fowlers(15-30 Deg), Float Heels  Total Dependent Mouth Care, Perineal Care, Skin Care, Suction Skin Care  Yes Yes Bilateral SCD  Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Restraints Checked  Refer to High Risk Turning Protocol, Low Fowlers(15-30 Deg), Float Heels  Total Dependent Mouth Care, Perineal Care, Skin Care, Suction Skin Care
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**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes	Bilateral SCD
Embolism Prevention		
Document 10/31/22 23:59 ST (Rec: 11/01/22 02:25 ST Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 11/01/22 02:00 ST (Rec: 11/01/22 02:55 ST Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital    **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961    **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 11/01/22 04:00 ST (Rec: 11/01/22 05:02 ST Desktop)

Yes  
Bilateral SCD

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
Items Within Reach  
Bed Rails in Place, Bed in Low Position  
, Bed Alarm on and Functioning, Bed/  
Gurney Brakes Set, Restraints Checked

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,  
Low Fowlers (15-30 Deg), Float Heels

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Total Dependent  
Mouth Care, Perineal Care, Skin Care,  
Suction  
Skin Care

Grooming Performed

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/01/22 06:00 ST (Rec: 11/01/22 06:46 ST Desktop)

Face, Sacroccocygeal  
ETT, Urinary Catheter  
Float Heels

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
Items Within Reach  
Bed Rails in Place, Bed in Low Position  
, Bed Alarm on and Functioning, Bed/  
Gurney Brakes Set, Restraints Checked

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,  
Low Fowlers (15-30 Deg), Float Heels

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming				Total Dependent
Level of Assistance				Mouth Care, Perineal Care, Skin Care,
Hygiene Care Performed				Suction
				Skin Care
Grooming Performed				Yes
Embolism Prevention				Bilateral SCD
Anti-Embolism Prevention				Face, Sacrococcygeal
Embolism Prevention				EFT, Urinary Catheter
Pressure Injury Prevention/Treatment				Float Heels
Prophylactic Foam Dressings				
Prophylactic Foam Dressings for Medical Equipment				
Positioning Equipment				
Document 11/01/22 08:00	RD	(Rec: 11/01/22 08:56	RD	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning, Toileting Needs Met, Pain, Items Within Reach
				Bed Rails in Place, Bed in Low Position
				Gurney Brakes Set, Restraints Checked
Turn and Reposition				Refer to High Risk Turning Protocol
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 11/01/22 10:00	RD	(Rec: 11/01/22 10:28	RD	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning, Toileting Needs Met, Pain, Items Within Reach
				Bed Rails in Place, Bed in Low Position

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition						, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position						Refer to High Risk Turning Protocol
Bathing/Grooming						Total Dependent
Level of Assistance						Skin Care, Suction
Hygiene Care Performed						Skin Care
Grooming Performed						Yes
Indwelling Catheter Care						Yes
Foley Catheter Care						Bilateral SCD
Emboliism Prevention						Bilateral SCD
Anti-Emboliism Prevention						Yes
Document	11/01/22 12:00	RD	(Rec: 11/01/22 12:28	RD	Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity						Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding						Refer to High Risk Turning Protocol
Hourly Rounding						Total Dependent
Safety Precautions						Skin Care, Suction
Turn and Reposition						Skin Care
Patient Position						Yes
Bathing/Grooming						Yes
Level of Assistance						Bilateral SCD
Hygiene Care Performed						Positioning, Toileting Needs Met, Pain, Items Within Reach
Grooming Performed						
Indwelling Catheter Care						
Foley Catheter Care						
Emboliism Prevention						
Anti-Emboliism Prevention						
Document	11/01/22 14:00	RD	(Rec: 11/01/22 14:56	RD	Desktop)	
Patient Care/ADL's/Activity						
Hourly Rounding						
Hourly Rounding						

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition				Refer to High Risk Turning Protocol
Patient Position				Total Dependent
Bathing/Grooming				Skin Care, Suction
Level of Assistance				Skin Care
Hygiene Care Performed				Yes
Grooming Performed				Yes
Indwelling Catheter Care				Bilateral SCD
Foley Catheter Care				
Embolicism Prevention				
Anti-Embolicism Prevention				
Embolicism Prevention				
Document 11/01/22 16:00	RD	(Rec: 11/01/22 16:27	RD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				Refer to High Risk Turning Protocol
Turn and Reposition				Total Dependent
Patient Position				Skin Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Grooming Performed				Bilateral SCD
Indwelling Catheter Care				
Foley Catheter Care				
Embolicism Prevention				
Anti-Embolicism Prevention				
Embolicism Prevention				
Document 11/01/22 18:00	RD	(Rec: 11/01/22 18:25	RD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain,
Hourly Rounding				
Hourly Rounding				



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions		Items Within Reach
Turn and Reposition		Bed Rails in Place, Bed in Low Position
Patient Position		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming		Refer to High Risk Turning Protocol
Level of Assistance		Total Dependent
Hygiene Care Performed		Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Yes
Embolism Prevention		Bilateral SCD
Document 11/01/22 20:00	ST (Rec: 11/01/22 23:08	Face, Sacrococcygeal
Patient Care/ADL's/Activity	ST Desktop)	ETT, Clear Prophylactic Facial Pad,
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol
Turn and Reposition		Total Dependent
Patient Position		Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Bilateral SCD
Indwelling Catheter Care		Face, Sacrococcygeal
Foley Catheter Care		ETT, Clear Prophylactic Facial Pad,
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Positioning Equipment Document 11/01/22 22:00 Patient Care/ADL's/Activity Hourly Rounding	ST (Rec: 11/02/22 00:18 ST Desktop)	Urinary Catheter Float Heels
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol
Turn and Reposition Patient Position Bathing/Grooming Level of Assistance Hygiene Care Performed		Total Dependent Skin Care, Suction Skin Care Yes Bilateral SCD
Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment		Face, Sacrococcygeal EPP, Clear Prophylactic Facial Gel Pad, Urinary Catheter Float Heels
Positioning Equipment Document 11/01/22 23:59 Patient Care/ADL's/Activity Hourly Rounding	ST (Rec: 11/02/22 00:23 ST Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding		Refer to High Risk Turning Protocol
Safety Precautions		Total Dependent Skin Care, Suction

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Face,Sacroccocygeal
Pressure Injury Prevention/Treatment		EFTT,Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings		Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/02/22 02:00	ST (Rec: 11/02/22 02:11	ST Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Positioning,Toileting Needs Met,Pain,
Patient Position		Items Within Reach
Bathing/Grooming		Bed Rails in Place,Bed in Low Position
Level of Assistance		,Bed Alarm on and Functioning,Bed/
Hygiene Care Performed		Gurney Brakes Set
Grooming Performed		Refer to High Risk Turning Protocol
Embolism Prevention		Total Dependent
Anti-Embolism Prevention		Skin Care,Suction
Embolism Prevention		Skin Care
Pressure Injury Prevention/Treatment		Yes
Prophylactic Foam Dressings		Bilateral SCD
Prophylactic Foam Dressings for Medical Equipment		Face,Sacroccocygeal
Positioning Equipment		EFTT,Clear Prophylactic Facial Gel Pad,
Document 11/02/22 04:00	ST (Rec: 11/02/22 04:56	ST Desktop)
Patient Care/ADL's/Activity		Urinary Catheter
Hourly Rounding		Float Heels
Hourly Rounding		
Safety Precautions		Positioning,Toileting Needs Met,Pain,
		Items Within Reach
		Bed Rails in Place,Bed in Low Position

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed Embolism Prevention Anti-Embolism Prevention Embolism Prevention Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set Refer to High Risk Turning Protocol Total Dependent Skin Care, Suction Skin Care Yes Bilateral SCD Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter Float Heels Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set Refer to High Risk Turning Protocol Total Dependent Skin Care, Suction Skin Care Yes Bilateral SCD Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Turn and Reposition Patient Position Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed Embolism Prevention Anti-Embolism Prevention Embolism Prevention Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment Document 11/02/22 06:00 ST (Rec: 11/02/22 06:10 ST Desktop) Patient Care/ADL's/Activity Hourly Rounding Hourly Rounding Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Positioning Equipment	EC	(Rec: 11/02/22 10:15	EC	Desktop)	Float Heels
Document 11/02/22 08:00					
Patient Care/ADL's/Activity					
Hourly Rounding					Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					Total Dependent
Patient Position					Skin Care, Suction
Bathing/Grooming					Skin Care
Level of Assistance					Yes
Hygiene Care Performed					Bilateral SCD
					Face, Sacroccocygeal
					ETT, Clear Prophylactic Facial Gel Pad,
					Urinary Catheter
					Float Heels
Positioning Equipment	EC	(Rec: 11/02/22 10:15	EC	Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Document 11/02/22 10:00					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Patient Care/ADL's/Activity					Refer to High Risk Turning Protocol
Hourly Rounding					Total Dependent
Hourly Rounding					Mouth Care, Perineal Care, Skin Care, Suction
Safety Precautions					
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					
Hygiene Care Performed					

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Face, Sacrococcygeal
Pressure Injury Prevention/Treatment		ETT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings		Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/02/22 12:00 EC (Rec: 11/02/22 13:39 EC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
		Refer to High Risk Turning Protocol
Turn and Reposition		Total Dependent
Patient Position		Mouth Care, Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Bilateral SCD
Grooming Performed		Face, Sacrococcygeal
Embolism Prevention		ETT, Clear Prophylactic Facial Gel Pad,
Anti-Embolism Prevention		Urinary Catheter
Embolism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/02/22 14:00 EC (Rec: 11/02/22 15:17 EC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Face, Sacrococcygeal
Embolism Prevention		ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		Positioning, Toileting Needs Met, Pain, Items Within Reach
Document 11/02/22 16:00	EC (Rec: 11/02/22 18:15	EC Desktop)
Patient Care/ADL's/Activity		Refer to High Risk Turning Protocol
Hourly Rounding		Refer to High Risk Turning Protocol
Hourly Rounding		Refer to High Risk Turning Protocol
Safety Precautions		Refer to High Risk Turning Protocol
Turn and Reposition		Refer to High Risk Turning Protocol
Patient Position		Refer to High Risk Turning Protocol
Bathing/Grooming		Refer to High Risk Turning Protocol
Level of Assistance		Refer to High Risk Turning Protocol
Hygiene Care Performed		Refer to High Risk Turning Protocol
Grooming Performed		Refer to High Risk Turning Protocol
Embolism Prevention		Refer to High Risk Turning Protocol
Anti-Embolism Prevention		Refer to High Risk Turning Protocol
Embolism Prevention		Refer to High Risk Turning Protocol
Pressure Injury Prevention/Treatment		Refer to High Risk Turning Protocol
Prophylactic Foam Dressings		Refer to High Risk Turning Protocol
Prophylactic Foam Dressings for Medical Equipment		Refer to High Risk Turning Protocol

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Positioning Equipment	EC	(Rec: 11/02/22 18:15	EC	Desktop)	Float Heels
Document 11/02/22 18:00					
Patient Care/ADL's/Activity					
Hourly Rounding					Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					Total Dependent
Patient Position					Skin Care, Suction
Bathing/Grooming					Skin Care
Level of Assistance					Yes
Hygiene Care Performed					Bilateral SCD
Grooming Performed					Face, Sacrococcygeal
Embolism Prevention					ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Anti-Embolism Prevention					Float Heels
Embolism Prevention					
Pressure Injury Prevention/Treatment					
Prophylactic Foam Dressings					
Prophylactic Foam Dressings for Medical Equipment					
Positioning Equipment	HL	(Rec: 11/02/22 20:47	HL	Other)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Document 11/02/22 20:00					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Patient Care/ADL's/Activity					
Hourly Rounding					Refer to High Risk Turning Protocol
Hourly Rounding					Total Dependent
Safety Precautions					Skin Care, Suction
Turn and Reposition					Skin Care
Patient Position					
Bathing/Grooming					
Level of Assistance					
Hygiene Care Performed					
Grooming Performed					





**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care,Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Face,Sacroccocygeal
Embolism Prevention	ETP,Clear Prophylactic Facial Gel Pad,
Pressure Injury Prevention/Treatment	Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	Positioning,Toileting Needs Met,Pain,
Positioning Equipment	Items Within Reach
	Bed Rails in Place,Bed in Low Position
	,Bed Alarm on and Functioning,Bed/
	Gurney Brakes Set
	Refer to High Risk Turning Protocol
	Total Dependent
	Skin Care,Suction
	Skin Care
	Yes
	Bilateral SCD
	Face,Sacroccocygeal
	ETP,Clear Prophylactic Facial Gel Pad,
	Urinary Catheter
	Float Heels

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/03/22 04:00 HL (Rec: 11/03/22 06:07 HL Other)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/03/22 06:00 HL (Rec: 11/03/22 06:07 HL Other)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Embolism Prevention

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent

CHG Bath, Skin Care, Suction

Skin Care

Yes

Bilateral SCD

Face, Sacrococcygeal

ETT, Clear Prophylactic Facial Gel Pad,

Urinary Catheter

Float Heels

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach

Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent

CHG Bath, Skin Care, Suction

Skin Care

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes	Bilateral SCD
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		Face, Sacrococcygeal
Prophylactic Foam Dressings for Medical Equipment		ETT, Clear Prophylactic Facial Gel Pad,
		Urinary Catheter
		Float Heels
Positioning Equipment		
Document 11/03/22 08:00 CO (Rec: 11/03/22 08:19 CO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain,
Hourly Rounding		Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position
		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol,
Patient Position		Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Face, Sacrococcygeal
Pressure Injury Prevention/Treatment		ETT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings		Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/03/22 10:00 CO (Rec: 11/03/22 10:07 CO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain,
Hourly Rounding		Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position
		, Bed Alarm on and Functioning, Bed/

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Face, Sacrococcygeal
Embolism Prevention	ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/03/22 12:00 CO (Rec: 11/03/22 12:04 CO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition	Total Dependent
Patient Position	Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Bilateral SCD
Grooming Performed	Face, Sacrococcygeal
Embolism Prevention	ETT, Clear Prophylactic Facial Gel Pad, ETT, Clear Prophylactic
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Positioning Equipment Document 11/03/22 14:00 CO (Rec: 11/03/22 14:20 CO Desktop)	Urinary Catheter Float Heels
Patient Care/ADL's/Activity Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding	
Safety Precautions	
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed Embolism Prevention	Total Dependent Skin Care, Suction Skin Care
Anti-Embolism Prevention Embolism Prevention Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment	Yes Bilateral SCD Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter Float Heels
Positioning Equipment Document 11/03/22 16:00 CO (Rec: 11/03/22 16:07 CO Desktop)	
Patient Care/ADL's/Activity Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding	
Safety Precautions	
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Skin Care, Suction
Grooming Performed	Skin Care
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Face, Sacrococcygeal
Pressure Injury Prevention/Treatment	ETT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings	Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/03/22 18:00 CO (Rec: 11/03/22 18:13 CO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain,
Hourly Rounding	Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position
	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Face, Sacrococcygeal
Embolism Prevention	ETT, Clear Prophylactic Facial Gel Pad,
Pressure Injury Prevention/Treatment	Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/03/22 20:00 HL (Rec: 11/03/22 20:33 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Perineal Care, Skin Care, Suction Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Bilateral SCD
Embolism Prevention		Face, Sacrococcygeal
Anti-Embolism Prevention		ETP, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Embolism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/03/22 22:00	HL	(Rec: 11/03/22 22:37 HL Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition Patient Position		Total Dependent
Bathing/Grooming		Perineal Care, Skin Care, Suction Skin Care
Level of Assistance		Yes
Hygiene Care Performed		
Grooming Performed		
Embolism Prevention		
Anti-Embolism Prevention		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Bilateral SCD
Pressure Injury Prevention/Treatment		Face, Sacrococcygeal
Prophylactic Foam Dressings		EFT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings for Medical Equipment		Urinary Catheter
		Float Heels
Positioning Equipment		
Document 11/03/22 23:59	HL (Rec: 11/04/22 00:53	HL Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Positioning, Toileting Needs Met, Pain,
Patient Position		Items Within Reach
Bathing/Grooming		Bed Rails in Place, Bed in Low Position
Level of Assistance		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hygiene Care Performed		
Grooming Performed		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Embolism Prevention		Total Dependent
Anti-Embolism Prevention		Perineal Care, Skin Care, Suction
Embolism Prevention		Skin Care
Pressure Injury Prevention/Treatment		Yes
Prophylactic Foam Dressings		Bilateral SCD
Prophylactic Foam Dressings for Medical Equipment		Face, Sacrococcygeal
		EFT, Clear Prophylactic Facial Gel Pad,
		Urinary Catheter
		Float Heels
Positioning Equipment		
Document 11/04/22 02:00	HL (Rec: 11/04/22 03:13	HL Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
		Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance		Total Dependent
Hygiene Care Performed		Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Face, Sacrococcygeal
Pressure Injury Prevention/Treatment		ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/04/22 04:00 HL (Rec: 11/04/22 05:03 HL Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		Total Dependent
Bathing/Grooming		CHG Bath, Perineal Care, Skin Care, Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Bilateral SCD
Embolism Prevention		Face, Sacrococcygeal
Anti-Embolism Prevention		ETT, Clear Prophylactic Facial Gel Pad,
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Positioning Equipment Document 11/04/22 06:00 HL (Rec: 11/04/22 06:56 HL Desktop)	Urinary Catheter Float Heels
Patient Care/ADL's/Activity Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition Patient Position	Total Dependent Perineal Care, Skin Care, Suction Skin Care
Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed Embolism Prevention	Yes Bilateral SCD
Anti-Embolism Prevention Embolism Prevention Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment	Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter Float Heels
Positioning Equipment Document 11/04/22 08:00 CO (Rec: 11/04/22 08:26 CO Desktop)	
Patient Care/ADL's/Activity Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding	
Safety Precautions	
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Skin Care, Suction
Grooming Performed	Skin Care
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Face, Sacrococcygeal
Pressure Injury Prevention/Treatment	ETT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings	Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/04/22 10:00 CO (Rec: 11/04/22 10:04 CO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain,
Hourly Rounding	Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position
	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Face, Sacrococcygeal
Embolism Prevention	ETT, Clear Prophylactic Facial Gel Pad,
Pressure Injury Prevention/Treatment	Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/04/22 12:00 CO (Rec: 11/04/22 12:13 CO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Face, Sacrococcygeal
Embolism Prevention		ETP, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/04/22 14:00	CO	(Rec: 11/04/22 14:53
Patient Care/ADL's/Activity		CO Desktop)
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition Patient Position		Total Dependent
Bathing/Grooming		Skin Care, Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		
Embolism Prevention		
Anti-Embolism Prevention		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Bilateral SCD
Pressure Injury Prevention/Treatment		Face, Sacrococcygeal
Prophylactic Foam Dressings		ETT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings for Medical Equipment		Urinary Catheter
		Float Heels
Positioning Equipment		
Document 11/04/22 16:00	CO (Rec: 11/04/22 16:26	CO Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Positioning, Toileting Needs Met, Pain,
Patient Position		Items Within Reach
Bathing/Grooming		Bed Rails in Place, Bed in Low Position
Level of Assistance		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hygiene Care Performed		
Grooming Performed		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Embolism Prevention		Total Dependent
Anti-Embolism Prevention		Mouth Care, Skin Care, Suction
Embolism Prevention		Skin Care
Pressure Injury Prevention/Treatment		Yes
Prophylactic Foam Dressings		Bilateral SCD
Prophylactic Foam Dressings for Medical Equipment		Face, Sacrococcygeal
		ETT, Clear Prophylactic Facial Gel Pad,
Positioning Equipment		Urinary Catheter
Document 11/04/22 18:00	CO (Rec: 11/04/22 18:03	CO Desktop)
Patient Care/ADL's/Activity		Float Heels
Hourly Rounding		
Hourly Rounding		
Safety Precautions		Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance		Total Dependent
Hygiene Care Performed		Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Face, Sacrococcygeal
Pressure Injury Prevention/Treatment		ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/04/22 20:00	KC (Rec: 11/04/22 21:21	
KC Desktop)		
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Brush Teeth/Gums, Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Face, Sacrococcygeal
Embolism Prevention		ETT, Clear Prophylactic Facial Gel Pad,
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Positioning Equipment Document 11/04/22 22:00 Patient Care/ADL's/Activity Hourly Rounding	KC (Rec: 11/04/22 22:24 KC Desktop)	Urinary Catheter Float Heels
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance Hygiene Care Performed		Total Dependent Brush Teeth/Gums, Mouth Care, Skin Care, Suction Skin Care
Grooming Performed Embolism Prevention Anti-Embolism Prevention		Yes Bilateral SCD
Embolism Prevention Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment		Face, Sacrococcygeal ETT, Clear Prophylactic Facial Pad, Urinary Catheter Float Heels
Positioning Equipment Document 11/04/22 23:59 Patient Care/ADL's/Activity Hourly Rounding	KC (Rec: 11/05/22 04:10 KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition Patient Position		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming	Level of Assistance	Hygiene Care Performed	Grooming Performed	Embolism Prevention	Anti-Embolism Prevention	Embolism Prevention	Pressure Injury Prevention/Treatment	Prophylactic Foam Dressings	Prophylactic Foam Dressings for Medical Equipment
Total Dependent	Brush Teeth/Gums, Mouth Care, Skin Care, Suction	Skin Care	Yes	Bilateral SCD	Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter	Float Heels	Positioning, Toileting Needs Met, Pain, Items Within Reach	Bed Rails in Place, Bed in Low Position	Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels	Total Dependent	CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care, Suction	Skin Care	Yes	Bilateral SCD	Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter	Positioning, Toileting Needs Met, Pain, Items Within Reach	Bed Rails in Place, Bed in Low Position	Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels	Total Dependent	CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care, Suction	Skin Care	Yes	Bilateral SCD	Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter	Positioning, Toileting Needs Met, Pain, Items Within Reach	Bed Rails in Place, Bed in Low Position	Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels	Total Dependent	CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care, Suction	Skin Care	Yes	Bilateral SCD	Face, Sacrococcygeal ETT, Clear Prophylactic Facial Gel Pad, Urinary Catheter	Positioning, Toileting Needs Met, Pain, Items Within Reach	Bed Rails in Place, Bed in Low Position	Bed Alarm on and Functioning, Bed/Gurney Brakes Set



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed	Skin Care, Suction
Grooming Performed	Skin Care
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Face, Sacroccocygeal
Pressure Injury Prevention/Treatment	ETT, Clear Prophylactic Facial Gel Pad,
Prophylactic Foam Dressings	Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/05/22 08:00 JM (Rec: 11/05/22 10:51 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	ETT, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/05/22 10:00 JM (Rec: 11/05/22 10:51 JM Desktop)	
Patient Care/ADL's/Activity	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		Yes
Anti-Embolism Prevention		Yes
Embolism Prevention		Bilateral SCD
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		ETT, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/05/22 12:00	JM	(Rec: 11/05/22 12:21 JM Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition		Total Dependent
Patient Position		Mouth Care, Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophyllactic Foam Dressings	ETT, Urinary Catheter
Prophyllactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/05/22 14:00 JM (Rec: 11/05/22 14:45 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	ETT, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophyllactic Foam Dressings	
Prophyllactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/05/22 16:00 JM (Rec: 11/05/22 16:12 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	ETT, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	Positioning, Toileting Needs Met, Pain, Items Within Reach
Prophylactic Foam Dressings for Medical Equipment	Bed Rails in Place, Bed in Low Position
Positioning Equipment	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Document 11/05/22 18:00 JM (Rec: 11/05/22 18:22 JM Desktop)	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Care/ADL's/Activity	Total Dependent
Hourly Rounding	Skin Care, Suction
Hourly Rounding	Skin Care
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention		
Anti-Embolism Prevention	Yes	
Embolism Prevention		
Pressure Injury Prevention/Treatment	Bilateral SCD	
Prophylactic Foam Dressings	Sacroccocygeal	
Prophylactic Foam Dressings for Medical Equipment	ETT, Urinary Catheter	
Positioning Equipment	Float Heels	
Document 11/05/22 20:00 KC (Rec: 11/05/22 22:19 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning, Toileting Needs Met, Pain, Items Within Reach	
Patient Position	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set	
Bathing/Grooming	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels	
Level of Assistance	Total Dependent	
Hygiene Care Performed	Brush Teeth/Gums, Mouth Care, Skin Care, Suction	
	Skin Care	
Grooming Performed	Yes	
Indwelling Catheter Care		
Foley Catheter Care	Bilateral SCD	
Embolism Prevention	Yes	
Anti-Embolism Prevention	Bilateral SCD	
Embolism Prevention		
Pressure Injury Prevention/Treatment	Sacroccocygeal	
Prophylactic Foam Dressings	ETT, Urinary Catheter	
Prophylactic Foam Dressings for Medical Equipment	Float Heels	
Positioning Equipment		
Document 11/05/22 22:00 KC (Rec: 11/05/22 22:19 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
	Positioning, Toileting Needs Met, Pain,	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Level of Assistance	Total Dependent
Grooming Performed	Skin Care, Suction
Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	ETT, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/05/22 23:59 KC (Rec: 11/06/22 00:50 KC Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition	
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Brush Teeth/Gums, Mouth Care, Skin Care, Suction
Hygiene Care Performed	Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention	Yes	
Anti-Embolism Prevention	Bilateral SCD	
Pressure Injury Prevention/Treatment	Sacroccocygeal	
Prophylactic Foam Dressings	ETT, Urinary Catheter	
Prophylactic Foam Dressings for Medical Equipment	Float Heels	
Positioning Equipment		
Document 11/06/22 02:00 KC (Rec: 11/06/22 02:15 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning, Toileting Needs Met, Pain, Items Within Reach	
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels	
Bathing/Grooming	Total Dependent	
Level of Assistance	Mouth Care, Skin Care, Suction	
Hygiene Care Performed	Skin Care	
Grooming Performed	Yes	
Indwelling Catheter Care	Yes	
Foley Catheter Care	Bilateral SCD	
Embolism Prevention	Sacroccocygeal	
Anti-Embolism Prevention	ETT, Urinary Catheter	
Embolism Prevention	Float Heels	
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/06/22 04:00 KC (Rec: 11/06/22 04:46 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
	Positioning, Toileting Needs Met, Pain, Items Within Reach	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Bed Bath, Brush Teeth/Gums, CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolicism Prevention	Bilateral SCD
Anti-Embolicism Prevention	Sacroccocygeal ETT, Urinary Catheter Float Heels
Embolicism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/06/22 06:00 KC (Rec: 11/06/22 07:11 KC Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Skin Care, Suction Skin Care
Indwelling Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention		
Anti-Embolism Prevention	Yes	
Embolism Prevention	Bilateral SCD	
Pressure Injury Prevention/Treatment	Sacroccocygeal	
Prophyllactic Foam Dressings	ETT, Urinary Catheter	
Prophyllactic Foam Dressings for Medical Equipment	Float Heels	
Positioning Equipment		
Document 11/06/22 08:00 JM (Rec: 11/06/22 10:41 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
	Positioning, Toileting Needs Met, Pain, Items Within Reach	
	Bed Rails in Place, Bed in Low Position	
	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set	
Turn and Reposition		
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels	
Bathing/Grooming		
Level of Assistance	Total Dependent	
Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction	
	Skin Care	
Grooming Performed	Yes	
Indwelling Catheter Care		
Foley Catheter Care	Yes	
Embolism Prevention	Bilateral SCD	
Anti-Embolism Prevention		
Embolism Prevention	Sacroccocygeal	
Pressure Injury Prevention/Treatment	ETT, Urinary Catheter	
Prophyllactic Foam Dressings	Float Heels	
Prophyllactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/06/22 10:00 JM (Rec: 11/06/22 10:41 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
	Positioning, Toileting Needs Met, Pain,	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Level of Assistance	Total Dependent
Hygiene Care Performed	Skin Care, Suction
Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Yes
Pressure Injury Prevention/Treatment	Sacroccoccygeal
Prophylactic Foam Dressings	ETT, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/06/22 12:00 JM (Rec: 11/06/22 12:30 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain,
Hourly Rounding	Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position
	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		ETT, Urinary Catheter
Prophylactic Foam Dressings		Float Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/06/22 14:00 JM (Rec: 11/06/22 15:09 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Positioning, Toileting Needs Met, Pain,
Patient Position		Items Within Reach
Bathing/Grooming		Bed Rails in Place, Bed in Low Position
Level of Assistance		Gurney Brakes Set
Hygiene Care Performed		Refer to High Risk Turning Protocol,
Grooming Performed		Semi-Fowlers (30-45 Deg), Float Heels
Indwelling Catheter Care		
Foley Catheter Care		Total Dependent
Embolism Prevention		Skin Care, Suction
Anti-Embolism Prevention		Skin Care
Embolism Prevention		Yes
Pressure Injury Prevention/Treatment		Yes
Prophylactic Foam Dressings		Bilateral SCD
Prophylactic Foam Dressings for Medical Equipment		Sacroccocygeal
Positioning Equipment		ETT, Urinary Catheter
Document 11/06/22 16:00 JM (Rec: 11/06/22 16:45 JM Desktop)		Float Heels
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
		Positioning, Toileting Needs Met, Pain,
		Items Within Reach
		Bed Rails in Place, Bed in Low Position

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolicism Prevention		Yes
Anti-Embolicism Prevention		Sacroccocygeal
Embolicism Prevention		ETT, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/06/22 18:00 JM (Rec: 11/06/22 18:22 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolicism Prevention		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes	
Embolism Prevention	Bilateral SCD	
Pressure Injury Prevention/Treatment	Sacroccocygeal	
Prophylactic Foam Dressings	ETP, Urinary Catheter	
Prophylactic Foam Dressings for Medical Equipment	Float Heels	
Positioning Equipment		
Document 11/06/22 20:00 KC (Rec: 11/06/22 21:29 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/06/22 22:00 KC (Rec: 11/06/22 22:51 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 Gurney Brakes Set  
 Bed Alarm on and Functioning, Bed/  
 Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels  
 Total Dependent  
 Brush Teeth/Gums, Mouth Care, Skin Care, Suction  
 Skin Care  
 Yes  
 Yes  
 Bilateral SCD  
 Sacroccocygeal  
 ETP, Urinary Catheter  
 Float Heels  
 Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Emboliism Prevention		Yes
Anti-Emboliism Prevention		Sacroccocygeal
Emboliism Prevention		ETT, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/06/22 23:59 KC (Rec: 11/07/22 01:01 KC Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition		Total Dependent
Patient Position		Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Emboliism Prevention		
Anti-Emboliism Prevention		
		Yes



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	ETT, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/07/22 02:00 KC (Rec: 11/07/22 02:45 KC Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/07/22 04:00 KC (Rec: 11/07/22 04:52 KC Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	

Bilateral SCD  
 Sacroccocygeal  
 ETT, Urinary Catheter  
 Float Heels  
 Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set  
 Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg), Float Heels  
 Total Dependent  
 Skin Care, Suction  
 Skin Care  
 Yes  
 Yes  
 Bilateral SCD  
 Sacroccocygeal  
 ETT, Urinary Catheter  
 Float Heels  
 Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance	Total Dependent
Hygiene Care Performed	Skin Care,Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	ETT, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/07/22 06:00 KC (Rec: 11/07/22 06:13 KC Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition	Total Dependent
Patient Position	Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Prophylactic Foam Dressings	Sacroccocygeal
Prophylactic Foam Dressings for Medical Equipment	ETT, Urinary Catheter
Positioning Equipment	Float Heels
Document 11/07/22 08:00 RD (Rec: 11/07/22 09:25 RD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Yes
Document 11/07/22 10:00 RD (Rec: 11/07/22 10:34 RD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes			
Embolism Prevention				
Anti-Embolism Prevention	Yes			
Embolism Prevention				Bilateral SCD
Document 11/07/22 12:00	RD	(Rec: 11/07/22 12:51	RD	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				
Bathing/Grooming				
Level of Assistance				
Hygiene Care Performed				
Grooming Performed				
Indwelling Catheter Care				
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 11/07/22 14:00	RD	(Rec: 11/07/22 15:24	RD	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				
Bathing/Grooming				
Level of Assistance				
Hygiene Care Performed				
Grooming Performed				

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent  
 Skin Care, Suction  
 Skin Care

Yes  
 Yes  
 Bilateral SCD

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent  
 Skin Care, Suction  
 Skin Care

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care					Yes	
Foley Catheter Care					Yes	
Embolism Prevention					Yes	
Anti-Embolism Prevention					Bilateral SCD	
Embolism Prevention	Document	11/07/22 16:00	RD	(Rec: 11/07/22 16:48	RD	Desktop)
Patient Care/ADL's/Activity						Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding						Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding						Refer to High Risk Turning Protocol
Safety Precautions						Total Dependent
Turn and Reposition						Skin Care, Suction
Patient Position						Skin Care
Bathing/Grooming						Yes
Level of Assistance						Bilateral SCD
Hygiene Care Performed						Yes
Grooming Performed						Bilateral SCD
Indwelling Catheter Care						Positioning, Toileting Needs Met, Pain, Items Within Reach
Foley Catheter Care						Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Embolism Prevention						Refer to High Risk Turning Protocol,
Anti-Embolism Prevention						Supine
Embolism Prevention	Document	11/07/22 18:00	RD	(Rec: 11/07/22 18:28	RD	Desktop)
Patient Care/ADL's/Activity						Total Dependent
Hourly Rounding						
Hourly Rounding						
Safety Precautions						
Turn and Reposition						
Patient Position						
Bathing/Grooming						
Level of Assistance						

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed		Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Yes
Document 11/07/22 20:00	CMS (Rec: 11/07/22 20:05)	Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Right Side Lying
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Yes
Embolism Prevention		Bilateral SCD
Document 11/07/22 22:00	CMS (Rec: 11/07/22 22:38)	Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol,
Patient Position		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming				Left Side Lying, Low Fowlers(15-30 Deg)
Level of Assistance				Total Dependent
Hygiene Care Performed				Skin Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Bilateral SCD
Anti-Embolism Prevention				Yes
Embolism Prevention				Bilateral SCD
Document 11/07/22 23:59	CMS	(Rec: 11/08/22 00:59	CMS Desktop)	
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Safety Precautions				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition				Refer to High Risk Turning Protocol, Supine, Low Fowlers(15-30 Deg)
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				
Document 11/08/22 02:00	CMS	(Rec: 11/08/22 02:26	CMS Desktop)	
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Safety Precautions				, Bed Alarm on and Functioning, Bed/

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position		Gurney Brakes Set
Bathing/Grooming Level of Assistance Hygiene Care Performed		Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg ) Total Dependent CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention		Yes
Document 11/08/22 04:00 Patient Care/ADL's/Activity	CMS (Rec: 11/08/22 04:13 CMS Desktop)	Yes Bilateral SCD
Hourly Rounding Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )
Turn and Reposition Patient Position		Total Dependent Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Bathing/Grooming Level of Assistance Hygiene Care Performed		Yes
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention Anti-Embolism Prevention		Yes



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	11/08/22	06:00	CMS	(Rec: 11/08/22 06:10	CMS	Desktop)	Bilateral SCD
Patient Care/ADL's/Activity	Hourly Rounding							Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Turn and Reposition							Bed Rails in Place, Bed in Low Position
	Patient Position							, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
	Bathing/Grooming							Refer to High Risk Turning Protocol,
	Level of Assistance							Right Side Lying, Low Fowlers(15-30 Deg )
	Hygiene Care Performed							Total Dependent
	Grooming Performed							Moisturizer, Mouth Care, Perineal Care,
	Indwelling Catheter Care							Skin Care, Suction
	Foley Catheter Care							Skin Care
	Embolism Prevention							Yes
	Anti-Embolism Prevention							Yes
	Embolism Prevention							Bilateral SCD
	Document	11/08/22	08:00	JD	(Rec: 11/08/22 08:51	JD	Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
	Patient Care/ADL's/Activity							Bed Rails in Place, Bed in Low Position
	Hourly Rounding							, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
	Hourly Rounding							Refer to High Risk Turning Protocol,
	Safety Precautions							Right Side Lying, Low Fowlers(15-30 Deg )
	Turn and Reposition							Total Dependent
	Patient Position							
	Bathing/Grooming							
	Level of Assistance							

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				Yes
Anti-Embolism Prevention				Yes
Embolism Prevention				Bilateral SCD
Document 11/08/22 10:00	JD	(Rec: 11/08/22 11:10	JD	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )
Bathing/Grooming				Total Dependent
Level of Assistance				Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolism Prevention				Yes
Anti-Embolism Prevention				Yes
Embolism Prevention				Bilateral SCD
Document 11/08/22 12:00	JD	(Rec: 11/08/22 12:36	JD	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning, Toileting Needs Met, Pain, Items Within Reach
				Bed Rails in Place, Bed in Low Position

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition Patient Position					, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming Level of Assistance Hygiene Care Performed					Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention					Total Dependent Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Document 11/08/22 14:00 JD	(Rec: 11/08/22 14:31 JD	Desktop)			Yes Bilateral SCD
Patient Care/ADL's/Activity Hourly Rounding					Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions					Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )
Turn and Reposition Patient Position					Total Dependent CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Bathing/Grooming Level of Assistance Hygiene Care Performed					Yes
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention					Yes

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes	Bilateral SCD
Embolism Prevention		
Document 11/08/22 16:00 JD (Rec: 11/08/22 16:27 JD Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Document 11/08/22 18:00 JD (Rec: 11/08/22 18:14 JD Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )

Total Dependent  
 Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care

Yes  
 Bilateral SCD

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance		Total Dependent
Hygiene Care Performed		Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Yes
Embolism Prevention		Bilateral SCD
Document 11/08/22 20:00	CMS (Rec: 11/08/22 20:15)	Desktop)
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Hourly Rounding		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )
Turn and Reposition		
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Yes
Document 11/08/22 22:00	CMS (Rec: 11/08/22 22:57)	Desktop)
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Hourly Rounding		
Safety Precautions		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position				Refer to High Risk Turning Protocol, Left side Lying, Low Fowlers(15-30 Deg)
Bathing/Grooming				Total Dependent
Level of Assistance				Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Bilateral SCD
Embolicism Prevention				Yes
Anti-Embolicism Prevention				Bilateral SCD
Embolicism Prevention				Yes
Document 11/08/22 23:59	CMS	(Rec: 11/09/22 00:41	CMS	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding				Refer to High Risk Turning Protocol, Supine, Low Fowlers(15-30 Deg)
Safety Precautions				Total Dependent
Turn and Reposition				Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Patient Position				Skin Care
Bathing/Grooming				Yes
Level of Assistance				Yes
Hygiene Care Performed				Bilateral SCD
Grooming Performed				Yes
Indwelling Catheter Care				Bilateral SCD
Foley Catheter Care				Yes
Embolicism Prevention				Yes
Anti-Embolicism Prevention				Bilateral SCD
Embolicism Prevention				Yes
Document 11/09/22 02:00	CMS	(Rec: 11/09/22 02:15	CMS	Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers(15-30 Deg )

Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed

Total Dependent  
 CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction  
 Skin Care

Grooming Performed  
 Indwelling Catheter Care  
 Foley Catheter Care  
 Embolism Prevention  
 Anti-Embolism Prevention

Yes  
 Bilateral SCD

Document 11/09/22 04:00 CMS (Rec: 11/09/22 04:12 CMS Desktop)  
 Patient Care/ADL's/Activity  
 Hourly Rounding  
 Hourly Rounding

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set

Safety Precautions

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol, Left Side Lying, Low Fowlers(15-30 Deg)

Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed

Total Dependent  
 Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed			Skin Care
Indwelling Catheter Care			
Foley Catheter Care			Yes
Embolism Prevention			Yes
Anti-Embolism Prevention			Bilateral SCD
Embolism Prevention			
Document 11/09/22 06:00	CMS	(Rec: 11/09/22 06:21	CMS Desktop)
Patient Care/ADL's/Activity			
Hourly Rounding			Positioning,Toileting Needs Met,Pain, Items Within Reach
Hourly Rounding			Bed Rails in Place, Bed in Low Position
Safety Precautions			, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition			
Patient Position			Refer to High Risk Turning Protocol, Supine, Low Fowlers (15-30 Deg)
Bathing/Grooming			
Level of Assistance			Total Dependent
Hygiene Care Performed			Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Grooming Performed			Yes
Indwelling Catheter Care			Yes
Foley Catheter Care			Bilateral SCD
Embolism Prevention			
Anti-Embolism Prevention			
Embolism Prevention			
Document 11/09/22 08:00	JD	(Rec: 11/09/22 08:12	JD Desktop)
Patient Care/ADL's/Activity			
Hourly Rounding			Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding			Bed Rails in Place, Bed in Low Position
Safety Precautions			, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition			
Patient Position			Refer to High Risk Turning Protocol,



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming		Right Side Lying, Low Fowlers(15-30 Deg )
Level of Assistance		Total Dependent
Hygiene Care Performed		CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Skin Care
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Yes
Document 11/09/22 10:00 JD (Rec: 11/09/22 10:20 JD Desktop)		Bilateral SCD
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Hourly Rounding		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Left Side Lying, Low Fowlers(15-30 Deg)
Turn and Reposition		Total Dependent
Patient Position		Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Bilateral SCD
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Yes
Embolism Prevention		Bilateral SCD
Document 11/09/22 12:00 JD (Rec: 11/09/22 16:24 JD Desktop)		Bilateral SCD
Patient Care/ADL's/Activity		Yes
Hourly Rounding		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position				Refer to High Risk Turning Protocol, Supine, Low Fowlers (15-30 Deg)
Bathing/Grooming				Total Dependent
Level of Assistance				Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Hygiene Care Performed				Yes
Grooming Performed				Yes
Indwelling Catheter Care				Bilateral SCD
Foley Catheter Care				Yes
Embolism Prevention				Yes
Anti-Embolism Prevention				Bilateral SCD
Embolism Prevention				Yes
Document 11/09/22 14:00	JD	(Rec: 11/09/22 16:24	JD	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding				Refer to High Risk Turning Protocol, Right Side Lying, Low Fowlers (15-30 Deg )
Safety Precautions				Total Dependent
Turn and Reposition Patient Position				CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				
Hygiene Care Performed				
Grooming Performed				
Indwelling Catheter Care				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention	Yes	
Anti-Embolism Prevention		Bilateral SCD
Document 11/09/22 16:00 JD (Rec: 11/09/22 16:24 JD Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Left Side Lying, Low Fowlers (15-30 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Yes
Document 11/09/22 18:00 JD (Rec: 11/09/22 18:11 JD Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Supine, Low Fowlers (15-30 Deg)
Patient Position		
Bathing/Grooming		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance	Total Dependent
Hygiene Care Performed	Brush Teeth/Gums,Moisturizer,Mouth Care,Perineal Care,Skin Care,Suction Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Yes
Document 11/09/22 20:00 MA (Rec: 11/09/22 21:10 MA Desktop)	Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/Gurney Brakes Set
Patient Care/ADL's/Activity	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Hourly Rounding	Total Dependent
Hourly Rounding	Brush Teeth/Gums,Moisturizer,Mouth Care,Perineal Care,Suction Skin Care
Safety Precautions	Yes
Turn and Reposition	Yes
Patient Position	Bilateral SCD
Bathing/Grooming	Sacroccocygeal
Level of Assistance	Yes
Hygiene Care Performed	Bilateral SCD
Grooming Performed	Sacroccocygeal
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Yes
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Yes
Document 11/09/22 22:00 MA (Rec: 11/09/22 22:39 MA Desktop)	Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care,Suction
Hygiene Care Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/09/22 23:59 MA (Rec: 11/10/22 00:53 MA Desktop)	
Patient Care/ADL's/Activity	Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position , Bed Alarm on and Functioning,Bed/Gurney Brakes Set
Hourly Rounding	Refer to High Risk Turning Protocol, Right Side Lying,Semi-Fowlers (30-45 Deg)
Hourly Rounding	Total Dependent
Safety Precautions	Mouth Care,Perineal Care,Suction Skin Care
Turn and Reposition	Yes
Patient Position	Yes
Bathing/Grooming	Bilateral SCD
Level of Assistance	Sacroccocygeal
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/10/22 02:00 MA (Rec: 11/10/22 02:07 MA Desktop)	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,  
 Left Side Lying, Semi-Fowlers (30-45  
 Deg)

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Document 11/10/22 04:00 MA (Rec: 11/10/22 04:51 MA Desktop)

Patient Care/ADL's/Activity

Sacroccocygeal

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,  
 Supine, Semi-Fowlers (30-45 Deg)

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Total Dependent  
 Bed Bath, Brush Teeth/Gums, CHG Bath,  
 Gown Change, Linen Change, Moisturizer,  
 Mouth Care, Perineal Care, Suction  
 Skin Care

Grooming Performed

Indwelling Catheter Care

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/10/22 06:00 MA (Rec: 11/10/22 06:15 MA Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning,Toileting Needs Met,Pain
Safety Precautions	Bed Rails in Place,Bed in Low Position
	,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Left Side Lying,Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Moisturizer,Mouth Care,Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/10/22 08:00 MN (Rec: 11/10/22 10:22 MN Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning,Toileting Needs Met,Pain
Safety Precautions	Bed Rails in Place,Bed in Low Position
	,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming		Total Dependent
Level of Assistance		Moisturizer, Mouth Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/10/22 10:00 MN (Rec: 11/10/22 10:22 MN Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol
Patient Position		
Bathing/Grooming		
Level of Assistance		Total Dependent
Hygiene Care Performed		Moisturizer, Mouth Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/10/22 12:00 MN (Rec: 11/10/22 13:17 MN Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol
Bathing/Grooming	Total Dependent
Level of Assistance	Moisturizer, Mouth Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/10/22 14:00 MN (Rec: 11/10/22 15:35 MN Desktop)	
Patient Care/ADL's/Activity	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	
Hourly Rounding	
Safety Precautions	Refer to High Risk Turning Protocol
Turn and Reposition	
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Moisturizer, Mouth Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/10/22 16:00 MN (Rec: 11/10/22 18:05 MN Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning,Toileting Needs Met,Pain
Safety Precautions	Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	Total Dependent
Bathing/Grooming	Moisturizer,Mouth Care,Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/10/22 18:00 MN (Rec: 11/10/22 18:05 MN Desktop)	Sacroccocygeal
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning,Toileting Needs Met,Pain
Hourly Rounding	Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol
Turn and Reposition	Total Dependent
Patient Position	Moisturizer,Mouth Care,Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/10/22 20:00 AV (Rec: 11/10/22 20:31 AV Desktop)  
 Patient Care/ADL's/Activity  
 Hourly Rounding  
 Hourly Rounding  
 Safety Precautions  
 Positioning, Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position  
 Bathing/Grooming  
 Level of Assistance  
 Refer to High Risk Turning Protocol

Hygiene Care Performed  
 Grooming Performed  
 Indwelling Catheter Care  
 Total Dependent  
 Moisturizer, Mouth Care, Suction  
 Skin Care

Foley Catheter Care  
 Embolism Prevention  
 Anti-Embolism Prevention  
 Yes

Embolism Prevention  
 Bilateral SCD  
 Yes

Pressure Injury Prevention/Treatment  
 Prophylactic Foam Dressings  
 Document 11/10/22 22:00 AV (Rec: 11/10/22 22:06 AV Desktop)  
 Patient Care/ADL's/Activity  
 Sacroccocygeal

Hourly Rounding  
 Hourly Rounding  
 Safety Precautions  
 Positioning, Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position  
 Bathing/Grooming  
 Refer to High Risk Turning Protocol

Level of Assistance  
 Hygiene Care Performed  
 Grooming Performed  
 Total Dependent  
 Moisturizer, Mouth Care, Suction  
 Skin Care

Indwelling Catheter Care  
 Foley Catheter Care  
 Embolism Prevention  
 Yes  
 Anti-Embolism Prevention  
 Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	
Document 11/10/22 23:59 AV (Rec: 11/11/22 00:38 AV Desktop)	
Patient Care/ADL's/Activity	Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Hourly Rounding	
Hourly Rounding	Refer to High Risk Turning Protocol
Safety Precautions	
Turn and Reposition	Total Dependent
Patient Position	Moisturizer,Mouth Care,Suction Skin Care
Bathing/Grooming	Yes
Level of Assistance	Bilateral SCD
Hygiene Care Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/11/22 02:00 AV (Rec: 11/11/22 02:14 AV Desktop)	
Patient Care/ADL's/Activity	Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Hourly Rounding	
Hourly Rounding	Refer to High Risk Turning Protocol
Safety Precautions	
Turn and Reposition	Total Dependent
Patient Position	Moisturizer,Mouth Care,Suction Skin Care
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Foley Catheter Care	Yes	
Embolism Prevention		
Anti-Embolism Prevention	Yes	
Embolism Prevention		
Pressure Injury Prevention/Treatment	Bilateral SCD	
Prophylactic Foam Dressings	Sacroccocygeal	
Document 11/11/22 04:00 AV (Rec: 11/11/22 05:44 AV Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding	Positioning,Toileting Needs Met,Pain	
Hourly Rounding	Bed Rails in Place,Bed in Low Position	
Safety Precautions	,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set	
	Refer to High Risk Turning Protocol	
Turn and Reposition		
Patient Position		
Bathing/Grooming	Total Dependent	
Level of Assistance	Moisturizer,Mouth Care,Suction	
	Skin Care	
Hygiene Care Performed	Yes	
Grooming Performed		
Indwelling Catheter Care	Bilateral SCD	
Foley Catheter Care		
Embolism Prevention	Sacroccocygeal	
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings	Positioning,Toileting Needs Met,Pain	
Document 11/11/22 05:56 AV (Rec: 11/11/22 05:56 AV Desktop)	Bed Rails in Place,Bed in Low Position	
Patient Care/ADL's/Activity	,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set	
Hourly Rounding		
Hourly Rounding	Refer to High Risk Turning Protocol	
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance	Total Dependent	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Hygiene Care Performed	Moisturizer, Mouth Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/11/22 08:00 MN (Rec: 11/11/22 11:27 MN Desktop)	
Patient Care/ADL's/Activity	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	
Bathing/Grooming	
Level of Assistance	Total Dependent
Hygiene Care Performed	Moisturizer, Mouth Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/11/22 10:00 MN (Rec: 11/11/22 11:27 MN Desktop)	
Patient Care/ADL's/Activity	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Position	Refer to High Risk Turning Protocol
Bathing/Grooming	
Level of Assistance	Total Dependent
Hygiene Care Performed	Moisturizer, Mouth Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/11/22 12:00 MN (Rec: 11/11/22 13:18 MN Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
	Refer to High Risk Turning Protocol
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	Total Dependent
Hygiene Care Performed	Moisturizer, Mouth Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/11/22 14:00 MN (Rec: 11/11/22 14:24 MN Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital    **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961    **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Turn and Reposition						, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position						Refer to High Risk Turning Protocol
Bathing/Grooming						Total Dependent
Level of Assistance						Moisturizer, Mouth Care, Suction
Hygiene Care Performed						Skin Care
Grooming Performed						Yes
Indwelling Catheter Care						Yes
Foley Catheter Care						Bilateral SCD
Embolism Prevention						Sacroccocygeal
Anti-Embolism Prevention						
Embolism Prevention						Yes
Embolism Prevention						Bilateral SCD
Pressure Injury Prevention/Treatment						Sacroccocygeal
Prophylactic Foam Dressings						
Document 11/11/22 18:00 MN	(Rec: 11/11/22 19:32 MN	Desktop)				
Patient Care/ADL's/Activity						
Turn and Reposition						Refer to High Risk Turning Protocol
Patient Position						Total Dependent
Bathing/Grooming						Moisturizer, Mouth Care, Suction
Level of Assistance						Skin Care
Hygiene Care Performed						Yes
Grooming Performed						Yes
Indwelling Catheter Care						Bilateral SCD
Foley Catheter Care						Sacroccocygeal
Embolism Prevention						
Anti-Embolism Prevention						Yes
Embolism Prevention						Bilateral SCD
Pressure Injury Prevention/Treatment						Sacroccocygeal
Prophylactic Foam Dressings						
Document 11/11/22 18:00 MN	(Rec: 11/11/22 19:32 MN	Desktop)				
Patient Care/ADL's/Activity						



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding	Refer to High Risk Turning Protocol
Safety Precautions	Total Dependent
Turn and Reposition	Moisturizer, Mouth Care, Suction
Patient Position	Skin Care
Bathing/Grooming	Yes
Level of Assistance	Yes
Hygiene Care Performed	Bilateral SCD
Grooming Performed	Sacroccocygeal
Indwelling Catheter Care	Document 11/11/22 20:00 CMS (Rec: 11/11/22 20:28 CMS Desktop)
Foley Catheter Care	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Embolism Prevention	Hourly Rounding
Anti-Embolism Prevention	Hourly Rounding
Embolism Prevention	Safety Precautions
Pressure Injury Prevention/Treatment	Turn and Reposition
Prophylactic Foam Dressings	Patient Position
Document 11/11/22 20:00 CMS (Rec: 11/11/22 20:28 CMS Desktop)	Bathing/Grooming
Patient Care/ADL's/Activity	Level of Assistance
Hourly Rounding	Hygiene Care Performed
Hourly Rounding	Grooming Performed
Safety Precautions	Indwelling Catheter Care
Turn and Reposition	Foley Catheter Care
Patient Position	Embolism Prevention
Bathing/Grooming	Yes
Level of Assistance	Total Dependent
Hygiene Care Performed	Moisturizer, Mouth Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	
Document 11/11/22 22:00 CMS (Rec: 11/11/22 22:08 CMS Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Left Side Lying, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Moisturizer, Mouth Care, Skin Care,
Hygiene Care Performed	Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/11/22 23:59 CMS (Rec: 11/12/22 00:11 CMS Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Supine, Semi-Fowlers (30-45 Deg)



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)

Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed

Total Dependent  
 Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care

Grooming Performed  
 Indwelling Catheter Care  
 Foley Catheter Care  
 Embolism Prevention

Yes  
 Bilateral SCD

Anti-Embolism Prevention  
 Embolism Prevention  
 Pressure Injury Prevention/Treatment  
 Prophylactic Foam Dressings  
 Document 11/12/22 06:00 CMS (Rec: 11/12/22 06:06 CMS Desktop)

Patient Care/ADL's/Activity  
 Hourly Rounding

Hourly Rounding  
 Safety Precautions

Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)

Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed

Total Dependent  
 Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccoccygeal
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/12/22 08:00 CO (Rec: 11/12/22 08:17 CO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Sacroccoccygeal
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/12/22 10:00 CO (Rec: 11/12/22 10:09 CO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/12/22 12:00 CO (Rec: 11/12/22 12:17 CO Desktop)	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/12/22 14:00 CO (Rec: 11/12/22 14:10 CO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning,Toileting Needs Met,Pain
Safety Precautions	Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	Total Dependent
Bathing/Grooming	Skin Care,Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/12/22 16:00 CO (Rec: 11/12/22 16:23 CO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning,Toileting Needs Met,Pain
Hourly Rounding	Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition	Total Dependent
Patient Position	Mouth Care,Skin Care,Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		
Document 11/12/22 18:00 CO (Rec: 11/12/22 18:09 CO Desktop)		
Patient Care/ADL's/Activity		Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Hourly Rounding		
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition		Total Dependent
Patient Position		Linen Change,Perineal Care,Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Bilateral SCD
Indwelling Catheter Care		Sacroccocygeal
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/12/22 20:00 JAB (Rec: 11/12/22 20:23 JAB Desktop)		
Patient Care/ADL's/Activity		Positioning,Toileting Needs Met,Pain Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set
Hourly Rounding		
Hourly Rounding		Refer to High Risk Turning Protocol, Left Side Lying,Supine,Semi-Fowlers (30-45 Deg), Float Heels
Safety Precautions		
Turn and Reposition		Total Dependent
Patient Position		
Bathing/Grooming		
Level of Assistance		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed		Linen Change, Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/12/22 22:00 JAB (Rec: 11/12/22 22:22 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain Safety Precautions
Hourly Rounding		
Turn and Reposition		Refer to High Risk Turning Protocol, (Right Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		Total Dependent
Bathing/Grooming		Linen Change, Perineal Care, Skin Care, Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Bilateral SCD
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/12/22 23:59 JAB (Rec: 11/13/22 00:49 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Right Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Linen Change, Perineal Care, Skin Care, Suction Skin Care
Grooming Performed Indwelling Catheter Care Foley Catheter Care	Yes
Embolism Prevention Anti-Embolism Prevention Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Document 11/13/22 02:00 JAB (Rec: 11/13/22 02:10 JAB Desktop)	Sacroccoccygeal
Patient Care/ADL's/Activity Hourly Rounding Hourly Rounding Safety Precautions	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Left Side Lying, Supine, Semi-Fowlers (30-45 Deg), Lithotomy, Float Heels
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Linen Change, Perineal Care, Skin Care, Suction Skin Care
Grooming Performed Indwelling Catheter Care Foley Catheter Care	Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 04:00 JAB (Rec: 11/13/22 04:52 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol,
Patient Position		Right Side Lying, Supine, Semi-Fowlers (
		30-45 Deg), Lithotomy, Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Linen Change, Perineal Care, Skin Care,
Hygiene Care Performed		Suction
		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 06:00 JAB (Rec: 11/13/22 06:34 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol,
Patient Position		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming		Supine, Semi-Fowlers (30-45 Deg) , Lithotomy, Float Heels
Level of Assistance		Total Dependent
Hygiene Care Performed		Linen Change, Perineal Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 10:00 CO (Rec: 11/13/22 10:05 CO Desktop)		
Turn and Reposition		Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, (Supine, Semi-Fowlers (30-45 Deg) , Lithotomy, Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Bilateral SCD
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 10:00 CO (Rec: 11/13/22 10:05 CO Desktop)		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,  
 (Supine, Semi-Fowlers (30-45 Deg),  
 Lithotomy, Float Heels

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Document 11/13/22 12:00 CO (Rec: 11/13/22 12:20 CO Desktop)

Sacroccoccygeal

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,  
 (Supine, Semi-Fowlers (30-45 Deg),  
 Lithotomy, Float Heels

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Total Dependent  
 Skin Care, Suction  
 Skin Care



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming		Supine, Semi-Fowlers (30-45 Deg) , Lithotomy, Float Heels
Level of Assistance		Total Dependent
Hygiene Care Performed		Mouth Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 18:00 CO (Rec: 11/13/22 18:11 CO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Supine, Semi-Fowlers (30-45 Deg) , Lithotomy, Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 20:00 HL (Rec: 11/13/22 20:37 HL Desktop)		
Patient Care/ADL's/Activity		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position
Hourly Rounding	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Supine, Semi-Fowlers (30-45 Deg), Lithotomy, Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
	Sacroccoccygeal
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/13/22 22:00 HL (Rec: 11/13/22 22:20 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position
Hourly Rounding	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Supine, Semi-Fowlers (30-45 Deg), Lithotomy, Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/13/22 23:59 HL (Rec: 11/14/22 00:16 HL Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding		Refer to High Risk Turning Protocol, Supine, Semi-Fowlers (30-45 Deg), Lithotomy, Float Heels
Safety Precautions		Total Dependent Skin Care, Suction Skin Care
Turn and Reposition		Yes
Patient Position		Bilateral SCD
Bathing/Grooming		Sacroccocygeal
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/14/22 02:00 HL (Rec: 11/14/22 02:36 HL Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding		Refer to High Risk Turning Protocol, Supine, Semi-Fowlers (30-45 Deg),
Safety Precautions		
Turn and Reposition		
Patient Position		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming		Lithotomy, Float Heels
Level of Assistance		Total Dependent
Hygiene Care Performed		Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/14/22 04:00 HL (Rec: 11/14/22 04:26 HL Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol,
Patient Position		Supine, Semi-Fowlers (30-45 Deg), Lithotomy, Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Document 11/14/22 06:00 HL (Rec: 11/14/22 06:47 HL Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning, Toileting Needs Met, Pain Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	(Supine, Semi-Fowlers (30-45 Deg), Lithotomy, Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Grooming Care Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Document 11/14/22 08:00 JM (Rec: 11/14/22 11:30 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		Tracheal, Urinary Catheter
Prophylactic Foam Dressings		Float Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/14/22 10:00 JM (Rec: 11/14/22 11:30 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition		
Patient Position		Total Dependent
Bathing/Grooming		Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Bilateral SCD
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Anti-Embolism Prevention		Float Heels
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/14/22 12:00 JM (Rec: 11/14/22 12:47 JM Desktop)		
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Hourly Rounding		
Safety Precautions		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Yes
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/14/22 14:00 JM (Rec: 11/14/22 14:59 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes	
Embolism Prevention	Bilateral SCD	
Pressure Injury Prevention/Treatment	Sacroccocygeal	
Prophylactic Foam Dressings	Tracheal,Urinary Catheter	
Prophylactic Foam Dressings for Medical Equipment	Float Heels	
Positioning Equipment		
Document 11/14/22 16:00 JM (Rec: 11/14/22 16:24 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning,Toileting Needs Met,Pain,	
Patient Position	Items Within Reach	
Bathing/Grooming	Bed Rails in Place,Bed in Low Position	
Level of Assistance	,Bed Alarm on and Functioning,Bed/	
Hygiene Care Performed	Gurney Brakes Set	
Grooming Performed		
Indwelling Catheter Care	Refer to High Risk Turning Protocol,	
Foley Catheter Care	Semi-Fowlers (30-45 Deg),Float Heels	
Embolism Prevention	Total Dependent	
Anti-Embolism Prevention	Mouth Care,Perineal Care,Skin Care,	
Embolism Prevention	Suction	
Pressure Injury Prevention/Treatment	Skin Care	
Prophylactic Foam Dressings	Yes	
Prophylactic Foam Dressings for Medical Equipment	Bilateral SCD	
Positioning Equipment	Sacroccocygeal	
Document 11/14/22 18:00 JM (Rec: 11/14/22 18:14 JM Desktop)	Tracheal,Urinary Catheter	
Patient Care/ADL's/Activity	Float Heels	
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
	Positioning,Toileting Needs Met,Pain,	
	Items Within Reach	
	Bed Rails in Place,Bed in Low Position	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Emboliism Prevention		Sacroccocygeal
Anti-Emboliism Prevention		Tracheal, Urinary Catheter
Emboliism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/14/22 20:00 MA (Rec: 11/14/22 21:10 MA Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Brush Teeth/Gums, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		
Foley Catheter Care		
Emboliism Prevention		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/14/22 22:00 MA (Rec: 11/14/22 22:26 MA Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition	
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	Positioning, Toileting Needs Met, Pain, Items Within Reach
Prophylactic Foam Dressings for Medical Equipment	Bed Rails in Place, Bed in Low Position
Positioning Equipment	Bed Alarm on and Functioning, Bed/
Document 11/14/22 23:59 MA (Rec: 11/15/22 00:43 MA Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/15/22 02:00 MA (Rec: 11/15/22 02:33 MA Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Turn and Reposition	Total Dependent
Patient Position	Mouth Care, Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/15/22 04:00 MA (Rec: 11/15/22 04:51 MA Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	Positioning, Toileting Needs Met, Pain, Items Within Reach
	Bed Rails in Place, Bed in Low Position
	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Brush Teeth/Gums, CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/15/22 06:00 MA (Rec: 11/15/22 06:28 MA Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
	Bed Rails in Place, Bed in Low Position
	, Bed Alarm on and Functioning, Bed/
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg), Float Heels
Bathing/Grooming	Total Dependent
Level of Assistance	Brush Teeth/Gums, CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolicism Prevention	Yes
Anti-Embolicism Prevention	Sacroccocygeal
Embolicism Prevention	Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/15/22 08:00 RD (Rec: 11/15/22 10:40 RD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	Total Dependent
Bathing/Grooming	Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	
Embolicism Prevention	
Anti-Embolicism Prevention	Yes: LOVENOX



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Not Applicable
Document 11/15/22 14:00 RD (Rec: 11/15/22 14:57 RD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning,Toileting Needs Met,Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol
Turn and Reposition	Total Dependent
Patient Position	Skin Care,Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Indwelling Catheter Care	Not Applicable
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Document 11/15/22 16:00 RD (Rec: 11/15/22 16:33 RD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning,Toileting Needs Met,Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place,Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol
Turn and Reposition	Total Dependent
Patient Position	Perineal Care,Skin Care
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention				Yes	
Anti-Embolism Prevention				Not Applicable	
Embolism Prevention	11/15/22 18:00	RD	(Rec: 11/15/22 18:39	RD	Desktop)
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					
Grooming Performed					
Indwelling Catheter Care					
Foley Catheter Care					
Embolism Prevention					
Anti-Embolism Prevention					
Embolism Prevention	11/15/22 20:00	KC	(Rec: 11/15/22 21:40	KC	Desktop)
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					
Hygiene Care Performed					
Grooming Performed					

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent  
 Skin Care, Suction  
 Skin Care

Yes

Yes  
 Not Applicable

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent  
 Brush Teeth/Gums, Mouth Care, Skin Care, Suction  
 Skin Care

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care				Yes	
Foley Catheter Care				Yes	
Embolism Prevention				Yes	
Anti-Embolism Prevention				Not Applicable	
Embolism Prevention	Document	11/15/22 22:00	KC (Rec: 11/15/22 22:27	KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding					
Hourly Rounding					
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					Total Dependent
Hygiene Care Performed					Skin Care, Suction
Grooming Performed					Skin Care
Indwelling Catheter Care					Yes
Foley Catheter Care					Yes
Embolism Prevention					Not Applicable
Anti-Embolism Prevention					
Embolism Prevention	Document	11/15/22 23:59	KC (Rec: 11/16/22 01:25	KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding					
Hourly Rounding					
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					
Patient Position					
Bathing/Grooming					Total Dependent
Level of Assistance					Bed Bath, Brush Teeth/Gums, CHG Bath,
Hygiene Care Performed					

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed				Gown Change, Linen Change, Mouth Care,
Indwelling Catheter Care				Perineal Care, Skin Care, Suction
Foley Catheter Care				Skin Care
Embolicism Prevention				Yes
Anti-Embolicism Prevention				Yes
Embolicism Prevention				Not Applicable
Document 11/16/22 02:00	KC	(Rec: 11/16/22 03:13	KC	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				Positioning, Toileting Needs Met, Pain,
Safety Precautions				Items Within Reach
				Bed Rails in Place, Bed in Low Position
				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition				Refer to High Risk Turning Protocol
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Not Applicable
Embolicism Prevention				
Anti-Embolicism Prevention				
Embolicism Prevention				
Document 11/16/22 04:00	KC	(Rec: 11/16/22 04:44	KC	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain,
Hourly Rounding				Items Within Reach
Safety Precautions				Bed Rails in Place, Bed in Low Position
				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition				Refer to High Risk Turning Protocol
Patient Position				



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A  
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming				Total Dependent
Level of Assistance				Brush Teeth/Gums, Skin Care, Suction
Hygiene Care Performed				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Not Applicable
Foley Catheter Care				Yes
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				Yes
Embolism Prevention				Not Applicable
Document	11/16/22 06:00	KC	(Rec: 11/16/22 06:56 KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding				Refer to High Risk Turning Protocol
Hourly Rounding				Total Dependent
Safety Precautions				Brush Teeth/Gums, Skin Care, Suction
Turn and Reposition				Skin Care
Patient Position				Yes
Bathing/Grooming				Not Applicable
Level of Assistance				Yes
Hygiene Care Performed				Positioning, Toileting Needs Met, Pain, Items Within Reach
Grooming Performed				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Indwelling Catheter Care				
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document	11/16/22 08:00	JM	(Rec: 11/16/22 09:12 JM Desktop)	
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient Position	Refer to High Risk Turning Protocol
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care,
Hygiene Care Performed	Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/16/22 10:00 JM (Rec: 11/16/22 11:31 JM Desktop)	
Patient Care/ADL's/Activity	Positioning, Toileting Needs Met, Pain,
Hourly Rounding	Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	Total Dependent
Bathing/Grooming	Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Anti-Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/16/22 12:00 JM (Rec: 11/16/22 12:35 JM Desktop)	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/16/22 14:00 JM (Rec: 11/16/22 14:35 JM Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Safety Precautions

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Foley Catheter Care

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set  
 Refer to High Risk Turning Protocol  
 Total Dependent  
 Skin Care, Suction  
 Skin Care  
 Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Yes	
Anti-Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings	Sacroccocygeal	
Prophylactic Foam Dressings for Medical Equipment	Tracheal,Urinary Catheter	
Positioning Equipment	Float Heels	
Document 11/16/22 16:00 JM (Rec: 11/16/22 16:35 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding	Positioning,Toileting Needs Met,Pain, Items Within Reach	
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set	
Safety Precautions	Refer to High Risk Turning Protocol	
Turn and Reposition	Total Dependent	
Patient Position	Mouth Care, Skin Care, Suction	
Bathing/Grooming	Skin Care	
Level of Assistance	Yes	
Hygiene Care Performed	Yes	
Grooming Performed	Sacroccocygeal	
Indwelling Catheter Care	Tracheal, Urinary Catheter	
Foley Catheter Care	Float Heels	
Embolism Prevention		
Anti-Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/16/22 18:00 JM (Rec: 11/16/22 18:13 JM Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach	
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set	
Safety Precautions		
Turn and Reposition		

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient Position	Refer to High Risk Turning Protocol
Bathing/Grooming	
Level of Assistance	Total Dependent
Hygiene Care Performed	Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/16/22 20:00	CMS (Rec: 11/16/22 20:05 CMS Desktop)
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Right Side Lying, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	
Level of Assistance	Total Dependent
Hygiene Care Performed	Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	No
Embolism Prevention	Yes
Anti-Embolism Prevention	
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/16/22 22:00 CMS (Rec: 11/16/22 22:16 CMS Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/16/22 23:59 CMS (Rec: 11/17/22 00:15 CMS Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Level of Assistance

Refer to High Risk Turning Protocol, Supine, Semi-Fowlers (30-45 Deg)

Total Dependent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Hygiene Care Performed		Perineal Care, Skin Care
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		No
Embolism Prevention		Yes
Anti-Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		Tracheal
Prophylactic Foam Dressings		Floaot Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/17/22 02:00	CMS (Rec: 11/17/22 02:28	CMS Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Right Side Lying, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		CHG Bath, Gown Change, Linen Change, Moisturizer, Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		
Anti-Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		Tracheal, Urinary Catheter
Prophylactic Foam Dressings		Floaot Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/17/22 04:00	CMS (Rec: 11/17/22 04:01	CMS Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/17/22 06:00 CMS

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Hygiene Care Performed

Total Dependent  
 Brush Teeth/Gums, Mouth Care, Perineal



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed	Care, Skin Care
Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Yes
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Floaot Heels
Positioning Equipment	
Document 11/17/22 08:00 JMV (Rec: 11/17/22 11:43 JMV Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Right Side Lying, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependnt
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	Yes
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Floaot Heels
Positioning Equipment	
Document 11/17/22 10:00 JMV (Rec: 11/17/22 11:46 JMV Desktop)	
Patient Care/ADL's/Activity	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				
Turn and Reposition				Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed				Skin Care
				Yes
				Yes
				Sacroccoccygeal
				Tracheal, Urinary Catheter
				Float Heels
Document	11/17/22 12:00	JMV	(Rec: 11/17/22 12:09	JMV Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				
Turn and Reposition				Refer to High Risk Turning Protocol, Right Side Lying, Semi-Fowlers (30-45 Deg)
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Mouth Care, Perineal Care, Skin Care,
Hygiene Care Performed				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Suction
Indwelling Catheter Care		Skin Care
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Floaot Heels
Positioning Equipment		
Document 11/17/22 14:00 JMV (Rec: 11/17/22 16:01 JMV Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position
		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		
Patient Position		Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)
Bathing/Grooming		Total Dependnt
Level of Assistance		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		Yes
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Floaot Heels
Positioning Equipment		
Document 11/17/22 16:00 JMV (Rec: 11/17/22 16:04 JMV Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Right Side Lying, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Grooming Performed Indwelling Catheter Care Foley Catheter Care Embolism Prevention Anti-Embolism Prevention Pressure Injury Prevention/Treatment	Yes Yes Sacrococcygeal Tracheal, Urinary Catheter Float Heels
Prophylactic Foam Dressings for Medical Equipment Positioning Equipment Document 11/17/22 18:00 JMV (Rec: 11/17/22 18:38 JMV Desktop) Patient Care/ADL's/Activity Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding Safety Precautions	Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)
Turn and Reposition Patient Position	Total Dependent Skin Care
Bathing/Grooming Level of Assistance Grooming Performed Indwelling Catheter Care	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention		
Anti-Embolism Prevention	Yes	
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment	Sacroccocygeal	
Positioning Equipment	Tracheal, Urinary Catheter	
Document 11/17/22 20:00	Float Heels	
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning, Toileting Needs Met, Pain, Items Within Reach	
Patient Position	Refer to High Risk Turning Protocol, Right Side Lying, Semi-Fowlers (30-45 Deg)	
Bathing/Grooming		
Level of Assistance	Total Dependent	
Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction	
Grooming Performed	Skin Care	
Indwelling Catheter Care	Yes	
Foley Catheter Care	Yes	
Embolism Prevention		
Anti-Embolism Prevention	Yes	
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings	Sacroccocygeal	
Prophylactic Foam Dressings for Medical Equipment	Tracheal, Urinary Catheter	
Positioning Equipment	Float Heels	
Document 11/17/22 22:00		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
	Positioning, Toileting Needs Met, Pain, Items Within Reach	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolicism Prevention	Yes
Anti-Embolicism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Floata Heels
Positioning Equipment	
Document 11/17/22 23:59 Patient Care/ADL's/Activity	(CMS (Rec: 11/18/22 01:19 CMS Desktop))
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Supine, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed Indwelling Catheter Care	Skin Care

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care		Yes	
Embolism Prevention		Yes	
Anti-Embolism Prevention			
Pressure Injury Prevention/Treatment			
Prophylactic Foam Dressings			
Prophylactic Foam Dressings for Medical Equipment			
Positioning Equipment			
Document 11/18/22 02:00	CMS (Rec: 11/18/22 02:14)	CMS Desktop)	Sacroccocygeal Tracheal, Urinary Catheter Float Heels
Patient Care/ADL's/Activity			
Hourly Rounding			
Hourly Rounding			
Safety Precautions			
Turn and Reposition			
Patient Position			
Bathing/Grooming			
Level of Assistance			
Hygiene Care Performed			
Grooming Performed			
Indwelling Catheter Care			
Foley Catheter Care			
Embolism Prevention			
Anti-Embolism Prevention			
Pressure Injury Prevention/Treatment			
Prophylactic Foam Dressings			
Prophylactic Foam Dressings for Medical Equipment			
Positioning Equipment			
Document 11/18/22 04:00	CMS (Rec: 11/18/22 04:23)	CMS Desktop)	Sacroccocygeal Tracheal, Urinary Catheter Float Heels
Patient Care/ADL's/Activity			
Hourly Rounding			
Hourly Rounding			

Positioning, Toileting Needs Met, Pain,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Interventions - Continued**

**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046  
**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming	Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)
Level of Assistance	Total Dependent
Hygiene Care Performed	Brush Teeth/Gums, Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Sacrococcygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	Positioning, Toileting Needs Met, Pain, Items Within Reach
Prophylactic Foam Dressings	Bed Rails in Place, Bed in Low Position
Positioning Equipment	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Document 11/18/22 06:00	Refer to High Risk Turning Protocol, Left Side Lying, Semi-Fowlers (30-45 Deg)
Patient Care/ADL's/Activity	Total Dependent
Hourly Rounding	Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Hourly Rounding	
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/18/22 08:00 MT (Rec: 11/18/22 09:25 MT Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol
Turn and Reposition		Total Dependent
Patient Position		Mouth Care, Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		
Indwelling Catheter Care		Sacroccocygeal
Foley Catheter Care		Tracheal, Urinary Catheter
Embolism Prevention		Float Heels
Anti-Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/18/22 10:00 MT (Rec: 11/18/22 11:13 MT Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Anti-Embolism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/18/22 12:00	JMV (Rec: 11/18/22 13:04	JMV Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Right Side Lying
Turn and Reposition		Total Dependent
Patient Position		Moisturizer, Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Yes
Pressure Injury Prevention/Treatment		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Prophylactic Foam Dressings	Sacroccocygeal
Prophylactic Foam Dressings for Medical Equipment	Tracheal, Urinary Catheter
Positioning Equipment	Float Heels
Document 11/18/22 14:00 JMW (Rec: 11/18/22 15:01 JMW Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	Total Dependent
Bathing/Grooming	Skin Care
Level of Assistance	Sacroccocygeal
Grooming Performed	Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/18/22 16:00 JMW (Rec: 11/18/22 16:56 JMW Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol,
Patient Position	Right Side Lying
Bathing/Grooming	Total Dependent
Level of Assistance	Moisturizer, Mouth Care, Perineal Care,
Hygiene Care Performed	Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention		
Anti-Embolism Prevention	Yes	
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment	Sacroccocygeal	
Positioning Equipment	Tracheal, Urinary Catheter	
Document 11/18/22 18:00	Floaot Heels	
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning, Toileting Needs Met, Pain,	
Patient Position	Items Within Reach	
Bathing/Grooming	Bed Rails in Place, Bed in Low Position	
Level of Assistance	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set	
Grooming Performed		
Pressure Injury Prevention/Treatment	Refer to High Risk Turning Protocol	
Prophylactic Foam Dressings	Total Dependent	
Prophylactic Foam Dressings for Medical Equipment	Skin Care	
Positioning Equipment	Sacroccocygeal	
Document 11/18/22 20:00	Tracheal, Urinary Catheter	
Patient Care/ADL's/Activity	Floaot Heels	
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning, Toileting Needs Met, Pain,	
Patient Position	Items Within Reach	
Bathing/Grooming	Bed Rails in Place, Bed in Low Position	
Level of Assistance	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set	
Hygiene Care Performed	Refer to High Risk Turning Protocol	
	Total Dependent	
	CHG Bath, Moisturizer, Skin Care, Suction	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed	Skin Care
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/18/22 22:00 KC (Rec: 11/18/22 22:51 KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	Refer to High Risk Turning Protocol
Hourly Rounding	Total Dependent
Safety Precautions	Skin Care, Suction
Turn and Reposition	Skin Care
Patient Position	Sacroccocygeal
Bathing/Grooming	Tracheal, Urinary Catheter
Level of Assistance	Float Heels
Hygiene Care Performed	
Grooming Performed	Positioning, Toileting Needs Met, Pain, Items Within Reach
Pressure Injury Prevention/Treatment	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/18/22 23:59 KC (Rec: 11/19/22 01:22 KC Desktop)	Refer to High Risk Turning Protocol
Patient Care/ADL's/Activity	Total Dependent
Hourly Rounding	Brush Teeth/Gums, Skin Care, Suction
Hourly Rounding	Skin Care
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/19/22 02:00 KC (Rec: 11/19/22 04:39 KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	Refer to High Risk Turning Protocol
Hourly Rounding	Total Dependent
Safety Precautions	Skin Care, Suction
Turn and Reposition	Skin Care
Patient Position	Sacroccocygeal
Bathing/Grooming	Tracheal, Urinary Catheter
Level of Assistance	Float Heels
Hygiene Care Performed	
Grooming Performed	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/19/22 04:00 KC (Rec: 11/19/22 04:39 KC Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed	Skin Care
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/19/22 06:00 KC (Rec: 11/19/22 07:24 KC QICUK103)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	Refer to High Risk Turning Protocol
Hourly Rounding	Total Dependent
Safety Precautions	Perineal Care, Skin Care, Suction Skin Care
Turn and Reposition	Sacroccocygeal
Patient Position	Tracheal, Urinary Catheter
Bathing/Grooming	Float Heels
Level of Assistance	
Hygiene Care Performed	Positioning, Toileting Needs Met, Pain, Items Within Reach
Grooming Performed	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Pressure Injury Prevention/Treatment	Refer to High Risk Turning Protocol
Prophylactic Foam Dressings	Total Dependent
Prophylactic Foam Dressings for Medical Equipment	Perineal Care, Skin Care, Suction Skin Care
Positioning Equipment	
Document 11/19/22 10:00 RD (Rec: 11/19/22 10:45 RD Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	Refer to High Risk Turning Protocol
Hourly Rounding	Total Dependent
Safety Precautions	Perineal Care, Skin Care, Suction Skin Care
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care				Yes	
Foley Catheter Care				Yes	
Embolism Prevention				Yes	
Anti-Embolism Prevention				Not Applicable	
Embolism Prevention	Document	11/19/22 12:00	RD (Rec: 11/19/22 13:40	RD Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding					
Hourly Rounding					
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					Total Dependent
Hygiene Care Performed					Perineal Care, Skin Care, Suction
Grooming Performed					
Indwelling Catheter Care					
Foley Catheter Care					
Embolism Prevention					
Anti-Embolism Prevention					
Embolism Prevention	Document	11/19/22 14:00	RD (Rec: 11/19/22 16:30	RD Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding					
Hourly Rounding					
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					Total Dependent
Hygiene Care Performed					Perineal Care, Skin Care, Suction



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed				Skin Care
Indwelling Catheter Care				
Foley Catheter Care				Yes
Embolism Prevention				Yes
Anti-Embolism Prevention				Not Applicable
Embolism Prevention				
Document 11/19/22 16:00	RD	(Rec: 11/19/22 18:06	RD Desktop)	
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions				Refer to High Risk Turning Protocol
Turn and Reposition				Total Dependent
Patient Position				Perineal Care, Skin Care, Suction
Bathing/Grooming				Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Indwelling Catheter Care				Not Applicable
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 11/19/22 18:00	RD	(Rec: 11/19/22 18:59	RD Desktop)	
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions				Refer to High Risk Turning Protocol
Turn and Reposition				Total Dependent
Patient Position				
Bathing/Grooming				
Level of Assistance				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				Perineal Care, Skin Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				Yes
Embolism Prevention				Not Applicable
Document 11/19/22 20:00	KC	(Rec: 11/19/22 21:37	KC	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				
Bathing/Grooming				
Level of Assistance				
Hygiene Care Performed				
Grooming Performed				
Indwelling Catheter Care				
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Document 11/19/22 22:00	KC	(Rec: 11/19/22 22:56	KC	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol

Total Dependent  
 Brush Teeth/Gums, Mouth Care, Skin Care, Suction  
 Skin Care

Yes

Yes

Not Applicable

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Refer to High Risk Turning Protocol

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming				Total Dependent	
Level of Assistance				Skin Care, Suction	
Hygiene Care Performed				Skin Care	
Grooming Performed				Yes	
Indwelling Catheter Care				Not Applicable	
Foley Catheter Care				Yes	
Embolism Prevention				Not Applicable	
Anti-Embolism Prevention				Yes	
Embolism Prevention				Not Applicable	
Document 11/19/22 23:59	KC	(Rec: 11/20/22 02:31	KC	Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding					Refer to High Risk Turning Protocol
Hourly Rounding					Total Dependent
Safety Precautions					Brush Teeth/Gums, Mouth Care, Skin Care, Suction
Turn and Reposition					Skin Care
Patient Position					Yes
Bathing/Grooming					Not Applicable
Level of Assistance					Yes
Hygiene Care Performed					Not Applicable
Grooming Performed					Positioning, Toileting Needs Met, Pain, Items Within Reach
Indwelling Catheter Care					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Foley Catheter Care					
Embolism Prevention					
Anti-Embolism Prevention					
Embolism Prevention					
Document 11/20/22 02:00	KC	(Rec: 11/20/22 02:31	KC	Desktop)	
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		Refer to High Risk Turning Protocol
Patient Position		Total Dependent
Bathing/Grooming		Skin Care,Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Not Applicable
Foley Catheter Care		Not Applicable
Emboliism Prevention		
Anti-Emboliism Prevention		
Emboliism Prevention		
Document 11/20/22 04:00	KC (Rec: 11/20/22 04:47	Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
		Positioning,Toileting Needs Met,Pain, Items Within Reach
Turn and Reposition		Refer to High Risk Turning Protocol
Patient Position		Total Dependent
Bathing/Grooming		Bed Bath,Brush Teeth/Gums,Gown Change, Linen Change,Moisturizer,Mouth Care, Perineal Care,Skin Care,Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Not Applicable
Foley Catheter Care		Not Applicable
Emboliism Prevention		
Anti-Emboliism Prevention		
Emboliism Prevention		
Document 11/20/22 06:00	KC (Rec: 11/20/22 06:50	Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
		Positioning,Toileting Needs Met,Pain, Items Within Reach

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol
Patient Position		Total Dependent
Bathing/Grooming		Brush Teeth/Gums, CHG Bath, Skin Care, Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Not Applicable
Foley Catheter Care		Not Applicable
Embolicism Prevention		Not Applicable
Anti-Embolicism Prevention		Not Applicable
Document 11/20/22 08:00	JMV (Rec: 11/20/22 09:11	JMV Desktop)
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol
Turn and Reposition		Total Dependent
Patient Position		Gown Change, Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Not Applicable
Indwelling Catheter Care		Not Applicable
Foley Catheter Care		Not Applicable
Embolicism Prevention		Not Applicable
Anti-Embolicism Prevention		Not Applicable
Document 11/20/22 10:00	JMV (Rec: 11/20/22 10:31	JMV Desktop)
Patient Care/ADL's/Activity		Not Applicable

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 11/20/22 12:00 JMV

(Rec: 11/20/22 12:17

JMV

Desktop)

Yes  
 Not Applicable

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 11/20/22 14:00 JMV

(Rec: 11/20/22 14:07

JMV

Desktop)

Yes  
 Not Applicable

Document 11/20/22 14:00 JMV

(Rec: 11/20/22 14:07

JMV

Desktop)

Not Applicable

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 11/20/22 16:00 JMV (Rec: 11/20/22 16:36 JMV Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Safety Precautions

Safety Precautions

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Embolism Prevention

Refer to High Risk Turning Protocol

Total Dependent

Skin Care

Yes

Yes

Yes

Yes

Yes

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/20/22 18:00 JMW (Rec: 11/20/22 18:21 JMW Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Document 11/20/22 20:00 KC (Rec: 11/20/22 21:19 KC Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Refer to High Risk Turning Protocol  
 Total Dependent  
 Brush Teeth/Gums, Mouth Care, Skin Care,  
 Suction  
 Skin Care  
 Yes  
 Yes



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	11/20/22	22:00	KC	(Rec: 11/20/22 23:39	KC	Desktop)	Not Applicable
Patient Care/ADL's/Activity								Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding								Bed Rails in Place, Bed in Low Position
Hourly Rounding								, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions								Refer to High Risk Turning Protocol
Turn and Reposition								Total Dependent
Patient Position								Skin Care, Suction
Bathing/Grooming								Skin Care
Level of Assistance								Yes
Hygiene Care Performed								Yes
Grooming Performed								Not Applicable
Indwelling Catheter Care								
Foley Catheter Care								
Embolism Prevention								
Document	11/20/22	23:59		KC	(Rec: 11/21/22 01:09	KC	Desktop)	
Patient Care/ADL's/Activity								
Hourly Rounding								
Hourly Rounding								
Safety Precautions								
Turn and Reposition								
Patient Position								
Bathing/Grooming								
Level of Assistance								
Hygiene Care Performed								
Grooming Performed								
Indwelling Catheter Care								
Foley Catheter Care								
Embolism Prevention								



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care				Yes	
Foley Catheter Care				Yes	
Embolism Prevention				Yes	
Anti-Embolism Prevention				Not Applicable	
Embolism Prevention	Document	11/21/22 06:00	KC (Rec: 11/21/22 07:11	KC Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding					
Hourly Rounding					
Safety Precautions					Refer to High Risk Turning Protocol
Turn and Reposition					
Patient Position					
Bathing/Grooming					Total Dependent
Level of Assistance					
Level of Assistance					
Hygiene Care Performed					
Grooming Performed					
Indwelling Catheter Care					
Foley Catheter Care					
Embolism Prevention					
Anti-Embolism Prevention					
Embolism Prevention	Document	11/21/22 08:00	JMV (Rec: 11/21/22 09:57	JMV Desktop)	Positioning, Toileting Needs Met, Pain, Items Within Reach
Patient Care/ADL's/Activity					Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding					
Hourly Rounding					
Safety Precautions					Refer to High Risk Turning Protocol, Right Side Lying
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					Total Dependent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed				Mouth Care, Perineal Care, Powder, Skin Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Yes
Anti-Embolism Prevention				Not Applicable
Embolism Prevention				Not Applicable
Document 11/21/22 10:00	JMV	(Rec: 11/21/22 10:06	JMV	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				
Turn and Reposition				Refer to High Risk Turning Protocol,
Patient Position				Left Side Lying
Bathing/Grooming				Total Dependent
Level of Assistance				Skin Care
Grooming Performed				Yes
Indwelling Catheter Care				Yes
Foley Catheter Care				Not Applicable
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				Not Applicable
Embolism Prevention				Not Applicable
Document 11/21/22 12:00	JMV	(Rec: 11/21/22 12:25	JMV	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position
Hourly Rounding				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				
Turn and Reposition				Refer to High Risk Turning Protocol,
Patient Position				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming				Right Side Lying
Level of Assistance				Total Dependent
Hygiene Care Performed				Mouth Care, Perineal Care, Powder, Skin Care, Suction
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				Not Applicable
Embolism Prevention				Not Applicable
Document 11/21/22 14:00	JMV	(Rec: 11/21/22 14:18	JMV	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning, Toileting Needs Met, Pain, Items Within Reach
Turn and Reposition				Bed Rails in Place, Bed in Low Position
Patient Position				, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming				Refer to High Risk Turning Protocol, Left Side Lying
Level of Assistance				Total Dependent
Grooming Performed				Skin Care
Indwelling Catheter Care				Yes
Foley Catheter Care				Yes
Embolism Prevention				Not Applicable
Anti-Embolism Prevention				Not Applicable
Embolism Prevention				Not Applicable
Document 11/21/22 16:00	JMV	(Rec: 11/21/22 16:14	JMV	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				Positioning, Toileting Needs Met, Pain, Items Within Reach
				Bed Rails in Place, Bed in Low Position
				, Bed Alarm on and Functioning, Bed/

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition			Gurney Brakes Set
Patient Position			Refer to High Risk Turning Protocol, Right Side Lying
Bathing/Grooming			Total Dependent
Level of Assistance			Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed			Skin Care
Grooming Performed			Yes
Indwelling Catheter Care			Yes
Foley Catheter Care			Not Applicable
Embolicism Prevention			Yes
Anti-Embolicism Prevention			Not Applicable
Embolicism Prevention			Yes
Document 11/21/22 18:00	JMV	(Rec: 11/21/22 18:24	JMV Desktop)
Patient Care/ADL's/Activity			Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding			Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding			Refer to High Risk Turning Protocol, Left Side Lying
Safety Precautions			Total Dependent
Turn and Reposition			Skin Care
Patient Position			Yes
Bathing/Grooming			Yes
Level of Assistance			Not Applicable
Grooming Performed			Yes
Indwelling Catheter Care			Not Applicable
Foley Catheter Care			Yes
Embolicism Prevention			Not Applicable
Anti-Embolicism Prevention			Yes
Embolicism Prevention			Not Applicable
Document 11/21/22 20:00	KC	(Rec: 11/21/22 21:15	KC Desktop)
Patient Care/ADL's/Activity			Positioning, Toileting Needs Met, Pain, Hourly Rounding
Hourly Rounding			

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions		Items Within Reach
Turn and Reposition		Bed Rails in Place, Bed in Low Position
Patient Position		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming		Refer to High Risk Turning Protocol
Level of Assistance		Total Dependent
Hygiene Care Performed		Brush Teeth/Gums, Mouth Care, Skin Care, Suction
Grooming Performed		Skin Care
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolicism Prevention		Not Applicable
Anti-Embolicism Prevention		Yes
Embolicism Prevention		Not Applicable
Document 11/21/22 22:00	KC (Rec: 11/21/22 22:23	Desktop)
Patient Care/ADL's/Activity		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol
Turn and Reposition		Total Dependent
Patient Position		Skin Care, Suction
Bathing/Grooming		Skin Care
Level of Assistance		Yes
Hygiene Care Performed		Yes
Grooming Performed		Not Applicable
Indwelling Catheter Care		
Foley Catheter Care		
Embolicism Prevention		
Anti-Embolicism Prevention		
Embolicism Prevention		
Document 11/21/22 23:59	KC (Rec: 11/22/22 00:31	Desktop)
Patient Care/ADL's/Activity		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				
Turn and Reposition				Refer to High Risk Turning Protocol
Patient Position				Total Dependent
Bathing/Grooming				Brush Teeth/Gums, Skin Care, Suction Skin Care
Level of Assistance				Yes
Hygiene Care Performed				Yes
Grooming Performed				Not Applicable
Indwelling Catheter Care				
Foley Catheter Care				
Embolicism Prevention				
Embolicism Prevention				
Anti-Embolicism Prevention				
Document 11/22/22 02:00	KC	(Rec: 11/22/22 02:19	KC	Desktop)
Patient Care/ADL's/Activity				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding				Refer to High Risk Turning Protocol
Safety Precautions				Total Dependent
Turn and Reposition				Gown Change, Linen Change, Moisturizer, Perineal Care, Skin Care, Suction Skin Care
Patient Position				Yes
Bathing/Grooming				Yes
Level of Assistance				Not Applicable
Hygiene Care Performed				
Grooming Performed				
Indwelling Catheter Care				
Foley Catheter Care				
Embolicism Prevention				
Anti-Embolicism Prevention				
Embolicism Prevention				



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/22/22 04:00 KC (Rec: 11/22/22 05:17 KC Desktop)  
 Patient Care/ADL's/Activity

Hourly Rounding  
 Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol

Bathing/Grooming  
 Level of Assistance

Total Dependent

Hygiene Care Performed  
 Grooming Performed

Brush Teeth/Gums, Skin Care, Suction  
 Skin Care

Indwelling Catheter Care  
 Foley Catheter Care

Yes

Embolism Prevention  
 Anti-Embolism Prevention

Yes

Document 11/22/22 06:00 KC (Rec: 11/22/22 07:00 KC Desktop)  
 Patient Care/ADL's/Activity

Not Applicable

Hourly Rounding  
 Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol

Bathing/Grooming  
 Level of Assistance

Total Dependent

Hygiene Care Performed  
 Grooming Performed

Skin Care, Suction  
 Skin Care

Indwelling Catheter Care  
 Foley Catheter Care

Yes

Embolism Prevention  
 Anti-Embolism Prevention

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Document	11/22/22 08:00	JR	(Rec: 11/22/22 09:22	JR	Desktop)	Not Applicable
Patient Care/ADL's/Activity	Hourly Rounding						Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Hourly Rounding						Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition							Refer to High Risk Turning Protocol
Bathing/Grooming							Total Dependent
Level of Assistance							Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed							Skin Care
Grooming Performed							Yes
Indwelling Catheter Care							Yes: on lovenox
Foley Catheter Care							Not Applicable
Embolism Prevention							Sacroccocygeal
Anti-Embolism Prevention							Tracheal, Urinary Catheter
Embolism Prevention							Float Heels
Pressure Injury Prevention/Treatment							
Prophylactic Foam Dressings							
Prophylactic Foam Dressings for Medical Equipment							
Positioning Equipment							
Document	11/22/22 10:00	REG	(Rec: 11/22/22 10:55	REG	Desktop)		
Patient Care/ADL's/Activity	Hourly Rounding						Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding							Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions							
Turn and Reposition							Left Side Lying, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position							
Bathing/Grooming							

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Not Applicable
Anti-Embolism Prevention	Not Applicable
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Positioning Equipment	
Document 11/22/22 12:00 REG (Rec: 11/22/22 12:41 REG Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Supine, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Not Applicable
Embolism Prevention	Not Applicable
Anti-Embolism Prevention	Not Applicable
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Positioning Equipment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document	11/22/22 14:00	REG	(Rec: 11/22/22 14:37	REG	Desktop)	
Patient Care/ADL's/Activity						
Hourly Rounding						
Hourly Rounding						
Safety Precautions						
Turn and Reposition						
Patient Position						
Bathing/Grooming						
Level of Assistance						
Hygiene Care Performed						
Grooming Performed						
Indwelling Catheter Care						
Foley Catheter Care						
Embolism Prevention						
Anti-Embolism Prevention						
Embolism Prevention						
Pressure Injury Prevention/Treatment						
Prophylactic Foam Dressings						
Prophylactic Foam Dressings for Medical Equipment						
Positioning Equipment						
Document	11/22/22 16:00	REG	(Rec: 11/22/22 16:13	REG	Desktop)	
Patient Care/ADL's/Activity						
Hourly Rounding						
Hourly Rounding						
Safety Precautions						
Turn and Reposition						
Patient Position						
Bathing/Grooming						
Level of Assistance						
Positioning, Toileting Needs Met, Pain, Items Within Reach						
Bed Rails in Place, Bed in Low Position						
, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set						
Right Side Lying, Semi-Fowlers (30-45 Deg), Float Heels						
Total Dependent						

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Not Applicable
Anti-Embolism Prevention	Yes
Embolism Prevention	Not Applicable
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/22/22 18:00 REG (Rec: 11/22/22 18:18 REG Desktop)	
Patient Care/ADL's/Activity	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Hourly Rounding	
Safety Precautions	
Turn and Reposition	Supine, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Not Applicable
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/22/22 20:00 JAB (Rec: 11/22/22 22:58 JAB Desktop)	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition

Patient Position

Left Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/22/22 22:00 JAB (Rec: 11/22/22 22:58 JAB Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Positioning, Toileting Needs Met, Pain, Items Within Reach

Safety Precautions

Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition

Patient Position

Right Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Total Dependent  
 Mouth Care, Skin Care, Suction

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Not Applicable
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/22/22 23:59 JAB (Rec: 11/23/22 01:21 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Supine, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		Yes
Embolism Prevention		Not Applicable
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/23/22 02:00 JAB (Rec: 11/23/22 06:55 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition		Left Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		Total Dependent
Bathing/Grooming		Mouth Care, Skin Care, Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Indwelling Catheter Care		Not Applicable
Foley Catheter Care		Sacroccoccygeal
Embolism Prevention		Tracheal, Urinary Catheter
Anti-Embolism Prevention		Float Heels
Embolism Prevention		
Pressure Injury Prevention/Treatment		Positioning, Toileting Needs Met, Pain, Items Within Reach
Prophylactic Foam Dressings	for Medical Equipment	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Positioning Equipment		Right Side Lying, Supine, Semi-Fowlers (30-45 Deg), Float Heels
Document	11/23/22 04:00 JAB (Rec: 11/23/22 06:56 JAB Desktop)	Total Dependent
Patient Care/ADL's/Activity		Mouth Care, Skin Care, Suction
Hourly Rounding		Skin Care
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Not Applicable
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/23/22 06:00 JAB (Rec: 11/23/22 06:56 JAB Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Supine, Semi-Fowlers (30-45 Deg), Float Heels
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Not Applicable
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/23/22 10:00 JR (Rec: 11/23/22 10:16 JR Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Floot Heels
Embolism Prevention	Positioning, Toileting Needs Met, Pain, Items Within Reach
Pressure Injury Prevention/Treatment	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Prophylactic Foam Dressings	Refer to High Risk Turning Protocol
Prophylactic Foam Dressings for Medical Equipment	Total Dependent
Positioning Equipment	Mouth Care, Perineal Care, Skin Care, Suction
Document 11/23/22 12:00	Skin Care
JR (Rec: 11/23/22 12:26	Yes
JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/23/22 14:00 JR (Rec: 11/23/22 14:35 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol
Turn and Reposition	Total Dependent
Patient Position	Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/23/22 16:00 JR (Rec: 11/23/22 16:35 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/23/22 18:00 JR (Rec: 11/23/22 18:35 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol
Turn and Reposition	Total Dependent
Patient Position	Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/23/22 20:00	JAB (Rec: 11/24/22 02:13	JAB Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/23/22 22:00	JAB (Rec: 11/24/22 02:14	JAB Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Sacroccygeal
Anti-Embolism Prevention		Tracheal, Urinary Catheter
Embolism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/23/22 23:59	JAB (Rec: 11/24/22 02:14	JAB Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Bilateral SCD
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		Sacroccocygeal
Prophylactic Foam Dressings for Medical Equipment		Tracheal, Urinary Catheter
Positioning Equipment		Float Heels
Document 11/24/22 02:00	JAB (Rec: 11/24/22 02:28	JAB Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition		
Patient Position		
Bathing/Grooming		
Level of Assistance		
Hygiene Care Performed		
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/24/22 04:00	JAB (Rec: 11/24/22 04:08	JAB Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolicism Prevention		Sacroccocygeal
Anti-Embolicism Prevention		Tracheal, Urinary Catheter
Embolicism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/24/22 05:20	JAB	(Rec: 11/24/22 05:20
Patient Care/ADL's/Activity	JAB	JAB Desktop)
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		
Foley Catheter Care		
Embolicism Prevention		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/24/22 08:00 MT (Rec: 11/24/22 09:24 MT Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/24/22 10:00 MT (Rec: 11/24/22 12:06 MT Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	for Medical Equipment
Prophylactic Foam Dressings	Positioning Equipment
Positioning Equipment	Document 11/24/22 12:00 MT (Rec: 11/24/22 12:26 MT Desktop)
Document 11/24/22 12:00 MT	
Patient Care/ADL's/Activity	Hourly Rounding
Hourly Rounding	Hourly Rounding
Hourly Rounding	Safety Precautions
Safety Precautions	Turn and Reposition
Turn and Reposition	Patient Position
Patient Position	Bathing/Grooming
Bathing/Grooming	Level of Assistance
Level of Assistance	Hygiene Care Performed
Hygiene Care Performed	Grooming Performed
Grooming Performed	Indwelling Catheter Care
Indwelling Catheter Care	Foley Catheter Care
Foley Catheter Care	Embolism Prevention
Embolism Prevention	Anti-Embolism Prevention
Anti-Embolism Prevention	Embolism Prevention
Embolism Prevention	Bilateral SCD

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/24/22 14:00 MT (Rec: 11/24/22 15:18 MT Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/24/22 16:00 MT (Rec: 11/24/22 16:43 MT Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	Positioning, Toileting Needs Met, Pain, Items Within Reach
Pressure Injury Prevention/Treatment	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Prophylactic Foam Dressings	Safety Precautions
Prophylactic Foam Dressings for Medical Equipment	Turn and Reposition
Positioning Equipment	Patient Position
Document 11/24/22 18:00 MT (Rec: 11/24/22 18:46 MT Desktop)	Bathing/Grooming
Patient Care/ADL's/Activity	Level of Assistance
Hourly Rounding	Hygiene Care Performed
Hourly Rounding	Grooming Performed
Safety Precautions	Indwelling Catheter Care
Turn and Reposition	Foley Catheter Care
Patient Position	Embolism Prevention
Bathing/Grooming	Anti-Embolism Prevention
Level of Assistance	Embolism Prevention
Hygiene Care Performed	Pressure Injury Prevention/Treatment
Grooming Performed	Prophylactic Foam Dressings
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Prophylactic Foam Dressings for Medical Equipment	Tracheal, Urinary Catheter
Positioning Equipment	Float Heels
Document 11/24/22 20:00 LO (Rec: 11/24/22 22:45 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/24/22 22:00 LO (Rec: 11/24/22 22:49 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/25/22 00:00 IO (Rec: 11/25/22 01:30 IO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition	Total Dependent
Patient Position	Skin Care
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/25/22 02:00 LO (Rec: 11/25/22 06:19 LO Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/25/22 04:00 LO (Rec: 11/25/22 06:19 LO Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg)

Total Dependent  
 Skin Care  
 Skin Care

Yes

Yes  
 Bilateral SCD

Sacroccocygeal  
 Tracheal, Urinary Catheter  
 Float Heels

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg)

Total Dependent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed		Skin Care
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/25/22 06:00 LO (Rec: 11/25/22 06:19 LO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/25/22 08:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)		
Patient Care/ADL's/Activity		



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Gown Change, Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Yes
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/25/22 10:00	SAV	(Rec: 11/25/22 17:51 SAV Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care
Hygiene Care Performed		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/25/22 12:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		
Indwelling Catheter Care		Yes
Foley Catheter Care		
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/25/22 14:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Skin Care
Level of Assistance	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Anti-Embolism Prevention
Foley Catheter Care	Embolism Prevention
Embolism Prevention	Embolism Prevention
Anti-Embolism Prevention	Pressure Injury Prevention/Treatment
Embolism Prevention	Prophylactic Foam Dressings for Medical Equipment
Pressure Injury Prevention/Treatment	Prophylactic Foam Dressings for Medical Equipment
Prophylactic Foam Dressings for Medical Equipment	Positioning Equipment
Positioning Equipment	Document 11/25/22 16:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)
Document 11/25/22 16:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)	Patient Care/ADL's/Activity
Patient Care/ADL's/Activity	Hourly Rounding
Hourly Rounding	Hourly Rounding
Safety Precautions	Safety Precautions
Turn and Reposition	Turn and Reposition
Patient Position	Patient Position
Bathing/Grooming	Bathing/Grooming
Level of Assistance	Level of Assistance
Grooming Performed	Grooming Performed
Indwelling Catheter Care	Indwelling Catheter Care

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes	
Embolism Prevention	Yes	
Anti-Embolism Prevention	Bilateral SCD	
Pressure Injury Prevention/Treatment	Sacroccocygeal	
Prophylactic Foam Dressings	Tracheal, Urinary Catheter	
Prophylactic Foam Dressings for Medical Equipment	Float Heels	
Positioning Equipment		
Document 11/25/22 18:00 SAV (Rec: 11/25/22 18:59 SAV Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
Safety Precautions		
Turn and Reposition	Positioning, Toileting Needs Met, Pain, Items Within Reach	
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)	
Bathing/Grooming	Total Dependent	
Level of Assistance	Skin Care	
Hygiene Care Performed	Skin Care	
Grooming Performed	Yes	
Indwelling Catheter Care	Bilateral SCD	
Foley Catheter Care	Sacroccocygeal	
Embolism Prevention	Tracheal, Urinary Catheter	
Anti-Embolism Prevention	Float Heels	
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/25/22 20:00 LO (Rec: 11/25/22 21:54 LO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		
	Positioning, Toileting Needs Met, Pain, Items Within Reach	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed	Total Dependent Skin Care Skin Care
Indwelling Catheter Care Foley Catheter Care Embolicism Prevention	Yes
Anti-Embolicism Prevention	Yes
Embolicism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment Positioning Equipment	Sacroccocygeal Tracheal, Urinary Catheter Float Heels
Document 11/25/22 22:00 LO (Rec: 11/25/22 22:17 LO Desktop) Patient Care/ADL's/Activity Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Hourly Rounding	
Safety Precautions	
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed	Total Dependent Skin Care Skin Care
Indwelling Catheter Care Foley Catheter Care Embolicism Prevention	Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/26/22 00:00 LO (Rec: 11/26/22 00:33 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/26/22 02:00 LO (Rec: 11/26/22 03:07 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/26/22 04:00 LO (Rec: 11/26/22 06:44 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Bed Bath, Brush Teeth/Gums, CHG Bath, Gown Change, Linen Change, Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/26/22 06:00 LO (Rec: 11/26/22 06:44 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/26/22 08:00 LH (Rec: 11/26/22 09:24 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/
Safety Precautions	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/26/22 10:00 LH (Rec: 11/26/22 10:26 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/26/22 12:00 LH (Rec: 11/26/22 14:02 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
	Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
	Bilateral SCD
Grooming Performed	Sacroccocygeal
Indwelling Catheter Care	Tracheal, Urinary Catheter
Foley Catheter Care	Float Heels
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/26/22 14:00 LH (Rec: 11/26/22 14:02 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Yes
Anti-Embolism Prevention		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment		Floot Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/26/22 16:00	LH	(Rec: 11/26/22 16:08 LH Phone)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		
Foley Catheter Care		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		Tracheal, Urinary Catheter
Prophylactic Foam Dressings		Float Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/26/22 18:00 LH (Rec: 11/26/22 18:02 LH Phone)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		Total Dependent
Bathing/Grooming		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Anti-Embolism Prevention		Tracheal, Urinary Catheter
Embolism Prevention		Float Heels
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/26/22 20:00 LO (Rec: 11/26/22 20:39 LO Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Perineal Care, Skin Care
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	Positioning, Toileting Needs Met, Pain, Items Within Reach
Pressure Injury Prevention/Treatment	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Prophylactic Foam Dressings for Medical Equipment	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Positioning Equipment	Total Dependent
Document 11/26/22 22:00 LO (Rec: 11/26/22 22:42 LO Desktop)	Mouth Care, Perineal Care, Skin Care
Patient Care/ADL's/Activity	Skin Care
Hourly Rounding	Yes
Hourly Rounding	Yes
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/27/22 00:00 LO (Rec: 11/27/22 03:17 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/27/22 02:00 LO (Rec: 11/27/22 03:17 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacrocccygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	for Medical Equipment
Prophylactic Foam Dressings	
Positioning Equipment	
Document 11/27/22 04:00	LO (Rec: 11/27/22 04:55 LO Desktop)
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	Bilateral SCD

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/27/22 06:00 LO (Rec: 11/27/22 07:22 LO Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Perineal Care, Skin Care
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/27/22 08:00 LH (Rec: 11/27/22 11:27 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	Positioning, Toileting Needs Met, Pain, Items Within Reach
Pressure Injury Prevention/Treatment	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Prophylactic Foam Dressings	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Prophylactic Foam Dressings for Medical Equipment	Total Dependent
Positioning Equipment	Mouth Care, Perineal Care, Skin Care
Document 11/27/22 10:00 LH (Rec: 11/27/22 11:27 LH Phone)	Skin Care
Patient Care/ADL's/Activity	Yes
Hourly Rounding	Bilateral SCD
Hourly Rounding	Sacroccocygeal
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Prophylactic Foam Dressings for Medical Equipment	Tracheal, Urinary Catheter
Positioning Equipment	Float Heels
Document 11/27/22 12:00 LH (Rec: 11/27/22 14:12 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/27/22 14:00 LH (Rec: 11/27/22 14:12 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/27/22 16:00 LH (Rec: 11/27/22 17:03 LH Phone)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition	Total Dependent
Patient Position	Mouth Care, Perineal Care, Skin Care
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/27/22 18:00 LH (Rec: 11/27/22 18:36 LH Phone)  
 Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/27/22 20:00 JAB (Rec: 11/27/22 21:12 JAB Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set

Turn and Reposition  
 Patient Position

Bathing/Grooming

Level of Assistance

Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)  
 Total Dependent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed		Mouth Care, Perineal Care, Skin Care
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		Tracheal, Urinary Catheter
Prophylactic Foam Dressings		Float Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/27/22 22:00	JAB (Rec: 11/28/22 02:44	JAB Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		Total Dependent
Bathing/Grooming		Mouth Care, Perineal Care, Skin Care
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Bilateral SCD
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Anti-Embolism Prevention		Float Heels
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/27/22 23:59	JAB (Rec: 11/28/22 02:44	JAB Desktop)
Patient Care/ADL's/Activity		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				
Turn and Reposition				Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position				
Bathing/Grooming				Total Dependent
Level of Assistance				Mouth Care, Perineal Care, Skin Care
Hygiene Care Performed				Skin Care
Grooming Performed				
Embolicism Prevention				Yes
Anti-Embolicism Prevention				Yes
Embolicism Prevention				Bilateral SCD
Pressure Injury Prevention/Treatment				Sacroccoccygeal
Prophylactic Foam Dressings				Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment				Float Heels
Positioning Equipment				
Document 11/28/22 02:00	JAB	(Rec: 11/28/22 02:44	JAB	Desktop)
Patient Care/ADL's/Activity				
Hourly Rounding				Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding				Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions				Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition				Total Dependent
Patient Position				Mouth Care, Perineal Care, Skin Care
Bathing/Grooming				Skin Care
Level of Assistance				
Hygiene Care Performed				
Grooming Performed				



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care
Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Floata Heels
Positioning Equipment	Positioning, Toileting Needs Met, Pain, Items Within Reach
Document 11/28/22 08:00 UG (Rec: 11/28/22 16:12 UG Desktop)	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Care/ADL's/Activity	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Hourly Rounding	Total Dependent
Hourly Rounding	Mouth Care, Skin Care
Safety Precautions	Skin Care
Turn and Reposition	Yes
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention				Yes	
Anti-Embolism Prevention				Bilateral SCD	
Embolism Prevention				Sacroccocygeal	
Pressure Injury Prevention/Treatment				Tracheal, Urinary Catheter	
Prophylactic Foam Dressings				Float Heels	
Prophylactic Foam Dressings for Medical Equipment					
Positioning Equipment					
Document 11/28/22 10:00	UG	(Rec: 11/28/22 16:12	UG	Desktop)	
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistence					
Hygiene Care Performed					
Grooming Performed					
Indwelling Catheter Care					
Foley Catheter Care					
Embolism Prevention					
Anti-Embolism Prevention					
Embolism Prevention					
Pressure Injury Prevention/Treatment					
Prophylactic Foam Dressings					
Prophylactic Foam Dressings for Medical Equipment					
Positioning Equipment					
Document 11/28/22 12:00	UG	(Rec: 11/28/22 16:12	UG	Desktop)	
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Embolicism Prevention		Yes
Anti-Embolicism Prevention		Sacroccocygeal
Embolicism Prevention		Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment		Floot Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/28/22 14:00	UG	(Rec: 11/28/22 16:12 UG Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolicism Prevention		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/28/22 16:00 UG (Rec: 11/28/22 16:12 UG Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/28/22 18:00 UG (Rec: 11/28/22 18:24 UG Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	for Medical Equipment
Prophylactic Foam Dressings	Positioning Equipment
Positioning Equipment	Document 11/28/22 20:00 XD (Rec: 11/28/22 21:01 XD Desktop)
Document 11/28/22 20:00 XD	
Patient Care/ADL's/Activity	
Hourly Rounding	Hourly Rounding
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/28/22 22:00 XD (Rec: 11/28/22 22:25 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Skin Care
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/28/22 23:59 XD (Rec: 11/29/22 01:20 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	Positioning, Toileting Needs Met, Pain, Items Within Reach
Pressure Injury Prevention/Treatment	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Prophylactic Foam Dressings	Safety Precautions
Prophylactic Foam Dressings for Medical Equipment	Turn and Reposition
Positioning Equipment	Patient Position
Document 11/29/22 02:00 XD (Rec: 11/29/22 02:43 XD Desktop)	Bathing/Grooming
Patient Care/ADL's/Activity	Level of Assistance
Hourly Rounding	Hygiene Care Performed
Hourly Rounding	Grooming Performed
Safety Precautions	Indwelling Catheter Care
Turn and Reposition	Foley Catheter Care
Patient Position	Embolism Prevention
Bathing/Grooming	Anti-Embolism Prevention
Level of Assistance	Embolism Prevention
Hygiene Care Performed	Pressure Injury Prevention/Treatment
Grooming Performed	Prophylactic Foam Dressings
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Prophylactic Foam Dressings for Medical Equipment	Tracheal, Urinary Catheter
Positioning Equipment	Float Heels
Document 11/29/22 04:00 XD (Rec: 11/29/22 05:04 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 11/29/22 06:00 XD (Rec: 11/29/22 06:42 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Skin Care
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/29/22 08:00 UG (Rec: 11/29/22 09:49 UG Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition	Total Dependent
Patient Position	Mouth Care, Skin Care
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	Sacroccocygeal
Foley Catheter Care	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/29/22 10:00 UG (Rec: 11/29/22 15:53 UG Desktop)  
 Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 11/29/22 12:00 UG (Rec: 11/29/22 15:53 UG Desktop)  
 Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Turn and Reposition

Patient Position

Bathing/Grooming

Level of Assistance

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg)

Total Dependent  
 Mouth Care, Skin Care  
 Skin Care

Yes

Yes  
 Bilateral SCD

Sacroccocygeal  
 Tracheal, Urinary Catheter  
 Float Heels

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set

Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg)

Total Dependent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed		Mouth Care, Skin Care
Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care		Yes
Embolism Prevention		Yes
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Floater Heels
Positioning Equipment		
Document 11/29/22 14:00 UG (Rec: 11/29/22 15:53 UG Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		
Indwelling Catheter Care		Yes
Foley Catheter Care		Yes
Embolism Prevention		Bilateral SCD
Anti-Embolism Prevention		
Embolism Prevention		
Pressure Injury Prevention/Treatment		Sacroccocygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Floater Heels
Positioning Equipment		
Document 11/29/22 16:00 UG (Rec: 11/29/22 17:15 UG Desktop)		
Patient Care/ADL's/Activity		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		
Indwelling Catheter Care		
Foley Catheter Care		
Embolism Prevention		Yes
Anti-Embolism Prevention		Yes
Embolism Prevention		Bilateral SCD
Pressure Injury Prevention/Treatment		Sacroccoccygeal
Prophylactic Foam Dressings		Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment		Float Heels
Positioning Equipment		
Document 11/29/22 18:00	UG (Rec: 11/29/22 18:44	
UG Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition		
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/29/22 20:00 XD (Rec: 11/29/22 20:11 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Skin Care
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/29/22 22:00 XD (Rec: 11/30/22 00:40 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions	Items Within Reach
Turn and Reposition	Bed Rails in Place, Bed in Low Position
Patient Position	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Bathing/Grooming	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Skin Care
Indwelling Catheter Care	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Floata Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/29/22 23:59 XD (Rec: 11/30/22 00:40 XD Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition	
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Skin Care
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention				Yes	
Anti-Embolism Prevention				Bilateral SCD	
Embolism Prevention				Sacroccocygeal	
Pressure Injury Prevention/Treatment				Tracheal, Urinary Catheter	
Prophylactic Foam Dressings				Float Heels	
Prophylactic Foam Dressings for Medical Equipment					
Positioning Equipment					
Document 11/30/22 02:00	XD	(Rec: 11/30/22 05:06	XD	Desktop)	
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					
Turn and Reposition					
Patient Position					
Bathing/Grooming					
Level of Assistance					
Hygiene Care Performed					
Grooming Performed					
Indwelling Catheter Care					
Foley Catheter Care					
Embolism Prevention					
Anti-Embolism Prevention					
Embolism Prevention					
Pressure Injury Prevention/Treatment					
Prophylactic Foam Dressings					
Prophylactic Foam Dressings for Medical Equipment					
Positioning Equipment					
Document 11/30/22 04:00	XD	(Rec: 11/30/22 05:06	XD	Desktop)	
Patient Care/ADL's/Activity					
Hourly Rounding					
Hourly Rounding					
Safety Precautions					

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		Bilateral SCD
Emboliism Prevention		Yes
Anti-Emboliism Prevention		Sacroccocygeal
Emboliism Prevention		Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment		Float Heels
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 11/30/22 06:00	XD	(Rec: 11/30/22 06:06 XD Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position , Bed Alarm on and Functioning, Bed/ Gurney Brakes Set
Safety Precautions		
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		
Bathing/Grooming		Total Dependent
Level of Assistance		Mouth Care, Skin Care
Hygiene Care Performed		Skin Care
Grooming Performed		Yes
Indwelling Catheter Care		Yes
Foley Catheter Care		
Emboliism Prevention		
Anti-Emboliism Prevention		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	Sacroccocygeal
Prophylactic Foam Dressings for Medical Equipment	Tracheal, Urinary Catheter
Positioning Equipment	Float Heels
Document 11/30/22 08:00 JM (Rec: 11/30/22 09:42 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	
Patient Position	Positioning, Toileting Needs Met, Pain, Items Within Reach
Bathing/Grooming	Bed Rails in Place, Bed in Low Position
Level of Assistance	, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Seizure Pads in Place
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/30/22 10:00 JM (Rec: 11/30/22 11:05 JM Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Turn and Reposition Patient Position	,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Seizure Pads in Place
Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Indwelling Catheter Care Foley Catheter Care	Total Dependent Skin Care,Suction Skin Care
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal Tracheal,Urinary Catheter Float Heels
Pressure Injury Prevention/Treatment Prophylactic Foam Dressings Prophylactic Foam Dressings for Medical Equipment Positioning Equipment	Positioning,Toileting Needs Met,Pain, Items Within Reach Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Seizure Pads in Place
Document 11/30/22 12:00 JM (Rec: 11/30/22 12:05 JM Desktop) Patient Care/ADL's/Activity Hourly Rounding	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Hourly Rounding	Total Dependent Mouth Care,Skin Care,Suction Skin Care
Safety Precautions	Yes
Turn and Reposition Patient Position	
Bathing/Grooming Level of Assistance Hygiene Care Performed Grooming Performed	
Indwelling Catheter Care Foley Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** Q1007-A  
**Visit:** QH0054940416

Interventions - Continued

Embolism Prevention			Yes	
Anti-Embolism Prevention			Bilateral SCD	
Embolism Prevention			Sacroccocygeal	
Pressure Injury Prevention/Treatment			Tracheal,Urinary Catheter	
Prophylactic Foam Dressings			Float Heels	
Prophylactic Foam Dressings for Medical Equipment				
Positioning Equipment				
Document 11/30/22 14:00 JM (Rec: 11/30/22 14:50 JM Desktop)				
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Safety Precautions				
Turn and Reposition				
Patient Position				
Bathing/Grooming				
Level of Assistance				
Hygiene Care Performed				
Grooming Performed				
Indwelling Catheter Care				
Foley Catheter Care				
Embolism Prevention				
Anti-Embolism Prevention				
Embolism Prevention				
Pressure Injury Prevention/Treatment				
Prophylactic Foam Dressings				
Prophylactic Foam Dressings for Medical Equipment				
Positioning Equipment				
Document 11/30/22 16:00 JM (Rec: 11/30/22 16:05 JM Desktop)				
Patient Care/ADL's/Activity				
Hourly Rounding				
Hourly Rounding				
Positioning,Toileting Needs Met,Pain, Items Within Reach				

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Safety Precautions

Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set, Seizure Pads in  
 Place

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg)

Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed

Total Dependent  
 Mouth Care, Perineal Care, Skin Care,  
 Suction  
 Skin Care

Grooming Performed  
 Indwelling Catheter Care  
 Foley Catheter Care

Yes  
 Bilateral SCD

Embolism Prevention  
 Anti-Embolism Prevention  
 Embolism Prevention  
 Pressure Injury Prevention/Treatment

Sacroccocygeal  
 Tracheal, Urinary Catheter  
 Float Heels

Prophylactic Foam Dressings for Medical Equipment  
 Positioning Equipment  
 Document 11/30/22 18:00 JM (Rec: 11/30/22 18:02 JM Desktop)  
 Patient Care/ADL's/Activity  
 Hourly Rounding  
 Hourly Rounding

Positioning, Toileting Needs Met, Pain,  
 Items Within Reach  
 Bed Rails in Place, Bed in Low Position  
 , Bed Alarm on and Functioning, Bed/  
 Gurney Brakes Set, Seizure Pads in  
 Place

Safety Precautions

Turn and Reposition  
 Patient Position

Refer to High Risk Turning Protocol,  
 Semi-Fowlers (30-45 Deg)

Bathing/Grooming  
 Level of Assistance  
 Hygiene Care Performed  
 Grooming Performed

Total Dependent  
 Skin Care, Suction  
 Skin Care

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/30/22 20:00 HL (Rec: 11/30/22 23:58 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Anti-Embolism Prevention	Float Heels
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/30/22 22:00 HL (Rec: 12/01/22 00:03 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning,Toileting Needs Met,Pain, Items Within Reach
Safety Precautions	Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Seizure Pads in Place
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance Hygiene Care Performed	Total Dependent Skin Care,Suction Skin Care
Hygiene Care Performed	Skin Care
Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccoccygeal
Pressure Injury Prevention/Treatment	Tracheal,Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 11/30/22 23:59 HL (Rec: 12/01/22 00:59 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning,Toileting Needs Met,Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Seizure Pads in Place
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition Patient Position	Total Dependent
Bathing/Grooming Level of Assistance Hygiene Care Performed	Skin Care,Suction

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Grooming Performed		Skin Care
Indwelling Catheter Care		
Foley Catheter Care	Yes	
Embolism Prevention	Yes	
Anti-Embolism Prevention		Bilateral SCD
Embolism Prevention		Sacroccocygeal
Pressure Injury Prevention/Treatment		Tracheal, Urinary Catheter
Prophylactic Foam Dressings		Floot Heels
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 12/01/22 02:00 HL (Rec: 12/01/22 04:30 HL Desktop)		
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place, Bed in Low Position
Safety Precautions		, Bed Alarm on and Functioning, Bed/ Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position		Total Dependent
Bathing/Grooming		Skin Care, Suction
Level of Assistance		Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Bilateral SCD
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		Tracheal, Urinary Catheter
Anti-Embolism Prevention		Floot Heels
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 12/01/22 04:00 HL (Rec: 12/01/22 04:39 HL Desktop)		
Patient Care/ADL's/Activity		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Pressure Injury Prevention/Treatment	Tracheal, Urinary Catheter
Prophylactic Foam Dressings	Float Heels
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 12/01/22 06:00 HL (Rec: 12/01/22 06:50 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position
Safety Precautions	, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed	Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Yes
Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Positioning Equipment	Float Heels
Document 12/01/22 08:00 JR (Rec: 12/01/22 09:46 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 12/01/22 10:00 JR (Rec: 12/01/22 10:26 JR Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)

Bathing/Grooming

Level of Assistance

Hygiene Care Performed

Total Dependent  
 Mouth Care, Perineal Care, Skin Care, Suction

Grooming Performed

Indwelling Catheter Care

Foley Catheter Care

Embolism Prevention

Anti-Embolism Prevention

Embolism Prevention

Pressure Injury Prevention/Treatment

Prophylactic Foam Dressings

Prophylactic Foam Dressings for Medical Equipment

Positioning Equipment

Document 12/01/22 12:00 JR (Rec: 12/01/22 12:23 JR Desktop)

Patient Care/ADL's/Activity

Hourly Rounding

Hourly Rounding

Safety Precautions

Positioning, Toileting Needs Met, Pain, Items Within Reach  
 Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place

Turn and Reposition

Patient Position

Refer to High Risk Turning Protocol,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bathing/Grooming	Semi-Fowlers (30-45 Deg)
Level of Assistance	Total Dependent
Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Yes
Embolism Prevention	Bilateral SCD
Anti-Embolism Prevention	Sacroccocygeal
Embolism Prevention	Tracheal, Urinary Catheter
Pressure Injury Prevention/Treatment	Float Heels
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 12/01/22 14:00 JR (Rec: 12/01/22 14:17 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Hourly Rounding	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Safety Precautions	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition	Total Dependent
Patient Position	Mouth Care, Perineal Care, Skin Care, Suction
Bathing/Grooming	Skin Care
Level of Assistance	Yes
Hygiene Care Performed	Yes
Grooming Performed	Bilateral SCD
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 12/01/22 16:00 JR (Rec: 12/01/22 16:36 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	
Turn and Reposition	
Patient Position	
Bathing/Grooming	
Level of Assistance	
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 12/01/22 18:00 JR (Rec: 12/01/22 18:08 JR Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	
Safety Precautions	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Turn and Reposition	Gurney Brakes Set, Seizure Pads in Place
Patient Position	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	Yes
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 12/01/22 20:00 HL (Rec: 12/01/22 21:50 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	
Bathing/Grooming	Total Dependent
Level of Assistance	Mouth Care, Perineal Care, Skin Care, Suction
Hygiene Care Performed	Skin Care
Grooming Performed	
Indwelling Catheter Care	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley Catheter Care	Yes
Embolism Prevention	Yes
Anti-Embolism Prevention	Bilateral SCD
Pressure Injury Prevention/Treatment	Sacroccocygeal
Prophylactic Foam Dressings	Tracheal, Urinary Catheter
Prophylactic Foam Dressings for Medical Equipment	Float Heels
Positioning Equipment	
Document 12/01/22 22:00 HL (Rec: 12/01/22 22:19 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	
Hourly Rounding	Positioning, Toileting Needs Met, Pain, Items Within Reach
Safety Precautions	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Turn and Reposition	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Position	Total Dependent
Bathing/Grooming	Mouth Care, Perineal Care, Skin Care, Suction
Level of Assistance	Skin Care
Hygiene Care Performed	Yes
Grooming Performed	Yes
Indwelling Catheter Care	Bilateral SCD
Foley Catheter Care	
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	
Positioning Equipment	
Document 12/01/22 23:59 HL (Rec: 12/02/22 00:18 HL Desktop)	
Patient Care/ADL's/Activity	
Hourly Rounding	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hourly Rounding		Positioning,Toileting Needs Met,Pain, Items Within Reach
Safety Precautions		Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Seizure Pads in Place
Turn and Reposition Patient Position		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Bathing/Grooming Level of Assistance		Total Dependent Mouth Care,Perineal Care,Skin Care, Suction Skin Care
Hygiene Care Performed		Yes
Grooming Performed		Yes
Indwelling Catheter Care		Bilateral SCD
Foley Catheter Care		Sacroccocygeal
Embolism Prevention		Tracheal,Urinary Catheter
Anti-Embolism Prevention		Float Heels
Embolism Prevention		
Pressure Injury Prevention/Treatment		
Prophylactic Foam Dressings		
Prophylactic Foam Dressings for Medical Equipment		
Positioning Equipment		
Document 12/02/22 02:00	HL	(Rec: 12/02/22 02:57 HL Desktop)
Patient Care/ADL's/Activity		
Hourly Rounding		Positioning,Toileting Needs Met,Pain, Items Within Reach
Hourly Rounding		Bed Rails in Place,Bed in Low Position ,Bed Alarm on and Functioning,Bed/ Gurney Brakes Set,Seizure Pads in Place
Safety Precautions		Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Turn and Reposition Patient Position		
Bathing/Grooming Level of Assistance		Total Dependent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital  
 61 F 07/13/1961  
**Location:** Q 1 Intensive Care Unit  
**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Hygiene Care Performed	Mouth Care, Perineal Care, Skin Care, Suction
Grooming Performed	Skin Care
Indwelling Catheter Care	Yes
Foley Catheter Care	Bilateral SCD
Embolism Prevention	Sacroccocygeal
Anti-Embolism Prevention	Tracheal, Urinary Catheter
Embolism Prevention	Float Heels
Pressure Injury Prevention/Treatment	Positioning, Toileting Needs Met, Pain, Items Within Reach
Prophylactic Foam Dressings	Bed Rails in Place, Bed in Low Position, Bed Alarm on and Functioning, Bed/Gurney Brakes Set, Seizure Pads in Place
Document 12/02/22 04:00 HL (Rec: 12/02/22 04:51 HL Desktop)	Refer to High Risk Turning Protocol, Semi-Fowlers (30-45 Deg)
Patient Care/ADL's/Activity	Total Dependent
Hourly Rounding	Mouth Care, Perineal Care, Skin Care, Suction
Hourly Rounding	Skin Care
Safety Precautions	Yes
Turn and Reposition	Yes
Patient Position	Bilateral SCD
Bathing/Grooming	Sacroccocygeal
Level of Assistance	Tracheal, Urinary Catheter
Hygiene Care Performed	
Grooming Performed	
Indwelling Catheter Care	
Foley Catheter Care	
Embolism Prevention	
Anti-Embolism Prevention	
Embolism Prevention	
Pressure Injury Prevention/Treatment	
Prophylactic Foam Dressings	
Prophylactic Foam Dressings for Medical Equipment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued      Float Heels

Physical Assessment      Start: 10/18/22 23:09  
 Freq: QSHIFF      Status: Complete

Document      10/18/22 23:54      REG(2)      (Rec: 10/19/22 00:18      REG(2)      Desktop)

Neurological Assessment      Parameter      Neurological Parameter      Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment	Level of Consciousness	Awake, Alert
	Arousable To	Verbal
	Orientation	Person, Place, Time, Situation
	Speech Pattern	Clear
	Eye Opening	Spontaneous
	Verbal Response	Oriented
	Motor Response	Obeys Commands
	Glasgow Coma Scale Total	15
	Glasgow Citation	

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing	Strength	Left Upper Extremity	Strong
		Left Lower Extremity	Strong
		Right Upper Extremity	Strong
		Right Lower Extremity	Strong
		Cough / Gag Reflex	Normal
		Cough/Gag Reflex	Normal
		HEENT Assessment	



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter

HEENT Parameter

Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension

Respiratory Assessment

Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastrointestinal Parameter

Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: If external hemorrhoids present, not inflamed.

Bowel Pattern  
 Genitourinary Assessment

Parameter

Within Normal Limits

Urinary Parameter  
 Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Observation  
 Palpation

Female Reproductive Assessment

Assessment  
 Female Reproductive Symptoms  
 Vaginal Discharge Odor

Amenorrhea  
 No

Musculoskeletal Assessment  
 Parameter

Musculoskeletal Parameter

Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Skin Assessment  
 Parameter

Protocol: WOUND

Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

**Parameter**

**Psychosocial Parameters**

Within Normal Limits

**Query Text:**Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Assessment**

**Behavior**

Cooperative

**Hallucination Type**  
 Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

Denies  
 No

**Line Days**

**Line Days**

**Protocol:** IC.LD

Central Line

No

Indwelling Catheters

No

Ventilator

No

**Male Reproductive Assessment**

**Penile Discharge**

**Document** 10/19/22 08:00 LZ (Rec: 10/19/22 13:42 LZ Desktop)

**Neurological Assessment**

**Parameter**

**Neurological Parameter**

Within Normal Limits

**Query Text:**Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

**Level of Consciousness**

Awake, Alert, Follows Commands

**Arousable To**

Verbal

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

	Person, Place, Time, Situation
Orientation	Clear, Coherent
Speech Pattern	Spontaneous
Eye Opening	Oriented
Verbal Response	Obeys Commands
Motor Response	15
Glasgow Coma Scale Total	
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
HEENT Assessment	
Parameter	Within Normal Limits
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
Lip Condition	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Assessment  
 Cardiac Signs and Symptoms  
 Pulse  
 Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Hypertension

Regular  
 Normal  
 No

Regular  
 Normal  
 No

Within Normal Limits

Respiratory Assessment  
 Parameter  
 Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment  
 Effort  
 Depth  
 Respiratory Pattern  
 Sputum Amount  
 Oxygen  
 Sputum  
 Cough

Spontaneous, Non-Labored  
 Normal  
 Normal  
 None

Gastrointestinal Assessment

Parameter  
 Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description Soft, Non-Tender  
 Bowel Pattern Normal for Patient  
 Flatus Yes

**Bowel Sounds**

All Quadrants Active  
 Bowel Sounds

**Bowel Pattern**

Genitourinary Assessment Within Normal Limits  
 Parameter

Urinary Parameter  
 Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color Clear, Pale Yellow  
 Bladder Distention No

**Observation**

Palpation  
 Female Reproductive Assessment

Reproductive Parameter Within Normal Limits  
 Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Female Reproductive Symptoms	Amenorrhhea
Vaginal Discharge Odor	No
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Range Of Motion	Within Functional Limits
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Skin Assessment	
Parameter	
Protocol: WOUND	
Integumentary Parameter	Within Normal Limits
Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Psychosocial Assessment	
Parameter	
Psychosocial Parameters	Within Normal Limits
Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Fair
Behavior	Anxious, Cooperative
Hallucination Type	Denies
Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment	No
Line Days	
Line Days	
Protocol: IC.ID	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Central Line No  
 Indwelling Catheters No  
 Ventilator No

Male Reproductive Assessment

Penile Discharge

Document 10/19/22 19:36 REG(3) (Rec: 10/19/22 20:09 REG(3) Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Awake, Alert

Arousable To

Verbal

Orientation

Person, Place, Time, Situation

Speech Pattern

Clear

Eye Opening

Spontaneous

Verbal Response

Oriented

Motor Response

Obeys Commands

Glasgow Coma Scale Total

15

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Strength

Strong

Left Upper Extremity

Strong

Left Lower Extremity

Strong

Right Upper Extremity

Strong

Right Lower Extremity

Strong

Cough / Gag Reflex

Strong

Cough/Gag Reflex

Normal



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

HEENT Assessment

Parameter

HEENT Parameter

Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Respiratory Assessment

Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Symptoms

Assessment

Effort	Spontaneous, Non-Labored
Depth	Normal
Respiratory Pattern	Normal
Cough Frequency	Intermittent
Cough Description	Non-Productive
Oxygen	
Sputum	
Cough	

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Bowel Pattern

Genitourinary Assessment

Parameter

Urinary Parameter

Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Observation

Palpation

Female Reproductive Assessment

Parameter

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Reproductive Parameter	Within Normal Limits
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Assessment	Amenorrhea
Female Reproductive Symptoms	
Reproductive Comment	menopause
Comment	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Within Normal Limits
Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Skin Assessment	
Parameter	
Protocol: WOUND	
Integumentary Parameter	Within Normal Limits
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Psychosocial Assessment	
Parameter	
Psychosocial Parameters	Within Normal Limits
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	Cooperative
Behavior	
Psychosocial Comment	episodic confusion at times, very forgetful
Comment	
Line Days	
Line Days	No
Protocol: IC.ID	No
Central Line	No
Indwelling Catheters	No
Ventilator	No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Male Reproductive Assessment

Penile Discharge

Document 10/20/22 08:00 LZ (Rec: 10/20/22 12:47 LZ Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Awake,Alert,Follows Commands

Arousable To

Verbal

Orientation

Person, Place, Time, Situation

Speech Pattern

Clear,Coherent

Eye Opening

Spontaneous

Verbal Response

Oriented

Motor Response

Obeys Commands

Glasgow Coma Scale Total

15

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Bilateral

Brisk

Reaction

3

Size (mm)

PERRLA

Equality

PERRLA

Strength

Left Upper Extremity

Strong

Left Lower Extremity

Strong

Right Upper Extremity

Strong

Right Lower Extremity

Strong

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough / Gag Reflex  
 Cough/Gag Reflex

Normal

HEENT Assessment

Parameter

HEENT Parameter

Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Lip Condition

Cardiovascular Assessment

Moist

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Hypertension

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Regular

Doppler Used

No

Bilateral Dorsalis Pedis

Regular

Pulse Rhythm

Regular

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Strength Normal  
 Doppler Used No

Respiratory Assessment  
 Parameter

Respiratory Parameter

Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Spontaneous, Non-Labored

Effort

Normal

Depth

Normal

Respiratory Pattern

None

Sputum Amount

Auscultation

Clear

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

on RA

Comment

Gastrointestinal Assessment  
 Parameter

Gastrointestinal Parameter

Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment  
 Abdomen Description

Soft, Non-Tender

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern	Normal for Patient
Flatus	Yes
Bowel Sounds	
All Quadrants	
Bowel Sounds	
Bowel Pattern	Active
Genitourinary Assessment	
Parameter	
Urinary Parameter	Within Normal Limits
Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Clear, Pale Yellow
Bladder Distention	No
Observation	
Palpation	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Within Normal Limits
Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Range Of Motion	Within Functional Limits
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Lower Extremity

Strong

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Behavior

Anxious, Cooperative

Hallucination Type

Denies

Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

No

Line Days

Line Days

Protocol: IC,LD

Central Line

No

Indwelling Catheters

No

Ventilator

No

Male Reproductive Assessment

Penile Discharge

Document 10/20/22 20:00 REG(4)

(Rec: 10/21/22 00:06

REG(4)

Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERLL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Arousable To

Orientation

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Bilateral

Reaction

Size (mm)

Equality

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

**HEENT Assessment**

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Awake,Alert,Follows Commands

Verbal

Person, Place, Time, Situation

Clear,Coherent

Spontaneous

Oriented

Obey Commands

15

Brisk

3

PERRLA

Strong

Strong

Strong

Strong

Strong

Normal

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Throat:** No problems swallowing, no soreness.

Symptoms

Facial Symmetry

Head/Neck/Face

Eyes

Bilateral

Blindness

Oropharynx

Oropharynx Condition

Lip Condition

**Cardiovascular Assessment**

Parameter

Cardiovascular Parameter

**Query Text:**Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Not Within Normal Limits

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

**Respiratory Assessment**

Parameter

Respiratory Parameter

Within Normal Limits

Hypertension

Regular

Normal

No

Regular

Normal

No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

**Gastrointestinal Assessment**

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Bowel Pattern

Flatus

Bowel Sounds

All Quadrants

Bowel Sounds

ON ROOM AIR

Within Normal Limits

Spontaneous, Non-Labored

Normal

Normal

None

Clear

Soft, Non-Tender

Normal for Patient

Yes

Active

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern  
 Genitourinary Assessment  
 Parameter

Urinary Parameter

Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Clear, Pale Yellow

Bladder Distention

No

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Range Of Motion

Within Functional Limits

Left Upper Extremity

Strong

Left Lower Extremity

Strong

Right Upper Extremity

Strong

Right Lower Extremity

Strong

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Within Normal Limits

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Fair  
 Anxious, Cooperative  
 Denies

Appearance  
 Behavior  
 Hallucination Type  
 Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

No  
 No  
 No

Male Reproductive Assessment

Penile Discharge

Document 10/21/22 08:00 KL (Rec: 10/21/22 10:44 KL Desktop)

Neurological Assessment

Parameter

Within Normal Limits

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Consciousness	Awake, Alert, Follows Commands
Arousable To	Verbal
Orientation	Person, Place, Time, Situation
Speech Pattern	Clear, Coherent
Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	Obeys Commands
Glasgow Coma Scale Total	15
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Bilateral	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
HEENT Assessment	
Parameter	
HEENT Parameter	Within Normal Limits
Query Text: Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Symmetrical
Head/Neck/Face	
Eyes	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Blindness	No
Oropharynx Condition	Pink and Moist
Ihp Condition	Moist
Cardiovascular Assessment Parameter	Not Within Normal Limits
Cardiovascular Parameter Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms Heart Sounds Assessment	
Cardiac Signs and Symptoms Pulse	Hypertension
Bilateral Radial Pulse Rhythm Strength	Regular Normal
Doppler Used	No
Bilateral Dorsalis Pedis Pulse Rhythm Strength	Regular Normal
Doppler Used	No
Respiratory Assessment Parameter	Within Normal Limits
Respiratory Parameter Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Effort	Spontaneous, Non-Labored
Depth	Normal
Respiratory Pattern	Normal
Sputum Amount	None
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	

Comment

Gastrointestinal Assessment

Parameter

Within Normal Limits

Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Gastrointestinal Symptoms	Diarrhea
Abdomen Description	Soft, Non-Tender
Bowel Pattern	Normal for Patient
Flatus	Yes

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Active

Genitourinary Assessment

Parameter

Urinary Parameter

Within Normal Limits



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color

Clear, Pale Yellow

Bladder Distention

No

**Observation**

Palpation

**Female Reproductive Assessment**

**Parameter**

**Reproductive Parameter**

Within Normal Limits

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

**Parameter**

**Musculoskeletal Parameter**

Within Normal Limits

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

**Assessment**

**Range Of Motion**

Within Functional Limits

Left Upper Extremity

Strong

Left Lower Extremity

Strong

Right Upper Extremity

Strong

Right Lower Extremity

Strong

**Skin Assessment**

**Parameter**

Protocol: WOUND

**Integumentary Parameter**

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Integumentary Comment**

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

SKIN INTACT

Psychosocial Assessment

Within Normal Limits

Parameter

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Behavior

Appropriate, Cooperative

Hallucination Type

No

Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

Line Days

Line Days

Protocol: IC.LD

Central Line

No

Indwelling Catheters

No

Ventilator

No

Male Reproductive Assessment

Penile Discharge

Document 10/21/22 20:00 JU (Rec: 10/21/22 21:54 JU Desktop)

Neurological Assessment

Parameter

Within Normal Limits

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Awake, Alert, Follows Commands

Arousable To

Verbal

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

	Person, Place, Time, Situation
Orientation	Clear, Coherent
Speech Pattern	Spontaneous
Eye Opening	Oriented
Verbal Response	Obeys Commands
Motor Response	15
Glasgow Coma Scale Total	
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Bilateral	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
HEENT Assessment	
Parameter	
HEENT Parameter	Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Symmetrical
Head/Neck/Face	
Eyes	
Bilateral	
Blindness	No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oropharynx

Oropharynx Condition

Lip Condition

Pink and Moist  
 Moist

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Respiratory Assessment

Regular  
 Normal  
 No

Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Spontaneous, Non-Labored

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Depth	Normal
Respiratory Pattern	Normal
Sputum Amount	None
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	TOLERATING ROOM AIR
Gastrointestinal Assessment	
Parameter	Within Normal Limits
Gastrointestinal Parameter	
Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: If external hemorrhoids present, not inflamed.	
Assessment	
Gastrointestinal Symptoms	Diarrhea
Abdomen Description	Soft,Non-Tender
Bowel Pattern	Normal for Patient
Flatus	Yes
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Genitourinary Assessment	
Parameter	Within Normal Limits
Urinary Parameter	
Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color  
 Bladder Distention  
 Observation

Clear, Pale Yellow  
 No

**Palpation**

Female Reproductive Assessment  
 Parameter

**Reproductive Parameter**

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Within Normal Limits

Parameter  
 Musculoskeletal Parameter  
 Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment  
 Range Of Motion  
 Left Upper Extremity  
 Left Lower Extremity  
 Right Upper Extremity  
 Right Lower Extremity

Within Functional Limits  
 Strong  
 Strong  
 Strong  
 Strong

Skin Assessment  
 Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment  
 Comment

SKIN INTACT

Psychosocial Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Psychosocial Parameters	Within Normal Limits
	Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	Appearance	Fair
	Behavior	Appropriate, Cooperative
	Hallucination Type	Denies
	Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment	No
Line Days		
Line Days		
Protocol:	IC.ID	No
Central Line		No
Indwelling Catheters		No
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document	10/22/22 08:00 LZ (Rec: 10/22/22 12:16 LZ Desktop)	
Neurological Assessment		
Parameter	Neurological Parameter	Within Normal Limits
	Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No parasthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.	
Assessment	Level of Consciousness	Awake, Alert, Follows Commands
	Arousable To	Verbal
	Orientation	Person, Place, Time, Situation
	Speech Pattern	Clear, Coherent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	Obeys Commands
Glasgow Coma Scale Total	15

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing  
 Pupils

Bilateral	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	

Strength  
 Left Upper Extremity Strong  
 Left Lower Extremity Strong  
 Right Upper Extremity Strong  
 Right Lower Extremity Strong  
 Cough / Gag Reflex Strong  
 Cough/Gag Reflex Normal

HEENT Assessment  
 Parameter Within Normal Limits

HEENT Parameter  
 Query Text:Head: Symmetric movement without discomfort.  
 Eyes: No visual disturbances or foreign bodies.  
 Ears: No tinnitus or foreign bodies.  
 Nose: Airway passages clear. Sense of smell intact. No foreign bodies.  
 Throat: No problems swallowing, no soreness.

Symptoms Symmetrical  
 Facial Symmetry  
 Head/Neck/Face  
 Eyes No  
 Bilateral  
 Blindness  
 Oropharynx Pink and Moist  
 Oropharynx Condition



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Moist

Cardiovascular Assessment

Not Within Normal Limits

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Hypertension

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Respiratory Assessment

Parameter

Within Normal Limits

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Spontaneous, Non-Labored

Normal

Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Amount	None
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	RA
Gastrointestinal Assessment	
Parameter	Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender
Bowel Pattern	Normal for Patient
Flatus	Yes
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Genitourinary Assessment	
Parameter	Within Normal Limits
Urinary Parameter	
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color  
 Bladder Distention

Clear, Pale Yellow  
 No

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Range Of Motion

Within Functional Limits

Left Upper Extremity

Strong

Left Lower Extremity

Strong

Right Upper Extremity

Strong

Right Lower Extremity

Strong

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

SKIN INTACT

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance,

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Assessment**

Appearance Fair  
 Behavior Appropriate, Cooperative  
 Denies

**Hallucination Type**

Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

**Line Days**

Line Days  
 Protocol: IC.ID  
 Central Line

Indwelling Catheters No  
 Ventilator No

**Male Reproductive Assessment**

Penile Discharge

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**Neurological Assessment**

**Parameter**

Neurological Parameter

Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Arousable To

Orientation

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Awake, Alert, Follows Commands

Verbal

Person, Place, Time, Situation

Clear, Coherent

Spontaneous

Oriented

Obey Commands

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

15

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Bilateral

Reaction

Size (mm)

Equality

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Facial Symmetry

Head/Neck/Face

Eyes

Bilateral

Blindness

Oropharynx

Oropharynx Condition

Lip Condition

Cardiovascular Assessment

Parameter

Within Normal Limits

Symmetrical

No

Pink and Moist  
 Moist

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Assessment  
 Cardiac Signs and Symptoms  
 Pulse

Hypertension

Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No  
 Regular  
 Normal  
 No

Respiratory Assessment  
 Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment  
 Effort  
 Depth  
 Respiratory Pattern  
 Sputum Amount  
 Auscultation  
 Throughout

Spontaneous, Non-Labored  
 Normal  
 Normal  
 None

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Breath Sounds

Clear

Oxygen

Sputum

Cough

Respiratory Comment

Comment

RA

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: If external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender

Bowel Pattern

Normal for Patient

Flatus

Yes

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Genitourinary Assessment

Parameter

Urinary Parameter

Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Urine Color Clear, Pale Yellow  
 Bladder Distention No

Observation  
 Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Within Normal Limits

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Within Normal Limits

Assessment

Range Of Motion

Within Functional Limits

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Strong

Strong

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

SKIN INTACT

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Appearance	Fair
Behavior	Appropriate, Cooperative
Hallucination Type	Denies
Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment	No

Line Days

Line Days		
Protocol: IC.ID		No
Central Line		No
Indwelling Catheters		No
Ventilator		No

Male Reproductive Assessment

Penile Discharge

Document 10/23/22 08:00 SL (Rec: 10/23/22 08:25 SL Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

HEENT Assessment

Parameter

HEENT Parameter

Within Normal Limits

Query Text: Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension

Pulse

Bilateral Radial

Pulse Rhythm

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Respiratory Assessment

Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Bowel Pattern**  
**Genitourinary Assessment**

**Urinary Parameter**

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

Within Normal Limits

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Observation**  
**Palpation**  
**Female Reproductive Assessment**

**Parameter**

**Reproductive Parameter**

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Within Normal Limits

**Musculoskeletal Assessment**

**Parameter**

**Musculoskeletal Parameter**

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Within Normal Limits

**Skin Assessment**  
**Parameter**  
**Protocol: WOUND**  
**Integumentary Parameter**

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

Parameter

Within Normal Limits

**Psychosocial Parameters**

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Assessment**

**Hallucination Type**

Denies

Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

No

**Line Days**

Line Days

Protocol: IC.LD

Central Line

No

Indwelling Catheters

No

Ventilator

No

**Male Reproductive Assessment**

Penile Discharge

Document 10/23/22 20:00 JU (Rec: 10/23/22 22:55 JU Desktop)

**Neurological Assessment**

Parameter

Within Normal Limits

**Neurological Parameter**

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Awake,Alert,Follows Commands

Arousable To

Verbal

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

	Person, Place, Time, Situation
Orientation	Clear, Coherent
Speech Pattern	Spontaneous
Eye Opening	Oriented
Verbal Response	Obeys Commands
Motor Response	15
Glasgow Coma Scale Total	
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Bilateral	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
HEENT Assessment	
Parameter	
HEENT Parameter	Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Symmetrical
Head/Neck/Face	
Eyes	
Bilateral	
Blindness	No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oropharynx

Oropharynx Condition

Lip Condition

Pink and Moist  
 Moist

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.  
 Normal sinus rhythm if on monitor. Neck veins flat at 45  
 degrees elevation. No JVD. Peripheral pulses palpable,  
 regular, present all extremities. No edema or calf  
 tenderness. Negative Homan's Sign. Capillary refill brisk,  
 less than 2 seconds. Shunt, if present, with strong bruit  
 and thrill. IV site, if present, patent without redness,  
 pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Respiratory Assessment

No

Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.

Symptoms

Assessment

Effort

Spontaneous, Non-Labored

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Depth	Normal
Respiratory Pattern	Normal
Sputum Amount	None
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	RA
Gastrointestinal Assessment	
Parameter	Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: If external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender
Bowel Pattern	Normal for Patient
Flatus	Yes
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Genitourinary Assessment	
Parameter	Within Normal Limits
Urinary Parameter	
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color

Bladder Distention

Observation

Palpation

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

Psychosocial Assessment

Parameter

Parameter

Parameter

Parameter

Parameter

Parameter

Parameter

Clear, Pale Yellow

No

Within Normal Limits

Within Normal Limits

Within Functional Limits

Strong

Strong

Strong

Strong

Within Normal Limits

SKIN INTACT



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Within Normal Limits

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Behavior

Appropriate, Cooperative

Hallucination Type

Denies

Any acute change in mood, affect, psychosocial issues, loss (personal or financial) or serious medical diagnosis since previous assessment

No

Line Days

Line Days

Protocol: IC.ID

Central Line

No

Indwelling Catheters

No

Ventilator

No

Male Reproductive Assessment

Penile Discharge

Document 10/24/22 20:00 IM (Rec: 10/24/22 23:20 IM QNSUK104)

Neurological Assessment

Neurological Assessment

Document 10/24/22 20:00 IM (Rec: 10/24/22 23:20 IM QNSUK104)

Parameter

Neurological Parameter

Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Awake, Alert, Follows Commands

Arousable To

Verbal

Orientation

Person, Place, Time, Situation

Speech Pattern

Clear, Coherent

Eye Opening

Spontaneous

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Verbal Response	Oriented
Motor Response	Opey Commands
Glasgow Coma Scale Total	15
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Bilateral	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Cardiovascular Assessment	
Parameter	Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	
Heart Sounds	
Respiratory Assessment	
Parameter	Within Normal Limits
Respiratory Parameter	
Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Pattern

Genitourinary Assessment

Parameter

Urinary Parameter

Within Normal Limits

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Within Normal Limits

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Within Normal Limits

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

HEENT Assessment

Head/Neck/Face

Male Reproductive Assessment

Penile Discharge

Document 10/25/22 08:00 BP (Rec: 10/25/22 14:04 BP Other)

Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Awake, Alert, Follows Commands

Arousable To

Verbal

Orientation

Person, Place, Time, Situation

Speech Pattern

Clear, Coherent

Eye Opening

Spontaneous

Verbal Response

Oriented

Motor Response

Obey Commands

Glasgow Coma Scale Total

15

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Bilateral

Reaction

Size (mm)

Equality

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

**Cardiovascular Assessment**

Parameter

Cardiovascular Parameter

Within Normal Limits

Query Text: Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
Heart Sounds

Respiratory Assessment  
Parameter

Respiratory Parameter

Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Oxygen  
Sputum

Cough

Gastrointestinal Assessment  
Parameter

Gastrointestinal Parameter

Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
For OB patients: If external hemorrhoids present, not inflamed.

Bowel Pattern

Genitourinary Assessment  
Parameter

Urinary Parameter

Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital    **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961    **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

unit standard. If Foley catheter present, patent & draining.

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Within Normal Limits

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Line Days

Line Days

Protocol: IC.ID

Central Line

No

Indwelling Catheters

No

Ventilator

No

HEENT Assessment

Head/Neck/Face

Male Reproductive Assessment

Penile Discharge

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 10/25/22 20:00 JDM (Rec: 10/25/22 22:35 JDM QNSUK104)

Neurological Assessment

Parameter

Neurological Parameter

Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Awake, Alert, Follows Commands

Arousable To

Verbal

Orientation

Person, Place, Time, Situation

Speech Pattern

Clear, Coherent

Eye Opening

Spontaneous

Verbal Response

Oriented

Motor Response

Obey Commands

Glasgow Coma Scale Total

15

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Bilateral

Reaction

Brisk

Size (mm)

3

Equality

PERRLA

Strength

Left Upper Extremity

Strong

Left Lower Extremity

Strong

Right Upper Extremity

Strong

Right Lower Extremity

Strong

Cough / Gag Reflex

Strong

Cough/Gag Reflex

Normal



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.  
 Signs and Symptoms  
 Heart Sounds

Respiratory Assessment

Parameter

Respiratory Parameter

Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Bowel Pattern

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital    **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961    **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Genitourinary Assessment

Parameter

Urinary Parameter

Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Line Days

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Line Days			
Protocol:	IC.ID		No
Central Line			No
Indwelling Catheters			No
Ventilator			No
HEENT Assessment			
Head/Neck/Face			
Male Reproductive Assessment			
Penile Discharge			
Document	10/26/22 08:00 SK	(Rec: 10/26/22 09:45 SK Desktop)	
Neurological Assessment			
Parameter			
Neurological Parameter			Within Normal Limits
Query Text:	Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.		
Assessment			
Level of Consciousness			Awake, Alert, Follows Commands
Arousable To			Verbal
Orientation			Person, Place, Time, Situation
Speech Pattern			Clear, Coherent
Eye Opening			Spontaneous
Verbal Response			Oriented
Motor Response			Obeys Commands
Glasgow Coma Scale Total			15
Glasgow Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Posturing			
Pupils			
Bilateral			
Reaction			Brisk

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Size (mm)	3
Equality	PERRIA
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Weak
Right Upper Extremity	Strong
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Cardiovascular Assessment Parameter	Within Normal Limits
Cardiovascular Parameter Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site. Signs and Symptoms Heart Sounds	
Respiratory Assessment Parameter	Within Normal Limits
Respiratory Parameter Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath. Symptoms Oxygen Sputum Cough	
Gastrointestinal Assessment Parameter	Within Normal Limits
Gastrointestinal Parameter Query Text:No difficulty in chewing or swallowing. Tolerates	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Bowel Pattern**

**Genitourinary Assessment**

**Parameter**

**Urinary Parameter**

Within Normal Limits

**Query Text:** Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Observation**

**Palpation**

**Female Reproductive Assessment**

**Parameter**

**Reproductive Parameter**

Within Normal Limits

**Query Text:** Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

**Parameter**

**Musculoskeletal Parameter**

Within Normal Limits

**Query Text:** Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

**Skin Assessment**

**Parameter**

**Protocol: WOUND**

**Integumentary Parameter**

Within Normal Limits

**Query Text:** Skin pink, warm, dry, and intact. Skin turgor

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

Parameter      Psychosocial Parameters      Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Line Days**

Line Days      Line Days  
 Protocol: IC.ID      No  
 Central Line      No  
 Indwelling Catheters      No  
 Ventilator      No

HEENT Assessment  
 Head/Neck/Face  
 Male Reproductive Assessment  
 Penile Discharge

Physical Assessment      Start: 10/26/22 21:20  
 Freq: Q4HR      Status: Discharge

Document      10/26/22 23:59      XD      (Rec: 10/27/22 01:25      XD      Desktop)  
 Neurological Assessment

Parameter      Neurological Parameter      Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment      Assessment      Obtunded  
 Level of Consciousness      Level of Consciousness      Light Pain  
 Arousalable To      Arousalable To      Artificially Ventilated  
 Speech Pattern      Speech Pattern

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	
HEENT Assessment	S/P EVD PLACEMENT
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oropharynx

Oropharynx Condition

HEENT Comment

Comment

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Periperal pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Pink and Moist

RIGHT EYE WITH DOWNWARD GAZE

Not Within Normal Limits

Hypertension, Rapid Heart Rate

Regular

Normal

No

Regular

Normal

Yes

GOAL SBP <140 ON CARDENE

Not Within Normal Limits



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Symptoms	
Assessment	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Intermittent
Cough Frequency	Non-Productive
Cough Description	Endotracheal Suction
Sputum Production Method	None
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	ET TO VENT
Comment	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastric Content Description	None
Tube Patency/Placement	Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	FOLEY IN PLACE
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Musculoskeletal Comment	
Comment	S/P EVD PLACEMENT

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Second RN Validating Skin Assessment

RN HELEN

Integumentary Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Comment

Psychosocial Assessment

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

No

Male Reproductive Assessment

Penile Discharge

Yes

Document 10/27/22 04:00 XD (Rec: 10/27/22 04:30 XD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Arousable To	Light Pain
Speech Pattern	Artificially Ventilaled
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	
HEENT Assessment	S/P EVD PLACEMENT
Parameter	
HEENT Parameter	Not within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

HEENT Comment

Comment

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest

Not Within Normal Limits

GOAL SBP <140 ON CARDENE

Hypertension,Rapid Heart Rate

Regular

Normal

No

Regular

Normal

Yes

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Throughouth

Clear

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

ET TO VENT

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Orogastic

Tube Secured Depth (cm)

Suction

Gastric Content Description

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

60

Clamped

None

Patent, X-Ray Obtained

Not Within Normal Limits

Dark Yellow

FOLEY IN PLACE

Within Normal Limits

Not Within Normal Limits

Muscle Weakness

Weak

Weak

Weak

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Lower Extremity  
 Musculoskeletal Comment

Weak  
 S/P EVD PLACEMENT

Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification  
 Second RN Validating Skin Assessment

RN HELEN

Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Assessment  
 Appearance  
 Affect

Fair  
 Flat

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator

No  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 10/27/22 08:00 LH (Rec: 10/27/22 12:46 LH Desktop)

Neurological Assessment  
 Parameter

Not Within Normal Limits

Neurological Parameter  
 Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Intact. Able to swallow without difficulty, coughing or  
 choking.

**Assessment**

Level of Consciousness

Arousable To

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

HEENT Parameter

Obtunded

Light Pain

Artificially Ventilated

None

None

Flexion Withdrawal

6

Sluggish, Dilated

5

Unequal

Yes

Brisk

2

Unequal

Yes

Weak

Weak

Weak

Weak

Normal

S/P SURGERY AND EVD PLACEMENT

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

HEENT Comment

Comment

Pink and Moist

RIGHT EYE WITH DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension, Rapid Heart Rate

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Regular

Normal

No

Regular

Normal

Yes

Cardiovascular Comment

Comment

GOAL SBP <140 ON CARDENE

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Clear

Throughout

Breath Sounds

Clear

Oxygen

Sputum

Cough

Respiratory Comment

ET TO VENT

Comment

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Secured Depth (cm)

60

Suction

Clamped

Gastric Content Description

None

Tube Patency/Placement

Air Auscultated, Patent, X-Ray Obtained

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

FOLEY IN PLACE

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

Comment

S/P EVD PLACEMENT

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days

Protocol: IC,LD

Central Line

No

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/27/22 12:00 LH (Rec: 10/27/22 12:46 LH Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERLL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Arousable To

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Obtunded

Light Pain

Artificially Ventilated

None

None

Flexion Withdrawal

6

Sluggish, Dilated

5

Unequal

Yes

Brisk

2

Unequal

Yes

Weak

Weak

Weak

Weak

Weak

Weak

Normal

Normal

S/P SURGERY AND EVD PLACEMENT

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		
HEENT Parameter		Not within Normal Limits
Query Text:Head: Symmetric movement without discomfort.		
Eyes: No visual disturbances or foreign bodies.		
Ears: No tinnitus or foreign bodies.		
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.		
Throat: No problems swallowing, no soreness.		
Head/Neck/Face		
Oropharynx		Pink and Moist
Oropharynx Condition		
HEENT Comment		RIGHT EYE WITH DOWNWARD GAZE
Comment		
Cardiovascular Assessment		
Parameter		Not within Normal Limits
Cardiovascular Parameter		
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.		
Signs and Symptoms		
Heart Sounds		
Assessment		
Cardiac Signs and Symptoms		Hypertension, Rapid Heart Rate
Pulse		
Bilateral Radial		Regular
Pulse Rhythm		Normal
Strength		No
Doppler Used		Regular
Bilateral Dorsalis Pedis		Normal
Pulse Rhythm		
Strength		
Doppler Used		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cardiovascular Comment

Comment

GOAL SBP <140 ON CARDENE

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Throughout

Clear

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

EF TO VENT

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Inflamed.	
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Secured Depth (cm)	60
Suction	Clamped
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	FOLEY IN PLACE
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

Comment

S/P EVD PLACEMENT

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/27/22 16:00 LH (Rec: 10/27/22 16:35 LH Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye

and situation/purpose. GCS 15. PERRL with spontaneous eye

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Light Pain
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

Pupils  
 Left

Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal

Pupillometer Used to Assess	Yes
-----------------------------	-----

Right

Reaction	Brisk
Size (mm)	2
Equality	Unequal

Pupillometer Used to Assess	Yes
-----------------------------	-----

**Strength**

Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Weak
Cough/Gag Reflex	Normal

**Neurological Comment**

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

S/P SURGERY AND EVD PLACEMENT

HEENT Assessment

Parameter

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

HEENT Comment

RIGHT EYE WITH DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Hypertension, Rapid Heart Rate

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Regular

Pulse Rhythm

Normal

Strength

No

Doppler Used

Regular

Bilateral Dorsalis Pedis

Regular

Pulse Rhythm

Regular

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Strength Normal  
 Doppler Used Yes

Cardiovascular Comment GOAL SBP <140 ON CARDENE

Respiratory Assessment Parameter Not Within Normal Limits

Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.

Symptoms Assessment Mechanically Ventilated  
 Effort Normal  
 Depth Normal

Respiratory Pattern Intermittent  
 Cough Frequency Non-Productive  
 Cough Description Endotracheal Suction  
 Sputum Production Method None  
 Sputum Amount

Auscultation Clear  
 Throughout  
 Breath Sounds

Oxygen  
 Sputum  
 Cough

Respiratory Comment ET TO VENT  
 Comment

Gastrointestinal Assessment Parameter Not Within Normal Limits

Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates  
 prescribed diet without nausea and/or vomiting. Without NG  
 and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

S/P EVD PLACEMENT

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days

No

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Penile Discharge

Document      10/27/22 20:00      JAB      (Rec: 10/28/22 00:44      JAB      Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Light Pain

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish, Dilated

Size (mm)

5

Equality

Unequal

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

2

Equality

Unequal

Pupillometer Used to Assess

Yes

Strength



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Normal
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	
HEENT Assessment	S/P SURGERY AND EVD PLACEMENT
Parameter	

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx  
 Oropharynx Condition

Pink and Moist

HEENT Comment

Comment

RIGHT EYE WITH DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Assessment

Cardiac Signs and Symptoms

Hypertension, Rapid Heart Rate

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pulse

Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	Regular
Bilateral Dorsalis Pedis	Normal
Pulse Rhythm	Yes
Strength	
Doppler Used	

Cardiovascular Comment

GOAL SBP <140 ON CARDENE

Respiratory Assessment

Parameter

Not Within Normal Limits

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms Assessment

Mechanically Ventilated

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

ET TO VENT

Clear

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Gastrointestinal Parameter**

Not Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds  
 All Quadrants

Bowel Sounds

Active

Bowel Pattern  
 Gastric Tube

Orogastric  
 Tube Secured Depth (cm)

60

Suction

Clamped

Gastric Content Description  
 Tube Patency/Placement

Air Auscultated, Patent, X-Ray Obtained

**Genitourinary Assessment  
 Parameter**

**Urinary Parameter**

Not Within Normal Limits

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment  
 Urine Color

Dark Yellow

Observation  
 Palpation

Genitourinary Comment  
 Comment

FOLEY IN PLACE

**Female Reproductive Assessment**

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter Reproductive Parameter Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	Within Normal Limits
Musculoskeletal Assessment Parameter Musculoskeletal Parameter Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	Not Within Normal Limits
Assessment Musculoskeletal Symptoms Left Upper Extremity Left Lower Extremity Right Upper Extremity Right Lower Extremity Musculoskeletal Comment Comment	Muscle Weakness Weak Weak Weak Weak Weak S/P EVD PLACEMENT
Skin Assessment Parameter Protocol: WOUND Integumentary Parameter Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	Within Normal Limits
Skin Verification Second RN Validating Skin Assessment Integumentary Comment Comment	Mak, Helen SURGERY SITE RIGHT FRONTAL TOP OF HEAD
Psychosocial Assessment Parameter Psychosocial Parameters Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	Not Within Normal Limits Assessment

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Appearance	Fair
Affect	Flat
Psychosocial Comment	unable to assess, pt is intubated/ sedated
Comment	

Line Days

Line Days	
Protocol:	IC.ID
Central Line	No
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 10/27/22 23:59 JAB (Rec: 10/28/22 00:50 JAB Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Not Within Normal Limits

Assessment

Level of Consciousness	Obtunded
Arousable To	Light Pain
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.  
 Posturing

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

HEENT Comment

Comment

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Sluggish, Dilated

5

Unequal

Yes

Brisk

2

Unequal

Yes

Weak

Weak

Weak

Weak

Weak

Normal

S/P SURGERY AND EVD PLACEMENT

Not within Normal Limits

Not within Normal Limits

RIGHT EYE WITH DOWNWARD GAZE

RIGHT EYE WITH DOWNWARD GAZE

Not within Normal Limits

Not within Normal Limits

Pink and Moist

Pink and Moist

RIGHT EYE WITH DOWNWARD GAZE

RIGHT EYE WITH DOWNWARD GAZE

Not within Normal Limits

Not within Normal Limits

Pink and Moist

Pink and Moist

RIGHT EYE WITH DOWNWARD GAZE

RIGHT EYE WITH DOWNWARD GAZE

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Assessment  
 Cardiac Signs and Symptoms

Hypertension, Rapid Heart Rate

Pulse  
 Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No  
 Regular  
 Normal  
 Yes

Cardiovascular Comment  
 Comment

GOAL SBP <140 ON CARDENE

Respiratory Assessment  
 Respiratory Assessment  
 Parameter

Not Within Normal Limits

Respiratory Parameter  
 Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment  
 Effort  
 Depth  
 Respiratory Pattern  
 Cough Frequency  
 Cough Description

Mechanically Ventilated  
 Normal  
 Normal  
 Intermittent  
 Non-Productive

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Production Method	Endotracheal Suction
Sputum Amount	None
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	ET TO VENT
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Secured Depth (cm)	60
Suction	Clamped
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	Not Within Normal Limits
Urinary Parameter	
Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder	



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color

Dark Yellow

Observation

Palpation

Gentourinary Comment

Comment

FOLEY IN PLACE

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Not Within Normal Limits

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

Comment

S/P EVD PLACEMENT

**Skin Assessment**

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Integumentary Comment SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter Not Within Normal Limits

Psychosocial Parameters  
 Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment Fair  
 Appearance Flat

Affect unable to assess, pt is intubated/  
 Psychosocial Comment sedated

Line Days

Line Days  
 Protocol: IC:LD No  
 Central Line Yes  
 Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge  
 Document 10/28/22 04:00 JAB (Rec: 10/28/22 05:28 JAB Desktop)

Neurological Assessment Not Within Normal Limits  
 Parameter

Neurological Parameter  
 Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.  
 Assessment Obtunded  
 Level of Consciousness

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Arousable To	Light Pain
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	None
Glasgow Coma Scale Total	Flexion Withdrawal
Glasgow Citation	6
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	S/P SURGERY AND EVD PLACEMENT
HEENT Assessment	
Parameter	
HEENT Parameter	Not within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

HEENT Comment

Comment

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest

Not Within Normal Limits

GOAL SBP <140 ON CARDENE

Hypertension,Rapid Heart Rate

Regular

Normal

No

Regular

Normal

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms Assessment**

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

**Auscultation**

Throughouth

Clear

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

ET TO VENT

**Gastrointestinal Assessment**

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Active

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Orogastic

Tube Secured Depth (cm)

60

Suction

Clamped

Gastric Content Description

None

Tube Patency/Placement

Air Auscultated, Patent, X-Ray Obtained

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment

FOLEY IN PLACE

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Lower Extremity  
 Musculoskeletal Comment

Weak  
 S/P EVD PLACEMENT

Skin Assessment

Parameter  
 Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Affect

Flat

Psychosocial Comment

Comment

unable to assess, pt is intubated/  
 sedated

Line Days

Line Days

Protocol: IC.ID

Central Line

No

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/28/22 08:00 GH (Rec: 10/28/22 08:19 GH Other)

Neurological Assessment

Parameter

Neurological Parameter

Not within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes

**Right**

Reaction	Sluggish
Size (mm)	3
Equality	Unequal
Pupillometer Used to Assess	Yes

**Strength**

Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough / Gag Reflex  
 Cough/Gag Reflex  
 Neurological Comment

Normal  
 S/P SURGERY AND EVD PLACEMENT

HEENT Assessment

Parameter

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.  
 Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

HEENT Comment

Comment

RIGHT EYE DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Regular  
 Normal  
 No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pulse Rhythm Regular  
 Strength Normal  
 Doppler Used Yes  
 Cardiovascular Comment

Respiratory Assessment GOAL SBP <140 ON CARDENE

Respiratory Assessment  
 Parameter

Respiratory Parameter Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment Mechanically Ventilated

Effort Normal  
 Depth Normal  
 Respiratory Pattern Normal  
 Cough Frequency Intermittent  
 Cough Description Non-Productive  
 Sputum Production Method Endotracheal Suction  
 Sputum Amount None  
 Auscultation

Throughout Inspiratory Rhonchi, Diminished  
 Breath Sounds

Oxygen  
 Sputum  
 Cough

Respiratory Comment  
 Comment ETT TO VENT

Gastrointestinal Assessment  
 Parameter Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Suction

Gastric Content Description

Tube Patency/Placement

**Genitourinary Assessment**

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Hypoactive

60

Clamped

None

Air Auscultated, Patent, X-Ray Obtained

Not Within Normal Limits

Dark Yellow

FC with Caution precautions

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	Musculoskeletal Symptoms	Muscle Weakness
	Left Upper Extremity	Weak
	Left Lower Extremity	Weak
	Right Upper Extremity	Weak
	Right Lower Extremity	Weak
Comment	Musculoskeletal Comment	
Parameter	Skin Assessment	S/P EVD PLACEMENT
Protocol:	WOUND	
Integumentary Parameter	Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	Within Normal Limits
Integumentary Comment	Second RN Validating Skin Assessment	Benson, Jessica A
Comment		SURGERY SITE RIGHT FRONTAL TOP OF HEAD
Parameter	Psychosocial Assessment	Not Within Normal Limits
Query Text:	Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	Appearance	Fair
Line Days	Line Days	No
Protocol:	IC.LD	No
Central Line	Indwelling Catheters	Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/28/22 12:00 GH (Rec: 10/28/22 13:03 GH Other)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Light Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish, Dilated

Size (mm)

5

Equality

Unequal

Pupillometer Used to Assess

Yes

Right

Reaction

Sluggish

Size (mm)

3

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	
HEENT Assessment	S/P SURGERY AND EVD PLACEMENT
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	
Oropharynx Condition	Pink and Moist
HEENT Comment	
Comment	RIGHT EYE DOWNWARD GAZE
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Inspiratory Rhonchi, Diminished

ETT TO VENT

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Not Within Normal Limits
Gastrointestinal Parameter Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not inflamed.	
Bowel Sounds	
All Quadrants	
Bowel Sounds	Hypoactive
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped
Gastric Content Description	Air Auscultated, Patent, X-Ray Obtained
Tube Patency/Placement	
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions. For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	FC with Cautil precautions



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

Comment

S/P EVD PLACEMENT

Skin Assessment

Parameter

Protocol: WOUND

Within Normal Limits

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 10/28/22 16:00 GH (Rec: 10/28/22 16:10 GH Other)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time

and situation/purpose. GCS 15. PERL with spontaneous eye

opening. Behavior appropriate to situation. Active ROM of

all extremities with symmetrical strength. No paresthasias.

Clear and understandable verbalization or able to

communicate on ventilator via alternative methods. Memory

intact. Able to swallow without difficulty, coughing or

choking.

Assessment

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Not Within Normal Limits

No  
 Yes  
 Yes

Obtunded

Light Pain

Weakness

Artificially Ventilated

None

None

Flexion Withdrawal

6

Sluggish, Dilated

5

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Sluggish
Size (mm)	3
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	S/P SURGERY AND EVD PLACEMENT
HEENT Assessment	
Parameter	
HEENT Parameter	Not within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	
HEENT Comment	RIGHT EYE DOWNWARD GAZE
Comment	
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Pulse

Bilateral Radial  
 Pulse Rhythm  
 Strength

Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength

Doppler Used  
 Cardiovascular Comment

Respiratory Assessment  
 Comment  
 Parameter

Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Effort  
 Depth  
 Respiratory Pattern  
 Cough Frequency  
 Cough Description  
 Sputum Production Method  
 Sputum Amount

Auscultation  
 Throughout  
 Breath Sounds  
 Oxygen

Not Within Normal Limits

GOAL SBP <140 ON CARDENE

Regular  
 Normal  
 Yes

Regular  
 Normal  
 No

Mechanically Ventilated

Normal  
 Normal  
 Intermittent  
 Non-Productive  
 Endotracheal Suction  
 None

Inspiratory Rhonchi, Diminished

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates

prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not

inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Suction

Gastric Content Description

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

Assessment

ETT TO VENT

Not Within Normal Limits

Hypoactive

60

Clamped

None

Air Auscultated, Patent, X-Ray Obtained

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Dark Yellow

Urine Color

Observation

Palpation

Genitourinary Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Musculoskeletal Comment

Comment

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

FC with Cauti precautions

Within Normal Limits

Not Within Normal Limits

Muscle Weakness

Weak

Weak

Weak

Weak

S/P EVD PLACEMENT

Within Normal Limits

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Not Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment  
 Appearance Fair

Line Days

Line Days  
 Protocol: IC.ID No  
 Central Line Yes  
 Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 10/28/22 20:00 ML (Rec: 10/28/22 20:35 ML Desktop)

Neurological Assessment

Parameter

Neurological Parameter Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness	Obtunded
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Posturing	
Pupils	
Left	Sluggish, Dilated
Reaction	4
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	
Right	Sluggish
Reaction	2
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	
Strength	Weak
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Normal
Cough/Gag Reflex	
Neurological Comment	
Comment	S/P SURGERY AND EVD PLACEMENT
HEENT Assessment	
Parameter	
HEENT Parameter	
Query Text:Head:	Not within Normal Limits
Eyes:	Symmetric movement without discomfort.
Ears:	No visual disturbances or foreign bodies.
Nose:	No tinnitus or foreign bodies.
Foreign bodies:	Airway passages clear. Sense of smell intact. No foreign bodies.
Throat:	No problems swallowing, no soreness.
Head/Neck/Face	
Oropharynx	
Oropharynx Condition	Pink and Moist
HEENT Comment	
Comment	RIGHT EYE DOWNWARD GAZE
Cardiovascular Assessment	
Parameter	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds  
 Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Amount	None
Auscultation	
Throughout	
Breath Sounds	Inspiratory Rhonchi, Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	ETT TO VENT
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	Not Within Normal Limits
Urinary Parameter	
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment  
 Urine Color Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment FC with Cauti precautions

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Musculoskeletal Comment

Comment

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Within Normal Limits

FC with Cauti precautions

Not Within Normal Limits

Muscle Weakness

Weak

Weak

Weak

Weak

S/P EVD PLACEMENT

Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Second RN Validating Skin Assessment

Hong, Grace

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days

Protocol: IC,LD

Central Line

No

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/28/22 23:59 ML (Rec: 10/29/22 00:34 ML Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Light Pain

Neurological Symptoms

Weakness

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Sluggish, Dilated

4

Unequal

Yes

Sluggish

2

Unequal

Yes

Weak

Weak

Weak

Weak

Normal

S/P SURGERY AND EVD PLACEMENT

Parameter

HEENT Parameter

Not within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

HEENT Comment

Comment

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Pink and Moist

RIGHT EYE DOWNWARD GAZE

Not Within Normal Limits

Regular

Normal

No

Regular

Normal

Yes

GOAL SBP <140

Not Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Symptoms	
Assessment	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Intermittent
Cough Frequency	Non-Productive
Cough Description	Endotracheal Suction
Sputum Production Method	None
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Inspiratory Rhonchi, Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	ETT TO VENT
Comment	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	FC with Caution precautions
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Musculoskeletal Comment	
Comment	S/P EVD PLACEMENT



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Skin Assessment

Parameter  
 Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance  
 Affect

Fair  
 Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

No

Yes

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/29/22 04:00 ML (Rec: 10/29/22 04:53 ML Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

Obtunded  
 Light Pain

Weakness  
 Artificially Ventilated

None

None

None  
 Flexion Withdrawal

6

Sluggish, Dilated

4

Unequal

Yes

Sluggish

2

Unequal

Yes

Weak

Weak

Weak

Weak

Normal

S/P SURGERY AND EVD PLACEMENT

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

HEENT Comment

Comment

RIGHT EYE DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

GOAL SBP <140

Respiratory Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Throughout

Inspiratory Rhonchi, Diminished

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

ETT TO VENT

Comment

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not

inflamed.

Bowel Sounds

All Quadrants

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	FC with Caution precautions
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Upper Extremity Weak  
 Left Lower Extremity Weak  
 Right Upper Extremity Weak  
 Right Lower Extremity Weak  
 Musculoskeletal Comment Weak

Comment S/P EVD PLACEMENT

Skin Assessment

Parameter Within Normal Limits  
 Protocol: WOUND

Integumentary Parameter  
 Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter Not Within Normal Limits  
 Psychosocial Parameters  
 Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment Fair  
 Appearance Fair  
 Affect Flat

Line Days  
 Line Days  
 Protocol: IC.ID No  
 Central Line Yes  
 Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment  
 Penile Discharge  
 Document 10/29/22 08:00 LH (Rec: 10/29/22 09:53 LH Desktop)  
 Neurological Assessment  
 Parameter Not Within Normal Limits  
 Neurological Parameter

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to

communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness Follows Commands, Drowsy  
 Arousable To Light Pain  
 Neurological Symptoms Weakness  
 Speech Pattern Artificially Ventilated  
 Eye Opening None  
 Verbal Response None  
 Motor Response Flexion Withdrawal  
 Glasgow Coma Scale Total 6  
 Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction Sluggish, Dilated  
 Size (mm) 5  
 Equality Unequal  
 Pupillometer Used to Assess Yes

**Right**  
 Reaction Brisk  
 Size (mm) 2  
 Equality Unequal

Pupillometer Used to Assess Yes  
 Strength

Left Upper Extremity Weak  
 Left Lower Extremity Weak  
 Right Upper Extremity Weak  
 Right Lower Extremity Weak

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough / Gag Reflex  
 Cough/Gag Reflex  
 Neurological Comment  
 Comment

Normal  
 Able to move right side and follow  
 simple commands

HEENT Assessment

Parameter

Not within Normal Limits

HEENT Parameter  
 Query Text:Head: Symmetric movement without discomfort.  
 Eyes: No visual disturbances or foreign bodies.  
 Ears: No tinnitus or foreign bodies.  
 Nose: Airway passages clear. Sense of smell intact. No  
 foreign bodies.  
 Throat: No problems swallowing, no soreness.  
 Head/Neck/Face  
 Oropharynx  
 Oropharynx Condition  
 HEENT Comment  
 Comment

Pink and Moist  
 RIGHT EYE DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Not within Normal Limits

Cardiovascular Parameter  
 Query Text:Regular apical/radial pulse. Audible S1 & S2.  
 Normal sinus rhythm if on monitor. Neck veins flat at 45  
 degrees elevation. No JVD. Peripheral pulses palpable,  
 regular, present all extremities. No edema or calf  
 tenderness. Negative Homan's Sign. Capillary refill brisk,  
 less than 2 seconds. Shunt, if present, with strong bruit  
 and thrill. IV site, if present, patent without redness,  
 pain, or swelling at site.  
 Signs and Symptoms  
 Heart Sounds  
 Pulse  
 Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Dorsalis Pedis  
 Pulse Rhythm Regular  
 Strength Normal  
 Doppler Used Yes

Cardiovascular Comment  
 Comment  
 Respiratory Assessment GOAL SBP <140

Respiratory Assessment  
 Parameter  
 Respiratory Parameter Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.

Symptoms  
 Assessment Mechanically Ventilated  
 Effort Normal  
 Depth Normal  
 Respiratory Pattern Normal  
 Cough Frequency Intermittent  
 Cough Description Non-Productive  
 Sputum Production Method Endotracheal Suction  
 Sputum Amount None

Auscultation Diminished  
 Throughout  
 Breath Sounds  
 Oxygen  
 Sputum  
 Cough  
 Respiratory Comment  
 Comment  
 ETT TO VENT

Gastrointestinal Assessment  
 Parameter  
 Gastrointestinal Parameter Not Within Normal Limits  
 Query Text: No difficulty in chewing or swallowing. Tolerates  
 prescribed diet without nausea and/or vomiting. Without NG  
 and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

**Genitourinary Assessment**

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Active

60

None

Air Auscultated, Patent, X-Ray Obtained

Not Within Normal Limits

Dark Yellow

FC with Cauti precautions

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	Musculoskeletal Symptoms	Muscle Weakness
	Left Upper Extremity	Weak
	Left Lower Extremity	Weak
	Right Upper Extremity	Weak
	Right Lower Extremity	Weak
Skin Assessment		
Parameter		
Protocol:	WOUND	
Integumentary Parameter		Within Normal Limits
Query Text:	Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Skin Verification		
Second RN Validating	Skin Assessment	Ramos, Jessica
Integumentary Comment		SURGERY SITE RIGHT FRONTAL TOP OF HEAD
Comment		.
Psychosocial Assessment		
Parameter		Not Within Normal Limits
Psychosocial Parameters		
Query Text:	Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment		
Appearance		Fair
Affect		Flat
Line Days		
Line Days		
Protocol:	IC.ID	Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Male Reproductive Assessment

Penile Discharge

Document 10/29/22 12:00 LH (Rec: 10/29/22 12:45 LH Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Lethargic

Arousable To

Light Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Sluggish, Dilated

Reaction

5

Size (mm)

Unequal

Equality

Yes

Pupillometer Used to Assess

Brisk

Right

2

Reaction

Brisk

Size (mm)

2

Equality

Unequal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

## Interventions - Continued

Pupillometer Used to Assess	Yes
Strength	Yes
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Normal
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	Able to move right side and follow simple commands
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	
HEENT Comment	RIGHT EYE DOWNWARD GAZE
Comment	
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Diminished

ETT TO VENT

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Not Within Normal Limits
Gastrointestinal Parameter Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not inflamed.	
Bowel Sounds All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	60
Tube Secured Depth (cm)	None
Gastric Content Description	Air Auscultated, Patent, X-Ray Obtained
Tube Patency/Placement	
Genitourinary Assessment Parameter	
Urinary Parameter Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions. For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	Not Within Normal Limits
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	FC with Caution precautions
Female Reproductive Assessment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Within Normal Limits

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Not Within Normal Limits

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Protocol: IC.ID

Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 10/29/22 16:00 LH (Rec: 10/29/22 16:46 LH Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness  
 Arousable To  
 Neurological Symptoms  
 Speech Pattern  
 Eye Opening  
 Verbal Response  
 Motor Response  
 Glasgow Coma Scale Total

Lethargic  
 Light Pain  
 Weakness  
 Artificially Ventilated  
 None  
 None  
 Flexion Withdrawal  
 6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Sluggish, Dilated  
 5  
 Unequal  
 Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	Able to move right side and follow simple commands
HEENT Assessment	
Parameter	Not Within Normal Limits
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	
HEENT Comment	RIGHT EYE DOWNWARD GAZE
Comment	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk,	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Not Within Normal Limits

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Diminished

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text:No difficulty in chewing or swallowing. Tolerates

prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: If external hemorrhoids present, not

inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text:Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Observation

EFTT TO VENT

Not Within Normal Limits

Active

60

None

Air Auscultated, Patent, X-Ray Obtained

Not Within Normal Limits

Dark Yellow

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Palpation  
 Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Within Normal Limits

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractions. No joint swelling or tenderness.

Not Within Normal Limits

Assessment

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Appearance Fair  
 Affect Flat

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line Yes  
 Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 10/29/22 20:00 XD (Rec: 10/29/22 22:01 XD Desktop)

Neurological Assessment

Parameter

Not Within Normal Limits

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness Lethargic  
 Arousable To Light Pain  
 Neurological Symptoms Weakness  
 Speech Pattern Artificially Ventilated  
 Eye Opening None  
 Verbal Response None  
 Motor Response Flexion Withdrawal  
 Glasgow Coma Scale Total 6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	Brisk
Reaction	2
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	Yes
Strength	Weak
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Normal
Cough/Gag Reflex	
Neurological Comment	Able to move right side and follow simple commands
Comment	
HEENT Assessment	
Parameter	Not Within Normal Limits
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	
HEENT Comment	RIGHT EYE DOWNWARD GAZE
Comment	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2.	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds

Pulse

Bilateral Radial  
 Pulse Rhythm  
 Strength

Doppler Used

Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Effort  
 Depth

Respiratory Pattern  
 Cough Frequency

Cough Description  
 Sputum Production Method  
 Sputum Amount

Auscultation

Regular  
 Normal  
 No

Regular  
 Normal  
 Yes

GOAL SBP <140

Not Within Normal Limits

Mechanically Ventilated

Normal  
 Normal  
 Intermittent  
 Non-Productive  
 Endotracheal Suction  
 None



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: If external hemorrhoids present, not

inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

Comment

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

Diminished

ETT TO VENT

Not Within Normal Limits

Active

60

None

Patent

TF via ogt

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment  
Urine Color      Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment

FC with Cauti precautions

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Protocol: WOUND

Within Normal Limits

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

Interventions - Continued

Parameter		Not Within Normal Limits
Psychosocial Parameters		
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.		
Assessment		
Appearance		Fair
Affect		Flat
Line Days		
Line Days		
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document 10/29/22 23:59 XD (Rec: 10/30/22 00:25 XD Desktop)		
Neurological Assessment		
Parameter		Not Within Normal Limits
Neurological Parameter		
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.		
Assessment		
Level of Consciousness		Lethargic
Arousable To		Light Pain
Neurological Symptoms		Weakness
Speech Pattern		Artificially Ventilated
Eye Opening		None
Verbal Response		None
Motor Response		Flexion Withdrawal
Glasgow Coma Scale Total		6

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

Able to move right side and follow simple commands

Normal

Not within Normal Limits

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** Q1007-A  
**Visit:** QH0054940416

Interventions - Continued

HEENT Comment

Comment

RIGHT EYE DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Not Within Normal Limits

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms

Assessment

Effort

Depth

Mechanically Ventilated

Normal

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

Comment

Genitourinary Assessment

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Diminished

ETP TO VENT

Not within Normal Limits

Active

60

None

Patent

TF via ogt

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Urinary Parameter	Not Within Normal Limits
Query Text:	Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients:	Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment		
Urine Color		Dark Yellow
Observation		
Palpation		
Genitourinary Comment		
Comment		
Female Reproductive Assessment		FC with Caution precautions
Parameter	Reproductive Parameter	Within Normal Limits
Query Text:	Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment		
Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment		
Musculoskeletal Symptoms		Muscle Weakness
Left Upper Extremity		Weak
Left Lower Extremity		Weak
Right Upper Extremity		Weak
Right Lower Extremity		Weak
Skin Assessment		
Parameter		
Protocol:	WOUND	
Integumentary Parameter		Within Normal Limits
Query Text:	Skin pink, warm, dry, and intact. Skin turgor	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.  
 Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

**Psychosocial Assessment**

Parameter  
 Psychosocial Parameters  
 Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment  
 Appearance  
 Affect

Fair  
 Flat

**Line Days**

Line Days  
 Protocol: IC,LD  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

**Male Reproductive Assessment**

Penile Discharge  
 Document 10/30/22 04:00 XD (Rec: 10/30/22 04:39 XD Desktop)  
 Neurological Assessment

Not Within Normal Limits

**Neurological Parameter**

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment  
 Level of Consciousness  
 Arousable To

Lethargic  
 Light Pain



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	None
Glasgow Coma Scale Total	Flexion Withdrawal
Glasgow Citation	6
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	Able to move right side and follow simple commands
HEENT Assessment	
Parameter	Not Within Normal Limits
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

**Nose:** Airway passages clear. Sense of smell intact. No foreign bodies.  
**Throat:** No problems swallowing, no soreness.

Head/Neck/Face  
 Oropharynx

Oropharynx Condition

HEENT Comment

Pink and Moist

RIGHT EYE DOWNWARD GAZE

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

**Query Text:**Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

**Query Text:**Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms Assessment**

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

**Gastrointestinal Assessment**

Parameter

Gastrointestinal Parameter

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

ETT TO VENT

Diminished

None

Endotracheal Suction

Non-Productive

Intermittent

Normal

Normal

Mechanically Ventilated

Not Within Normal Limits

Active

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Tube Secured Depth (cm)	60
Gastric Content Description	None
Tube Patency/Placement	Patent
Gastrointestinal Comment	TF via ogt
Comment	
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	FC with Cauti precautions
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Lower Extremity  
 Skin Assessment

Weak

Parameter  
 Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Not Within Normal Limits

Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Assessment

Appearance  
 Affect

Fair  
 Flat

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 10/30/22 08:00 LH (Rec: 10/30/22 09:18 LH Laptop)

Neurological Assessment  
 Parameter

Not Within Normal Limits

Neurological Parameter  
 Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

**Strength**

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

**Neurological Comment**

Comment

Able to move right side and follow simple commands

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

HEENT Assessment

Parameter

HEENT Parameter

Not within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

Yes

Cardiovascular Comment

Comment

GOAL SBP <140

Respiratory Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Throughout

Inspiratory Rhonchi, Diminished

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

ETT TO VENT

Comment

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Left Upper Extremity	Weak

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Lower Extremity Weak  
 Right Upper Extremity Weak  
 Right Lower Extremity Weak

Skin Assessment

Parameter  
 Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance  
 Affect

Fair  
 Flat

Line Days

Line Days  
 Protocol: IC.LD

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 10/30/22 12:00 LH (Rec: 10/30/22 13:31 LH Laptop)

Neurological Assessment

Parameter

Neurological Parameter  
 Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

**Strength**

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Sluggish, Dilated	5
Unequal	Yes
Brisk	2
Unequal	Yes
Weak	Weak
Weak	Weak
Weak	Weak
Weak	Weak
Normal	Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Comment  
 Able to move right side and follow simple commands

**HEENT Assessment**

Parameter  
 HEENT Parameter  
 Query Text:Head: Symmetric movement without discomfort.  
 Eyes: No visual disturbances or foreign bodies.  
 Ears: No tinnitus or foreign bodies.  
 Nose: Airway passages clear. Sense of smell intact. No foreign bodies.  
 Throat: No problems swallowing, no soreness.  
 Head/Neck/Face  
 Oropharynx  
 Not Within Normal Limits

Oropharynx Condition  
 Oropharynx  
 Pink and Moist

Cardiovascular Assessment  
 Parameter  
 Cardiovascular Parameter  
 Query Text:Regular apical/radial pulse. Audible S1 & S2.  
 Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.  
 Signs and Symptoms  
 Heart Sounds  
 Not Within Normal Limits

Pulse  
 Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Cardiovascular Comment  
 Regular  
 Normal  
 No  
 Regular  
 Normal  
 Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughouth

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not inflamed.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling,

masses, or nipple discharge. Genitalia without discharge,

lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and

strong. No contractures. No joint swelling or tenderness.

Assessment

Active

60

None

Air Auscultated, Patent, X-Ray Obtained

Not Within Normal Limits

Dark Yellow

FC with Caution precautions

Within Normal Limits

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Symptoms	Muscle Weakness
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak

Skin Assessment

Parameter  
 Protocol: WOUND

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance  
 Affect

Fair  
 Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 10/30/22 16:00 LH (Rec: 10/30/22 17:20 LH Laptop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness Lethargic  
 Arousable To Light Pain  
 Neurological Symptoms Weakness  
 Speech Pattern Artificially Ventilated  
 Eye Opening None  
 Verbal Response None  
 Motor Response Flexion Withdrawal  
 Glasgow Coma Scale Total 6

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**

Left Sluggish, Dilated  
 Reaction 5  
 Size (mm) Unequal  
 Equality Yes  
 Pupillometer Used to Assess

**Right**

Reaction Brisk  
 Size (mm) 2  
 Equality Unequal  
 Pupillometer Used to Assess Yes

**Strength**

Left Upper Extremity Weak  
 Left Lower Extremity Weak  
 Right Upper Extremity Weak  
 Right Lower Extremity Weak  
 Cough / Gag Reflex Weak



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough/Gag Reflex Normal  
 Neurological Comment Able to move right side and follow simple commands  
 Comment

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Strength

Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Doppler Used	Yes
Cardiovascular Comment	GOAL SBP <140
Respiratory Assessment	Not Within Normal Limits
Respiratory Parameter	
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Intermittent
Cough Frequency	Non-Productive
Cough Description	Endotracheal Suction
Sputum Production Method	None
Sputum Amount	
Auscultation	Inspiratory Rhonchi, Diminished
Throughout	
Breath Sounds	
Oxygen	
Sputum	
Cough	
Respiratory Comment	EFTT TO VENT
Comment	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit

61 F 07/13/1961

**Med Rec Num:** MR01483046

**Room-Bed:** QI007-A

**Visit:** QH0054940416

**Interventions - Continued**

For OB patients: If external hemorrhoids present, not inflamed.

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and

Active

60

None

Air Auscultated, Patent, X-Ray Obtained

Not Within Normal Limits

Dark Yellow

FC with Cauti precautions

Within Normal Limits

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

strong. No contractures. No joint swelling or tenderness.

**Assessment**

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

**Skin Assessment**

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Integumentary Comment**

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

**Psychosocial Assessment**

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Assessment**

Appearance

Fair

Affect

Flat

**Line Days**

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

**Male Reproductive Assessment**

Penile Discharge

Document 10/30/22 20:00 XD (Rec: 10/30/22 20:30 XD Desktop)

**Neurological Assessment**

Parameter

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Neurological Parameter**

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Obey Commands
Glasgow Coma Scale Total	8

**Glasgow Citation**

Teesdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

Pupils	Sluggish, Dilated
Left	5
Reaction	Unequal
Size (mm)	Yes

Equality	Unequal
Pupillometer Used to Assess	Yes

Right	Brisk
Reaction	2
Size (mm)	Unequal
Equality	Yes

Pupillometer Used to Assess  
 Strength

Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Lower Extremity	Weak
Cough / Gag Reflex	Normal
Neurological Comment	Able to move right side and follow simple commands
Comment	

HEENT Assessment

Parameter	HEENT Parameter	Not Within Normal Limits
Query Text:Head:	Symmetric movement without discomfort.	
Eyes:	No visual disturbances or foreign bodies.	
Ears:	No tinnitus or foreign bodies.	
Nose:	Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat:	No problems swallowing, no soreness.	
Head/Neck/Face		
Oropharynx		
Oropharynx Condition		Pink and Moist
Cardiovascular Assessment		
Parameter	Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse.	Audible S1 & S2.	
Normal sinus rhythm if on monitor.	Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms		
Heart Sounds		
Pulse		
Bilateral Radial		Regular
Pulse Rhythm		Normal
Strength		Normal
Doppler Used		No
Bilateral Dorsalis Pedis		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pulse Rhythm Regular  
 Strength Normal  
 Doppler Used Yes  
 Cardiovascular Comment  
 Comment GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Inspiratory Rhonchi, Diminished

Throughouth

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

ETT TO VENT

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

**Abdomen Description**

Flatus

Soft, Round

Bowel Sounds

All Quadrants

Yes

Bowel Sounds

Active

Bowel Pattern  
 Gastric Tube

Orogastic

Tube Secured Depth (cm)

60

Gastric Content Description  
 Tube Patency/Placement

None  
 Air Auscultated, Patent, X-Ray Obtained

Gastrointestinal Comment

Comment

PT ON TF @ 45 VIA OGT

**Genitourinary Assessment**

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment

FC with Caution precautions

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Protocol: WOUND

Within Normal Limits

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Comment

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 10/30/22 23:59 XD (Rec: 10/31/22 00:17 XD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time

and situation/purpose. GCS 15. PERRL with spontaneous eye

opening. Behavior appropriate to situation. Active ROM of

all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to

communicate on ventilator via alternative methods. Memory

intact. Able to swallow without difficulty, coughing or

choking.

Not Within Normal Limits

Assessment

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Lethargic

Light Pain

Weakness

Artificially Ventilated

None

None

Obey Commands

8

Sluggish, Dilated

5

Unequal

Yes

Brisk

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	Able to move right side and follow simple commands

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Not Within Normal Limits

Pink and Moist

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Inspiratory Rhonchi, Diminished

ETT TO VENT

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Assessment	Soft, Round
Abdomen Description	Yes
Flatus	
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Patent, X-Ray Obtained
Gastrointestinal Comment	PT ON TF @ 45 VIA OGT
Comment	
Genitourinary Assessment	
Parameter	Not Within Normal Limits
Urinary Parameter	
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

FC with Caution precautions

Within Normal Limits

Not Within Normal Limits

Muscle Weakness

Weak

Weak

Weak

Weak

Within Normal Limits

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Appearance Fair  
 Affect Flat

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line Yes  
 Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 10/31/22 04:00 XD (Rec: 10/31/22 05:10 XD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Not Within Normal Limits

Assessment

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Lethargic

Light Pain

Weakness

Artificially Ventilated

None

None

Obey Commands

8

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	Able to move right side and follow simple commands
Comment	
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45	



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessments

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Breath Sounds

Inspiratory Rhonchi, Diminished

Oxygen

Sputum

Cough

Respiratory Comment

Comment

EFT TO VENT

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Round

Flatus

Yes

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

60

Gastric Content Description

None

Tube Patency/Placement

Air Auscultated, Patent, X-Ray Obtained

Gastrointestinal Comment

Comment

PT ON TF @ 45 VIA OGT

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

**Assessment**

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

**Skin Assessment**

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment

Comment

FC with Cauti precautions

Within Normal Limits

Not Within Normal Limits

Muscle Weakness

Weak

Weak

Weak

Weak

Within Normal Limits

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Psychosocial Assessment			
Parameter			
Psychosocial Parameters			Not Within Normal Limits
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.			
Assessment			
Appearance			Fair
Affect			Flat
Line Days			
Line Days			
Protocol: IC.ID			Yes
Central Line			Yes
Indwelling Catheters			Yes
Ventilator			
Male Reproductive Assessment			
Penile Discharge			
Document 10/31/22 08:00	CO	(Rec: 10/31/22 08:18	CO Desktop)
Neurological Assessment			
Parameter			
Neurological Parameter			Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.			
Assessment			
Level of Consciousness			Lethargic
Arousable To			Light Pain
Neurological Symptoms			Weakness
Speech Pattern			Artificially Ventilated
Eye Opening			None
Verbal Response			None

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Motor Response  
 Glasgow Coma Scale Total

Obey Commands  
 8

Glasgow Citation

Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

Able to move right side and follow  
 simple commands

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No  
 foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Not Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oropharynx

Oropharynx Condition

Pink and Moist

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Depth

Mechanically Ventilated

Normal

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Flatus

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

Gastric Content Description

Tube Patency/Placement

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Inspiratory Rhonchi, Diminished

ETP TO VENT

Not within Normal Limits

Soft, Round  
 Yes

Active

60  
 None  
 Air Auscultated, Flushed, Patent

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Dark Yellow

Urine Color

Observation

Palpation

Genitourinary Comment

FC with Cauti precautions

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Weak

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification  
 Second RN Validating Skin Assessment

Dominguez, Xavier Ramiro

Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

**Psychosocial Assessment**

Parameter

**Psychosocial Parameters**

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

**Assessment**

Appearance  
 Affect

Fair  
 Flat

**Line Days**

Line Days  
 Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

**Male Reproductive Assessment**

Penile Discharge

Document 10/31/22 12:00 CO (Rec: 10/31/22 12:08 CO Desktop)

**Neurological Assessment**

Parameter

**Neurological Parameter**

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Obey Commands
Glasgow Coma Scale Total	8

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left	Sluggish, Dilated
Reaction	5
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	

Right

Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes

Strength

Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment  
 Able to move right side and follow simple commands

HEENT Assessment

Parameter  
 HEENT Parameter

Not within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx Condition

Cardiovascular Assessment

Parameter

Pink and Moist

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Comment

Respiratory Assessment

GOAL SBP <140

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Frequency

Intermittent

Cough Description

Non-Productive

Sputum Production Method

Endotracheal Suction

Sputum Amount

None

Auscultation

Throughout

Breath Sounds

Inspiratory Rhonchi, Diminished

Oxygen

Sputum

Cough

Respiratory Comment

Comment

ETT TO VENT

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Round

Flatus

Yes

Bowel Sounds

All Quadrants

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Left Upper Extremity	Weak

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Lower Extremity Weak  
 Right Upper Extremity Weak  
 Right Lower Extremity Weak  
 Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Integumentary Comment  
 Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter  
 Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Assessment  
 Appearance Fair  
 Affect Flat

Line Days

Fair  
 Flat

Line Days  
 Protocol: IC.LD  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment  
 Penile Discharge  
 Document 10/31/22 16:00 CO (Rec: 10/31/22 16:54 CO Desktop)  
 Neurological Assessment

Parameter  
 Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Obey Commands
Glasgow Coma Scale Total	8

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction Sluggish, Dilated

Size (mm) 5

Equality Unequal

Pupillometer Used to Assess Yes

**Right**

Reaction Brisk

Size (mm) 2

Equality Unequal

Pupillometer Used to Assess Yes

**Strength**

Left Upper Extremity Weak

Left Lower Extremity Weak

Right Upper Extremity Weak

Right Lower Extremity Weak

Cough / Gag Reflex

Cough/Gag Reflex Normal

Neurological Comment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Able to move right side and follow simple commands

HEENT Assessment

Not Within Normal Limits

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Head/Neck/Face

Oropharynx

Oropharynx

Oropharynx Condition

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Cardiovascular Comment

Not Within Normal Limits

Pink and Moist

Regular

Normal

No

Regular

Normal

Yes



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

GOAL SBP <140

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughouth

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not inflamed.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Abdomen Description	Soft, Round
Flatus	Yes
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Gastric Content Description	None
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	FC with Caution Precautions
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital    **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961    **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Muscle Weakness

Weak

Weak

Weak

Weak

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Integumentary Comment

Comment

SURGERY SITE RIGHT FRONTAL TOP OF HEAD

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance

Affect

Fair

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Yes

Yes

Male Reproductive Assessment

Penile Discharge

Document 10/31/22 20:00 ST (Rec: 10/31/22 22:05 ST Desktop)

Neurological Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Not Within Normal Limits
Neurological Parameter	
Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.	
Assessment	
Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Glasgow Coma Scale Total	7
Glasgow Citation	
Teesdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	Sluggish, Dilated
Reaction	5
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Upper Extremity  
 Right Lower Extremity  
 Cough / Gag Reflex  
 Cough/Gag Reflex

Weak  
 Flaccid  
 Normal

HEENT Assessment

Parameter

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

HEENT Symptoms

Dental Problems, Excessive Drooling

Head & Neck Movement

Limited ROM

Head/Neck/Face

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Regular  
 Normal  
 No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Dorsalis Pedis  
 Pulse Rhythm Regular  
 Strength Normal  
 Doppler Used Yes

Respiratory Assessment  
 Parameter

Respiratory Parameter Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.

Symptoms  
 Assessment

Respiratory Symptoms Difficulty Clearing Secretions

Effort Mechanically Ventilated

Depth Normal

Respiratory Pattern Normal

Cough Frequency Intermittent

Cough Description Non-Productive

Sputum Production Method Endotracheal Suction

Sputum Amount None

Auscultation Inspiratory Rhonchi, Diminished

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment  
 Parameter

Gastrointestinal Parameter Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates  
 prescribed diet without nausea and/or vomiting. Without NG  
 and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern  
 and consistency are normal for patient.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

For OB patients: If external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description  
 Flatus

Soft, Round, Obese  
 Yes

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastrointestinal Comment

Comment

OGT w/feeding in place.

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

Urinary catheter in place.

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.  
 Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and

**Iyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

strong. No contractures. No joint swelling or tenderness.

**Assessment**

Musculoskeletal Symptoms

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Flaccid

Weak

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

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Flaccid

Flaccid

Muscle Weakness  
 Flaccid  
 Flaccid  
 Flaccid  
 Weak  
 Flaccid

Within Normal Limits

Psychosocial Assessment  
 Parameter  
 Psychosocial Parameters  
 Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Assessment  
 Appearance  
 Fair

Line Days  
 Line Days  
 Protocol: IC,LD  
 Central Line  
 Indwelling Catheters  
 Ventilator  
 Male Reproductive Assessment  
 Penile Discharge  
 Document 10/31/22 23:59 ST (Rec: 11/01/22 02:23 ST Desktop)  
 Neurological Assessment  
 Parameter  
 Neurological Parameter  
 Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of

Not Within Normal Limits



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Glasgow Coma Scale Total	7

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

**Strength**

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Sluggish, Dilated
5
Unequal
Yes
Brisk
2
Unequal
Yes
Flaccid
Flaccid
Flaccid
Weak
Flaccid
Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		
HEENT Parameter		Not within Normal Limits
Query Text:Head: Symmetric movement without discomfort.		
Eyes: No visual disturbances or foreign bodies.		
Ears: No tinnitus or foreign bodies.		
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.		
Throat: No problems swallowing, no soreness.		
Symptoms		
HEENT Symptoms		Dental Problems, Excessive Drooling
Head & Neck Movement		Limited ROM
Head/Neck/Face		
Cardiovascular Assessment		
Parameter		Not within Normal Limits
Cardiovascular Parameter		
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.		
Signs and Symptoms		
Heart Sounds		
Assessment		Hypertension
Cardiac Signs and Symptoms		
Pulse		
Bilateral Radial		Regular
Pulse Rhythm		Normal
Strength		No
Doppler Used		Regular
Bilateral Dorsalis Pedis		Normal
Pulse Rhythm		Normal
Strength		Yes
Doppler Used		
Respiratory Assessment		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Respiratory Parameter	Not Within Normal Limits
Query Text:	Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms		
Assessment		
Respiratory Symptoms		Difficulty Clearing Secretions
Effort		Mechanically Ventilated
Depth		Normal
Respiratory Pattern		Normal
Cough Frequency		Intermittent
Cough Description		Non-Productive
Sputum Production Method		Endotracheal Suction
Sputum Amount		None
Auscultation		
Throughout		Inspiratory Rhonchi, Diminished
Breath Sounds		
Oxygen		
Sputum		
Cough		
Gastrointestinal Assessment		
Parameter	Gastrointestinal Parameter	Not Within Normal Limits
Query Text:	No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender	without distention. Passing flatus.	
Bowel sounds	normoactive x all 4 quadrants on auscultation.	
Patient is continent	without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients:	if external hemorrhoids present, not inflamed.	
Assessment		
Abdomen Description	Flat	Soft, Round, Obese
Flatus		Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds	All Quadrants	
Bowel Sounds	Bowel Sounds	Active
Bowel Pattern		
Gastrointestinal Comment		
Comment		
Genitourinary Assessment		OGT w/feeding in place.
Parameter		
Urinary Parameter		
Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.		Not Within Normal Limits
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.		
Assessment		
Urine Color		Pale Yellow
Observation		
Palpation		
Genitourinary Comment		
Comment		
Female Reproductive Assessment		Urinary catheter in place.
Parameter		
Reproductive Parameter		
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.		Within Normal Limits
Musculoskeletal Assessment		
Parameter		
Musculoskeletal Parameter		
Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.		Not Within Normal Limits
Assessment		
Musculoskeletal Symptoms		Muscle Weakness
Left Upper Extremity		Flaccid
Left Lower Extremity		Flaccid

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Upper Extremity  
 Right Lower Extremity

Weak  
 Flaccid

Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter  
 Psychosocial Parameters

Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Assessment

Appearance

Fair

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/01/22 04:00 ST (Rec: 11/01/22 05:00 ST Desktop)

Neurological Assessment

Parameter  
 Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Level of Consciousness	Optunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Glasgow Coma Scale Total	7

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left	Sluggish, Dilated
Reaction	5
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	

Right

Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Normal

HEENT Assessment

Parameter

HEENT Parameter Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.  
 Throat: No problems swallowing, no soreness.

Symptoms

HEENT Symptoms  
 Head & Neck Movement  
 Head/Neck/Face

Dental Problems  
 Limited ROM

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypertension

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Cough Frequency

Cough Description

Sputum Production Method

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

**Gastrointestinal Assessment**

Parameter

Gastrointestinal Parameter

Query Text:No difficulty in chewing or swallowing. Tolerates

prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not

inflamed.

Assessment

Abdomen Description

Flatus

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastrointestinal Comment

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Intermittent

Non-Productive

Endotracheal Suction

None

Inspiratory Rhonchi, Diminished

Not Within Normal Limits

Soft, Round, Obese

Yes

Active



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

<p>Comment</p> <p>Genitourinary Assessment</p> <p>Parameter</p> <p>Urinary Parameter</p> <p>Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.</p> <p>For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent &amp; draining.</p> <p>Assessment</p> <p>Urine Color</p> <p>Observation</p> <p>Palpation</p> <p>Genitourinary Comment</p> <p>Comment</p> <p>Female Reproductive Assessment</p> <p>Parameter</p> <p>Reproductive Parameter</p> <p>Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.</p> <p>Musculoskeletal Assessment</p> <p>Parameter</p> <p>Musculoskeletal Parameter</p> <p>Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.</p> <p>Assessment</p> <p>Musculoskeletal Symptoms</p> <p>Left Upper Extremity</p> <p>Left Lower Extremity</p> <p>Right Upper Extremity</p> <p>Right Lower Extremity</p> <p>Skin Assessment</p> <p>Parameter</p> <p>Protocol: WOUND</p>	<p>OGT w/feeding in place.</p> <p>Not Within Normal Limits</p> <p>Pale Yellow</p> <p>Urinary catheter in place.</p> <p>Within Normal Limits</p> <p>Not Within Normal Limits</p> <p>Muscle Weakness</p> <p>Flaccid</p> <p>Flaccid</p> <p>Weak</p> <p>Flaccid</p>
--	---

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/01/22 08:00 RD (Rec: 11/01/22 08:56 RD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No parasthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Abnormal Posturing	Decorticate
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish
Size (mm)	5
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left

Eye Discharge Color  
 Sclera Appearance

Clear  
 White/Clear

Right

Eye Discharge Color  
 Sclera Appearance

Clear  
 White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Edema

Bilateral Upper Extremity

Edema Type

Non-Pitting

Degree

2+

Capillary Refill

< 3 Seconds

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Not Within Normal Limits

Difficulty Clearing Secretions, Unable to Lie Flat  
 Mechanically Ventilated  
 Normal  
 Normal  
 Endotracheal Suction

Diminished

Diminished

Soft, Non-Tender, Round, Obese  
 Incontinent

Hypoactive

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern  
 Gastric Tube

Orogastic  
 Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No fractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Second RN Validating Skin Assessment

SONYA RN

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/01/22 12:00 RD (Rec: 11/01/22 12:28 RD Desktop)

Yes

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Arousable To	Not Arousable
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Throat:** No problems swallowing, no soreness.

**Symptoms**

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

**Cardiovascular Assessment**

**Parameter**

**Cardiovascular Parameter**

Not Within Normal Limits

**Query Text:**Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

**Signs and Symptoms**

**Heart Sounds**

**Pulse**

**Bilateral Radial**

Pulse Rhythm

Strength

Doppler Used

**Bilateral Dorsalis Pedis**

Pulse Rhythm

Strength

Doppler Used

**Edema**

**Bilateral Upper Extremity**

Edema Type

Degree

Non-Pitting  
 2+

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

< 3 Seconds

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Difficulty Clearing Secretions, Unable

Effort

to Lie Flat

Depth

Mechanically Ventilated

Respiratory Pattern

Normal

Sputum Production Method

Endotracheal Suction

Sputum Color

White

Sputum Amount

Scant

Auscultation

Left Lower Lobe

Clear

Breath Sounds

Clear

Throughout

Breath Sounds

Clear

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Inflamed.

Assessment

Abdomen Description

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Urine Color

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness. Assessment

Soft, Non-Tender, Round, Obese

Hypoactive

Air Auscultated, Flushed, Patent

Not Within Normal Limits

Total Incontinence

Dark Yellow

Within Normal Limits

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

Skin Assessment

Parameter  
 Protocol: WOUND  
 Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor within Normal Limits

without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter  
 Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation. Within Normal Limits

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator  
 Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge  
 Document 11/01/22 16:00 RD (Rec: 11/01/22 16:27 RD Desktop)  
 Neurological Assessment

Parameter

Neurological Parameter  
 Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Not Within Normal Limits

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Intact. Able to swallow without difficulty, coughing or  
 choking.

**Assessment**

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

**HEENT Assessment**

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Not Within Normal Limits

Obtunded

Not Arousable

Weakness

Artificially Ventilated

None

None

Abnormal Flexion

5

Sluggish

5

PERRLA

Yes

Brisk

3

PERRLA

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Hypoactive

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Eyes:** No visual disturbances or foreign bodies.  
**Ears:** No tinnitus or foreign bodies.  
**Nose:** Airway passages clear. Sense of smell intact. No foreign bodies.  
**Throat:** No problems swallowing, no soreness.

**Symptoms**

Head & Neck Movement  
 Head/Neck/Face

Limited ROM

**Eyes**

Left  
 Eye Discharge Color  
 Sclera Appearance  
 Right  
 Eye Discharge Color  
 Sclera Appearance

Clear  
 White/Clear

Eye Discharge Color  
 Sclera Appearance

Clear  
 White/Clear

**Cardiovascular Assessment**

**Parameter**

Not Within Normal Limits

**Cardiovascular Parameter**  
**Query Text:**Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

**Signs and Symptoms**

Heart Sounds  
 Pulse  
 Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No  
 Regular  
 Normal  
 No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates

prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Non-Pitting  
 2+  
 < 3 seconds

Not Within Normal Limits

Difficulty Clearing Secretions, Unable

to Lie Flat

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Small

Clear

Clear

Clear

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern  
 and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not  
 inflamed.

Assessment  
 Abdomen Description Soft, Non-Tender, Round, Obese  
 Bowel Sounds

All Quadrants Hypoactive  
 Bowel Pattern

Gastric Tube  
 Orogastric Air Auscultated, Flushed, Patent

Tube Patency/Placement  
 Genitourinary Assessment Not Within Normal Limits  
 Parameter

Urinary Parameter  
 Query Text: Patient is continent and states able to empty  
 bladder without difficulty, urgency, frequency, or bladder  
 distention. Urine is clear and yellow to amber without foul  
 odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after  
 delivery, or Foley cath removed, void 300cc or more per  
 unit standard. If Foley catheter present, patent & draining.

Assessment  
 Bladder Pattern Total Incontinence  
 Urine Color Dark Yellow  
 Observation

Palpation  
 Female Reproductive Assessment Within Normal Limits  
 Parameter

Reproductive Parameter  
 Query Text: Patient without complaints of breast dimpling,  
 masses, or nipple discharge. Genitalia without discharge,  
 lesions, masses, or swelling. No abnormal bleeding.  
 Musculoskeletal Assessment



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		Not Within Normal Limits
Musculoskeletal Parameter		
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.		
Assessment		
Musculoskeletal Symptoms		Muscle Weakness
Range Of Motion		Severely Limited
Left Upper Extremity		Flaccid
Left Lower Extremity		Flaccid
Right Upper Extremity		Flaccid
Right Lower Extremity		Flaccid
Skin Assessment		
Parameter		
Protocol: WOUND		
Integumentary Parameter		Within Normal Limits
Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.		
Psychosocial Assessment		
Parameter		
Psychosocial Parameters		Within Normal Limits
Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.		
Line Days		
Line Days		
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		Yes
Male Reproductive Assessment		
Penile Discharge		
Document 11/01/22 20:00	ST (Rec: 11/01/22 23:31	ST Desktop)
Neurological Assessment		
Parameter		
Neurological Parameter		Not Within Normal Limits
Query Text: Awake, alert and oriented to person, place, time		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Glasgow Coma Scale Total	7

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**

Left	Reaction	Sluggish, Dilated
	Size (mm)	5
	Equality	Unequal

Right	Reaction	Brisk
	Size (mm)	3
	Equality	Unequal

**Strength**

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Flaccid

Cough / Gag Reflex  
 Cough/Gag Reflex  
 Normal

**HEENT Assessment**

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		
HEENT Parameter		Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.		
Eyes: No visual disturbances or foreign bodies.		
Ears: No tinnitus or foreign bodies.		
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.		
Throat: No problems swallowing, no soreness.		
Symptoms		
HEENT Symptoms		Dental Problems
Head & Neck Movement		Limited ROM
Head/Neck/Face		
Cardiovascular Assessment		
Parameter		Not Within Normal Limits
Cardiovascular Parameter		
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.		
Signs and Symptoms		
Heart Sounds		
Assessment		Hypertension
Cardiac Signs and Symptoms		
Pulse		
Bilateral Radial		Regular
Pulse Rhythm		Normal
Strength		No
Doppler Used		No
Bilateral Dorsalis Pedis		Regular
Pulse Rhythm		Normal
Strength		Normal
Doppler Used		No
Respiratory Assessment		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter Respiratory Parameter Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath. Symptoms Assessment Respiratory Symptoms Effort Depth Respiratory Pattern Cough Frequency Cough Description Sputum Production Method Sputum Amount Auscultation Throughout Breath Sounds Oxygen Sputum Cough Gastrointestinal Assessment Parameter Gastrointestinal Parameter Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not inflamed. Assessment Abdomen Description Flatus	Not Within Normal Limits Difficulty Clearing Secretions Mechanically Ventilated Normal Normal Intermittent Non-Productive Endotracheal Suction None Inspiratory Rhonchi, Diminished Not Within Normal Limits
Soft, Round, Obese Yes	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds	All Quadrants	
Bowel Sounds	Bowel Sounds	Active
Bowel Pattern		
Gastrointestinal Comment		
Comment		OGT w/feeding in place.
Genitourinary Assessment		
Parameter	Urinary Parameter	Not Within Normal Limits
	Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
	For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment		Amber
Observation	Urine Color	
Palpation		
Genitourinary Comment		Urinary catheter in place.
Comment		
Female Reproductive Assessment		
Parameter	Reproductive Parameter	Within Normal Limits
	Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment		
Parameter	Musculoskeletal Parameter	Not Within Normal Limits
	Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment		Muscle Weakness
Musculoskeletal Symptoms		Flaccid
Left Upper Extremity		Flaccid
Left Lower Extremity		

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Upper Extremity  
 Right Lower Extremity

Weak  
 Flaccid

Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter  
 Psychosocial Parameters

Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Assessment

Appearance

Fair

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/01/22 23:59 ST (Rec: 11/02/22 00:26 ST Desktop)

Neurological Assessment

Parameter  
 Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Level of Consciousness	Optunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Glasgow Coma Scale Total	7

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction Sluggish, Dilated

Size (mm) 5

Equality Unequal

Right

Reaction Brisk

Size (mm) 3

Equality Unequal

Strength

Left Upper Extremity Flaccid

Left Lower Extremity Flaccid

Right Upper Extremity Weak

Right Lower Extremity Flaccid

Cough / Gag Reflex

Cough/Gag Reflex Normal

HEENT Assessment

Parameter

HEENT Parameter Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Throat: No problems swallowing, no soreness.

Symptoms

HEENT Symptoms

Head & Neck Movement

Head/Neck/Face

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Periperal pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Dental Problems  
 Limited ROM

Not Within Normal Limits

Hypertension

Regular

Normal

No

Regular

Normal

No

Not Within Normal Limits



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Frequency	Intermittent
Cough Description	Non-Productive
Sputum Production Method	Endotracheal Suction
Sputum Amount	None
Auscultation	
Thoroughout	
Breath Sounds	Inspiratory Rhonchi, Diminished
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: If external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Round, Obese
Flatus	Yes
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastrointestinal Comment	
Comment	OGT w/feeding in place.
Genitourinary Assessment	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Urinary Parameter	Not Within Normal Limits
Query Text:	Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions. For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment		
Urine Color		Amber
Observation		
Palpation		
Genitourinary Comment		
Comment		Urinary catheter in place.
Female Reproductive Assessment		
Parameter	Reproductive Parameter	Within Normal Limits
Query Text:	Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment		
Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment		
Musculoskeletal Symptoms		Muscle Weakness
Left Upper Extremity		Flaccid
Left Lower Extremity		Flaccid
Right Upper Extremity		Weak
Right Lower Extremity		Flaccid
Skin Assessment		
Parameter		
Protocol:	WOUND	
Integumentary Parameter		Within Normal Limits
Query Text:	Skin pink, warm, dry, and intact. Skin turgor	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

Parameter      Psychosocial Parameters      Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment      Appearance      Fair

**Line Days**

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

**Male Reproductive Assessment**

Penile Discharge

Document      11/02/22 04:00      ST      (Rec: 11/02/22 04:54      ST      Desktop)

**Neurological Assessment**

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Not Within Normal Limits

Assessment      Level of Consciousness      Obtunded

Arousable To

Neurological Symptoms      Deep Pain

Speech Pattern      Weakness

Eye Opening      Artificially Ventilated

Verbal Response      None

None

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Motor Response  
 Glasgow Coma Scale Total 7 Localized Pain

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Right

Reaction

Size (mm)

Equality

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No  
 foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

HEENT Symptoms

Head & Neck Movement

Head/Neck/Face

Cardiovascular Assessment

Parameter

Not Within Normal Limits

Dental Problems  
 Limited ROM

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Assessment  
 Cardiac Signs and Symptoms  
 Pulse

Hypertension

Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No  
 Regular  
 Normal  
 No

Respiratory Assessment  
 Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment  
 Respiratory Symptoms  
 Effort  
 Depth  
 Respiratory Pattern  
 Cough Frequency  
 Cough Description

Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal  
 Normal  
 Intermittent  
 Non-Productive

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Production Method Endotracheal Suction  
 Sputum Amount None

Auscultation Throughouth Inspiratory Rhonchi, Diminished  
 Breath Sounds

Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description Soft, Round, Obese

Flatus Yes

Bowel Sounds

All Quadrants

Bowel Sounds Active

Bowel Pattern

Gastrointestinal Comment

Comment OGT w/feeding in place.

Genitourinary Assessment

Parameter

Urinary Parameter Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Urine Color

Amber

Observation

Palpation

Genitourinary Comment

Comment

Urinary catheter in place.

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Within Normal Limits

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Weak

Right Lower Extremity

Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

free of hallucinations and suicidal ideation.

Assessment

Appearance

Fair

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/02/22 08:00 EC (Rec: 11/02/22 10:26 EC Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Flexion

Glasgow Coma Scale Total

5

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypocative
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Comment	
HEENT Assessment	
Parameter	
HEENT Parameter	Not within Normal Limits
Query Text:Head:	Symmetric movement without discomfort.
Eyes:	No visual disturbances or foreign bodies.
Ears:	No tinnitus or foreign bodies.
Nose:	Airway passages clear. Sense of smell intact. No foreign bodies.
Throat:	No problems swallowing, no soreness.
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Discharge Color Clear  
 Sclera Appearance White/Clear

Cardiovascular Assessment

Parameter Cardiovascular Parameter Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms Hypertension  
 Heart Sounds  
 Assessment

Cardiac Signs and Symptoms

Pulse Bilateral Radial Regular  
 Strength Normal  
 Doppler Used No

Bilateral Dorsalis Pedis Regular  
 Pulse Rhythm Normal  
 Strength  
 Doppler Used No

Edema  
 Bilateral Upper Extremity Non-Pitting  
 Edema Type 2+  
 Degree < 3 Seconds  
 Capillary Refill

Respiratory Assessment Not Within Normal Limits  
 Parameter

Respiratory Parameter  
 Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No

**Lyons, Kathleen A**

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**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Not Within Normal Limits

Clear

Clear

Small

Endotracheal Suction

Thick

White

Difficulty Clearing Secretions  
 Mechanically Ventilated

Normal

Normal

Soft, Non-Tender, Round, Obese

Active

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Bladder Pattern	Total Incontinence
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	Foley catheter draining to gravity.
Comment	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Lower Extremity Skin Assessment Parameter	Flaccid
Protocol: WOUND	
Integumentary Parameter Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	Within Normal Limits
Skin Verification Second RN Validating Skin Assessment	Monica, RN
Psychosocial Assessment Parameter	Within Normal Limits
Psychosocial Parameters Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment Appearance	Average
Line Days	
Line Days Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	
Male Reproductive Assessment Penile Discharge	
Document 11/02/22 12:00 EC (Rec: 11/02/22 13:41 EC Desktop)	
Neurological Assessment Parameter	Not Within Normal Limits
Neurological Parameter Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction	Sluggish
Size (mm)	5
Equality	PERRLA

Pupillometer Used to Assess	Yes
-----------------------------	-----

**Right**

Reaction	Brisk
Size (mm)	3
Equality	PERRLA

Pupillometer Used to Assess	Yes
-----------------------------	-----

**Strength**

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

Right arm to localized pain. BLE with triple flexion to pain.

HEENT Assessment  
 Parameter

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	Limited ROM
Head & Neck Movement	
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	
Heart Sounds	
Assessment	Hypertension
Cardiac Signs and Symptoms	
Pulse	
Bilateral Radial	
Pulse Rhythm	Regular
Strength	Normal
Doppler Used	No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	2+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

**Genitourinary Assessment**

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter draining to gravity.

**Female Reproductive Assessment**

Parameter

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Reproductive Parameter	Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	Within Normal Limits
Musculoskeletal Assessment	Musculoskeletal Assessment	
Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Left Upper Extremity	Severely Limited
Left Lower Extremity	Right Upper Extremity	Flaccid
Right Lower Extremity	Right Lower Extremity	Flaccid
Skin Assessment	Parameter	Flaccid
Parameter	Protocol: WOUND	
Integumentary Parameter	Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	Within Normal Limits
Psychosocial Assessment	Psychosocial Assessment	
Parameter	Psychosocial Parameters	Within Normal Limits
Query Text:	Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	Appearance	Average
Line Days	Line Days	
Protocol:	IC.ID	Yes
Central Line	Indwelling Catheters	Yes
Ventilator		Yes

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Male Reproductive Assessment

Penile Discharge

Document 11/02/22 16:00 EC (Rec: 11/02/22 18:16 EC Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Flexion

Glasgow Coma Scale Total

5

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Sluggish

Reaction

5

Size (mm)

PERRLA

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

3

Equality

PERRLA

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupillometer Used to Assess	Strength	Yes
Left Upper Extremity	Flaccid	
Left Lower Extremity	Flaccid	
Right Upper Extremity	Flaccid	
Right Lower Extremity	Flaccid	
Cough / Gag Reflex		
Cough/Gag Reflex	Hypoactive	
Neurological Comment		
Comment	Right arm to localized pain. BLE with triple flexion to pain.	
HEENT Assessment		
Parameter		
HEENT Parameter		Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.		
Eyes: No visual disturbances or foreign bodies.		
Ears: No tinnitus or foreign bodies.		
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.		
Throat: No problems swallowing, no soreness.		
Symptoms		
Head & Neck Movement		Limited ROM
Head/Neck/Face		
Eyes		
Left		Clear
Eye Discharge Color		White/Clear
Sclera Appearance		
Right		Clear
Eye Discharge Color		White/Clear
Sclera Appearance		
Cardiovascular Assessment		
Parameter		
Cardiovascular Parameter		Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2.		
Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf		

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Assessment  
 Cardiac Signs and Symptoms  
 Pulse  
 Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used  
 Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Hypertension

Regular  
 Normal  
 No

Edema  
 Bilateral Upper Extremity  
 Edema Type  
 Degree  
 Capillary Refill  
 Respiratory Assessment  
 Parameter

Regular  
 Normal  
 No

Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Non-Pitting  
 2+  
 < 3 Seconds

Not Within Normal Limits

Symptoms  
 Assessment  
 Respiratory Symptoms  
 Effort  
 Depth  
 Respiratory Pattern  
 Sputum Production Method  
 Sputum Consistency

Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal  
 Normal  
 Endotracheal Suction  
 Thick

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Color	White
Sputum Amount	Small
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	Clear
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment  
Bladder Pattern  
Urine Color

Total Incontinence  
Dark Yellow

Observation  
Palpation  
Gentourinary Comment

Comment  
Foley catheter draining to gravity.

Female Reproductive Assessment  
Parameter

Within Normal Limits

Reproductive Parameter  
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment  
Parameter

Not Within Normal Limits

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms  
Range Of Motion

Muscle Weakness  
Severely Limited

Left Upper Extremity  
Left Lower Extremity  
Right Upper Extremity  
Right Lower Extremity

Flaccid  
Flaccid  
Flaccid  
Flaccid

Skin Assessment

Parameter

Protocol: WOUND  
Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Within Normal Limits
Psychosocial Parameters	
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Line Days	
Line Days	
Protocol: IC:LD	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	
Male Reproductive Assessment	
Penile Discharge	
Document 11/02/22 20:00 HL (Rec: 11/02/22 21:23 HL Other)	
Neurological Assessment	
Parameter	
Neurological Parameter	Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.	
Assessment	
Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5
Glasgow Citation	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

**HEENT Assessment**

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Not Within Normal Limits

Right arm to localized pain. BLE with triple flexion to pain.

Hypoactive

Flaccid  
 Flaccid  
 Flaccid  
 Flaccid

Brisk  
 3  
 PERRLA  
 Yes

Sluggish  
 5  
 PERRLA  
 Yes

Limited ROM

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest

Not Within Normal Limits

Non-Pitting  
 2+  
 < 3 Seconds

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms**

**Assessment**

**Respiratory Symptoms**

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

**Auscultation**

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

**Gastrointestinal Assessment**

**Parameter**

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not

inflamed.

**Assessment**

Abdomen Description

Bowel Sounds

All Quadrants

Soft, Non-Tender, Round, Obese

Not within Normal Limits

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Small

Clear

Clear

Clear

Clear

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Bladder Pattern	Total Incontinence
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	Foley catheter draining to gravity.
Comment	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Skin Assessment	
Parameter	
Protocol: WOUND	
Integumentary Parameter	Within Normal Limits
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Psychosocial Assessment	
Parameter	
Psychosocial Parameters	Within Normal Limits
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Line Days	
Line Days	
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/02/22 23:59 HL (Rec: 11/03/22 01:01 HL Other)	
Neurological Assessment	
Parameter	
Neurological Parameter	Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

choking.

Assessment

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils  
 Left

Reaction	Sluggish
Size (mm)	5
Equality	PERRLA

Pupillometer Used to Assess	Yes
-----------------------------	-----

Right

Reaction	Brisk
Size (mm)	3
Equality	PERRLA

Pupillometer Used to Assess	Yes
-----------------------------	-----

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

Right arm to localized pain. BLE with triple flexion to pain.

HEENT Assessment  
 Parameter

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable,

regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Strength	Normal
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	2+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	Clear
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not

inflamed.

**Assessment**

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastric

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

Foley catheter draining to gravity.

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling,

**Lyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Parameter

Not Within Normal Limits

Musculoskeletal Parameter  
 Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness. Assessment

**Musculoskeletal Symptoms**

Range Of Motion

Muscle Weakness  
 Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

**Skin Assessment**

Parameter

Within Normal Limits

Protocol: WOUND

**Integumentary Parameter**

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

Parameter

Within Normal Limits

Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Assessment**

Appearance

Average

Line Days

Line Days

Protocol: IC, LD

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Document 11/03/22 04:00 HL (Rec: 11/03/22 06:08 HL Other)  
 Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Flexion

Glasgow Coma Scale Total

5

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish

Size (mm)

5

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

3

Equality

PERRLA

Pupillometer Used to Assess

Yes

Strength

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Comment	

HEENT Assessment

Parameter  
 HEENT Parameter Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement Limited ROM

Head/Neck/Face

Eyes

Left	Clear
Eye Discharge Color	Clear
Sclera Appearance	White/Clear

Right	Clear
Eye Discharge Color	Clear
Sclera Appearance	White/Clear

Cardiovascular Assessment  
 Parameter

Cardiovascular Parameter Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

and thrill. IV site, if present, patent without redness, pain, or swelling at site.

**Signs and Symptoms**

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

**Respiratory Assessment**

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

**Symptoms**

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Breath Sounds

Clear

Throughout

Breath Sounds

Clear

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastric

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	Total Incontinence
Bladder Pattern	Dark Yellow
Urine Color	
Observation	
Palpation	
Genitourinary Comment	Foley catheter draining to gravity.
Comment	
Female Reproductive Assessment	
Parameter	Within Normal Limits
Reproductive Parameter	
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	Not within Normal Limits
Musculoskeletal Parameter	
Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Skin Assessment	
Parameter	
Protocol: WOUND	Within Normal Limits
Integumentary Parameter	
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Psychosocial Assessment	
Parameter	Within Normal Limits
Psychosocial Parameters	
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/03/22 08:00 CO (Rec: 11/03/22 08:20 CO Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Arousable To

Obtunded  
 Deep Pain

Neurological Symptoms

Speech Pattern

Weakness  
 Artificially Ventilated

Eye Opening

Verbal Response

None  
 None

Motor Response

Glasgow Coma Scale Total

Flexion Withdrawal  
 6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypocative
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Comment	
HEENT Assessment	
Parameter	
HEENT Parameter	Not within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Discharge Color Clear  
 Sclera Appearance White/Clear

Cardiovascular Assessment

Parameter Not Within Normal Limits

Cardiovascular Parameter  
 Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse  
 Bilateral Radial Regular  
 Pulse Rhythm Normal  
 Strength Normal  
 Doppler Used No

Bilateral Dorsalis Pedis

Pulse Rhythm Regular  
 Strength Normal  
 Doppler Used No

Edema

Bilateral Upper Extremity Non-Pitting  
 Edema Type 2+  
 Degree < 3 Seconds

Capillary Refill

Respiratory Assessment  
 Parameter Not Within Normal Limits

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.  
 Symptoms

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: If external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Urinary Parameter	Not Within Normal Limits
Query Text:	Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients:	Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment		
Bladder Pattern		Total Incontinence
Urine Color		Pale Yellow
Observation		
Palpation		
Genitourinary Comment		
Comment		Foley catheter draining to gravity.
Female Reproductive Assessment		
Parameter	Reproductive Parameter	Within Normal Limits
Query Text:	Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment		
Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment		
Musculoskeletal Symptoms		Muscle Weakness
Range Of Motion		Severely Limited
Left Upper Extremity		Flaccid
Left Lower Extremity		Flaccid
Right Upper Extremity		Flaccid
Right Lower Extremity		Flaccid
Skin Assessment		
Parameter		
Protocol:	WOUND	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Second RN Validating Skin Assessment

Lamparero, Henry

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

Yes

Protocol: IC.LD

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/03/22 12:00 CO (Rec: 11/03/22 12:04 CO Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	
Neurological Comment	Hypoactive
Comment	Right arm to localized pain. BLE with triple flexion to pain.
HEENT Assessment	
Parameter	Not Within Normal Limits
HEENT Parameter	
Query Text:Head:	Symmetric movement without discomfort.
Eyes:	No visual disturbances or foreign bodies.

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text: Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Edema

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

Not Within Normal Limits



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

For OB patients: If external hemorrhoids present, not inflamed.

Assessment  
 Abdomen Description Soft, Non-Tender, Round, Obese

Bowel Sounds All Quadrants Active

Bowel Pattern Bowel Sounds Active

Gastric Tube Orogastric

Tube Patency/Placement Air Auscultated, Flushed, Patent

Genitourinary Assessment  
 Parameter Not Within Normal Limits

Urinary Parameter  
 Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment  
 Bladder Pattern Total Incontinence  
 Urine Color Pale Yellow

Observation  
 Palpation  
 Genitourinary Comment  
 Comment  
 Female Reproductive Assessment  
 Parameter Foley catheter draining to gravity.

Reproductive Parameter  
 Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment  
 Parameter  
 Musculoskeletal Parameter Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Flaccid  
 Flaccid  
 Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Within Normal Limits

Assessment

Appearance

Affect

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/03/22 16:00 CO (Rec: 11/03/22 16:08 CO Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

**Posturing**

Pupils	
Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes

**Strength**

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough / Gag Reflex  
 Cough/Gag Reflex  
 Neurological Comment  
 Comment

Hypoactive  
 Right arm to localized pain. BLE with  
 triple flexion to pain.

HEENT Assessment

Parameter

Not Within Normal Limits

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.  
 Eyes: No visual disturbances or foreign bodies.  
 Ears: No tinnitus or foreign bodies.  
 Nose: Airway passages clear. Sense of smell intact. No  
 foreign bodies.  
 Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2.  
 Normal sinus rhythm if on monitor. Neck veins flat at 45  
 degrees elevation. No JVD. Peripheral pulses palpable,  
 regular, present all extremities. No edema or calf  
 tenderness. Negative Homan's Sign. Capillary refill brisk,  
 less than 2 seconds. Shunt, if present, with strong bruit  
 and thrill. IV site, if present, patent without redness,  
 pain, or swelling at site.  
 Signs and Symptoms  
 Heart Sounds

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Small

Clear

Clear

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Foley catheter draining to gravity.

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Protocol: IC.ID      Yes  
 Central Line      Yes  
 Indwelling Catheters      Yes  
 Ventilator      Yes

**Male Reproductive Assessment**

Penile Discharge

Document 11/03/22 20:00 HL (Rec: 11/03/22 20:34 HL Desktop)

**Neurological Assessment Parameter**

**Neurological Parameter**

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**

Left	Sluggish
Reaction	5
Size (mm)	PERRLA
Equality	PERRLA
Pupillometer Used to Assess	Yes



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Comment	
HEENT Assessment	
Parameter	Not Within Normal Limits
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds

Pulse  
 Bilateral Radial

Pulse Rhythm  
 Strength

Doppler Used  
 Bilateral Dorsalis Pedis

Pulse Rhythm  
 Strength

Doppler Used  
 Edema

Bilateral Upper Extremity  
 Edema Type

Degree  
 Capillary Refill

Respiratory Assessment  
 Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Respiratory Symptoms  
 Effort

Depth  
 Respiratory Pattern

Regular  
 Normal

No

Regular  
 Normal

No

Non-Pitting  
 2+  
 < 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal  
 Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter draining to gravity.

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

**Assessment**

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

**Skin Assessment**

Parameter

Protocol: WOUND

Within Normal Limits

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		Within Normal Limits
Psychosocial Parameters		
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.		
Assessment		
Appearance		Average
Affect		Flat
Line Days		
Line Days		
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document 11/03/22 23:59 HL (Rec: 11/04/22 00:56 HL Desktop)		
Neurological Assessment		
Parameter		
Neurological Parameter		Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.		
Assessment		
Level of Consciousness		Obtunded
Arousable To		Deep Pain
Neurological Symptoms		Weakness
Speech Pattern		Artificially Ventilated
Eye Opening		None
Verbal Response		None
Motor Response		Flexion Withdrawal
Glasgow Coma Scale Total		6

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Not Within Normal Limits

Right arm to localized pain. BLE with  
 triple flexion to pain.

Hypoactive

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Limited ROM

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Not Within Normal Limits

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Non-Pitting  
 2+  
 < 3 Seconds

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms**

**Assessment**

Respiratory Symptoms  
 Effort  
 Depth

Difficulty Clearing Secretions  
 Mechanically Ventilated

Respiratory Pattern  
 Sputum Production Method  
 Sputum Consistency

Normal  
 Normal  
 Endotracheal Suction

Sputum Color  
 Sputum Amount

Thick  
 White  
 Small

**Auscultation**

Throughout  
 Breath Sounds

Clear

Oxygen  
 Sputum  
 Cough

**Gastrointestinal Assessment**

**Parameter**

Gastrointestinal Parameter

Not Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment  
 Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds  
 All Quadrants  
 Bowel Sounds

Active



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling,

masses, or nipple discharge. Genitalia without discharge,

lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and

strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Air Auscultated, Flushed, Patent

Not Within Normal Limits

Total Incontinence

Pale Yellow

Foley catheter draining to gravity.

Within Normal Limits

Not Within Normal Limits

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Flaccid

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Upper Extremity  
 Right Lower Extremity

Flaccid  
 Flaccid

Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter  
 Psychosocial Parameters

Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment  
 Appearance  
 Affect

Average  
 Flat

Line Days

Line Days  
 Protocol: IC.ID

Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/04/22 04:00 HL (Rec: 11/04/22 05:04 HL Desktop)

Neurological Assessment

Parameter  
 Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

**Posturing**

**Pupils**

Left	Sluggish
Reaction	5
Size (mm)	PERRLA
Equality	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	Yes
Pupillometer Used to Assess	

**Strength**

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

Cough / Gag Reflex  
 Cough/Gag Reflex  
 Neurological Comment  
 Comment

Right arm to localized pain. BLE with triple flexion to pain.

HEENT Assessment  
 Parameter

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	Limited ROM
Head & Neck Movement	
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	
Heart Sounds	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Strength	Normal
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	2+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter draining to gravity.

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Not Within Normal Limits

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Flaccid  
 Flaccid  
 Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Within Normal Limits

Assessment

Appearance

Affect

Average  
 Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Yes

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/04/22 08:00 CO (Rec: 11/04/22 08:27 CO Desktop)

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness  
 Artificially Ventilated

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish

Size (mm)

5

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction

Sluggish

Size (mm)

3

Equality

PERRLA

Pupillometer Used to Assess

Yes

Strength

Left Upper Extremity

Flaccid



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Comment	

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

Not Within Normal Limits

Limited ROM

Clear

White/Clear

Clear

White/Clear

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughouth

Breath Sounds

Not Within Normal Limits

Non-Pitting

2+

< 3 Seconds

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Clear

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: If external hemorrhoids present, not inflamed.

Assessment

Soft, Non-Tender, Round, Obese

Abdomen Description

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Genitourinary Assessment

Parameter

Not Within Normal Limits

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Total Incontinence

Bladder Pattern

Urine Color

Dark Yellow

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Foley catheter draining to gravity.

Parameter

Reproductive Parameter

Within Normal Limits

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Within Normal Limits

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Second RN Validating Skin Assessment

Lamparero, Henry

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Appearance  
 Affect

Average  
 Flat

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/04/22 12:00 CO (Rec: 11/04/22 12:13 CO Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Sluggish

5

PERRLA

Yes

Sluggish

3

PERRLA

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Hypocative

Right arm to localized pain. BLE with

triple flexion to pain.

Not within Normal Limits

Limited ROM

Clear

White/Clear

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Discharge Color Clear  
 Sclera Appearance White/Clear

Cardiovascular Assessment

Parameter Not Within Normal Limits

Cardiovascular Parameter  
 Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds Regular  
 Pulse Bilateral Radial Normal  
 Strength Normal  
 Doppler Used No  
 Bilateral Dorsalis Pedis Regular  
 Pulse Rhythm Normal  
 Strength Normal  
 Doppler Used No

Edema

Bilateral Upper Extremity Non-Pitting  
 Edema Type 2+  
 Degree < 3 Seconds

Capillary Refill

Respiratory Assessment Not Within Normal Limits  
 Parameter

Respiratory Parameter  
 Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Symptoms

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: If external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Urinary Parameter	Not Within Normal Limits
Query Text:	Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients:	Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment		
Bladder Pattern		Total Incontinence
Urine Color		Dark Yellow
Observation		
Palpation		
Genitourinary Comment		
Comment		Foley catheter draining to gravity.
Female Reproductive Assessment		
Parameter	Reproductive Parameter	Within Normal Limits
Query Text:	Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment		
Parameter	Musculoskeletal Parameter	Not Within Normal Limits
Query Text:	Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment		
Musculoskeletal Symptoms		Muscle Weakness
Range Of Motion		Severely Limited
Left Upper Extremity		Flaccid
Left Lower Extremity		Flaccid
Right Upper Extremity		Flaccid
Right Lower Extremity		Flaccid
Skin Assessment		
Parameter		
Protocol:	WOUND	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

Yes

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/04/22 16:00 CO (Rec: 11/04/22 16:27 CO Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Right	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Sluggish
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
Neurological Comment	
Comment	Right arm to localized pain. BLE with triple flexion to pain.
HEENT Assessment	
Parameter	
HEENT Parameter	Not within Normal Limits
Query Text:Head:	Symmetric movement without discomfort.
Eyes:	No visual disturbances or foreign bodies.
Ears:	No tinnitus or foreign bodies.
Nose:	Airway passages clear. Sense of smell intact. No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Periperal pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Limited ROM

Clear

White/Clear

Clear

White/Clear

Not Within Normal Limits

Regular

Normal

No

Regular

Normal

No

Non-Pitting

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Degree 2+  
 Capillary Refill < 3 Seconds

Respiratory Assessment  
 Parameter

Respiratory Parameter Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment Difficulty Clearing Secretions  
 Respiratory Symptoms Mechanically Ventilated

Effort Normal  
 Depth Normal

Respiratory Pattern Normal  
 Sputum Production Method Endotracheal Suction

Sputum Consistency Thick  
 Sputum Color White  
 Sputum Amount Small

Auscultation Clear  
 Throughout  
 Breath Sounds

Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment  
 Parameter Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Bladder Pattern	Total Incontinence
Urine Color	Dark Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	Foley catheter draining to gravity.
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Skin Assessment	
Parameter	
Protocol: WOUND	Within Normal Limits
Integumentary Parameter	
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Psychosocial Assessment	
Parameter	
Psychosocial Parameters	Within Normal Limits
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Affect	Flat
Line Days	
Line Days	
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/04/22 20:00 KC (Rec: 11/04/22 21:47 KC Desktop)	
Neurological Assessment	
Parameter	
Neurological Parameter	Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

**Posturing**

**Pupils**

Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Sluggish
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes

**Strength**

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Neurological Comment

Right arm to localized pain. BLE with triple flexion to pain.

HEENT Assessment

Parameter

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

**Iyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pulse Rhythm	Regular
Strength	Normal
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	2+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: If external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastric

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter draining to gravity.

Female Reproductive Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter	Reproductive Parameter	Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	Within Normal Limits
Parameter	Musculoskeletal Assessment	Musculoskeletal Assessment	Not Within Normal Limits
Parameter	Musculoskeletal Parameter	Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	Muscle Weakness Severely Limited
Assessment	Musculoskeletal Symptoms		Flaccid
Range Of Motion			Flaccid
Left Upper Extremity			Flaccid
Left Lower Extremity			Flaccid
Right Upper Extremity			Flaccid
Right Lower Extremity			Flaccid
Skin Assessment			
Parameter	Integumentary Parameter	Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	Within Normal Limits
Protocol:	WOUND		
Integumentary Parameter			
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.			
Skin Verification			
Second RN Validating Skin Assessment			Ordanza, Cristina Arenas
Psychosocial Assessment			
Parameter	Psychosocial Parameters	Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.	Within Normal Limits
Assessment	Appearance		Average
Affect			Flat
Line Days			
Line Days			

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Protocol: IC.ID

Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes

**Male Reproductive Assessment**

Penile Discharge

Document 11/04/22 23:59 KC (Rec: 11/05/22 04:05 KC Desktop)

**Neurological Assessment**

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Sluggish

5

PERRLA

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right	
Reaction	Sluggish
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Comment	
HEENT Assessment	
Parameter	Not Within Normal Limits
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Pulse

Bilateral Radial Pulse Rhythm Strength	Regular Normal
Doppler Used	No

Bilateral Dorsalis Pedis Pulse Rhythm Strength	Regular Normal
Doppler Used	No

Edema	
Bilateral Upper Extremity Edema Type Degree	Non-Pitting 2+
Capillary Refill	< 3 Seconds

Respiratory Assessment Parameter  
 Respiratory Parameter  
 Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms Assessment	Not Within Normal Limits
Respiratory Symptoms Effort	Difficulty Clearing Secretions Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text:Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter draining to gravity.

Female Reproductive Assessment

Parameter

Within Normal Limits

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Not Within Normal Limits

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

Skin Assessment

Parameter

Within Normal Limits

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		Within Normal Limits
Psychosocial Parameters		
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.		
Assessment		
Appearance		Average
Affect		Flat
Line Days		
Line Days		
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document 11/05/22 04:00 KC (Rec: 11/05/22 05:57 KC Desktop)		
Neurological Assessment		
Parameter		
Neurological Parameter		Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.		
Assessment		
Level of Consciousness		Obtunded
Arousable To		Deep Pain
Neurological Symptoms		Weakness
Speech Pattern		Artificially Ventilated
Eye Opening		None
Verbal Response		None
Motor Response		Flexion Withdrawal
Glasgow Coma Scale Total		6

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Not Within Normal Limits

Right arm to localized pain. BLE with  
 triple flexion to pain.

Hypoactive

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Limited ROM

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Not Within Normal Limits

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Non-Pitting

2+

< 3 Seconds

Regular  
 Normal

No

Regular

Normal

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms**

**Assessment**

Respiratory Symptoms  
 Effort  
 Depth

Difficulty Clearing Secretions  
 Mechanically Ventilated

Respiratory Pattern  
 Sputum Production Method  
 Sputum Consistency

Normal  
 Normal  
 Endotracheal Suction

Sputum Color

Thick  
 White  
 Small

**Auscultation**

Throughout  
 Breath Sounds

Clear

Oxygen

Sputum

Cough

**Gastrointestinal Assessment**

**Parameter**

Gastrointestinal Parameter

Not Within Normal Limits

Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling,

masses, or nipple discharge. Genitalia without discharge,

lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and

strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Air Auscultated, Flushed, Patent

Not Within Normal Limits

Total Incontinence

Dark Yellow

Foley catheter draining to gravity.

Within Normal Limits

Not Within Normal Limits

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Flaccid

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right Upper Extremity  
 Right Lower Extremity

Flaccid  
 Flaccid

Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter  
 Psychosocial Parameters

Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance  
 Affect

Average  
 Flat

Line Days

Line Days  
 Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/05/22 08:00 JM (Rec: 11/05/22 11:11 JM Desktop)

Neurological Assessment

Parameter  
 Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or

**Iyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

choking.

Assessment

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils  
 Left

Reaction	Sluggish
Size (mm)	5
Equality	PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction	Brisk
Size (mm)	2
Equality	PERRLA

Pupillometer Used to Assess

Yes

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak

Cough / Gag Reflex

Hypoactive

HEENT Assessment

Parameter

HEENT Parameter Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text: Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Edema

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates

prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

Non-Pitting

2+

< 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Small

Clear

Clear

Not Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

For OB patients: If external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastric

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Not Within Normal Limits

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Bladder Distention

No

Observation

Palpation

Genitourinary Comment

Foley catheter draining to gravity.

Female Reproductive Assessment

Parameter

Within Normal Limits

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Muscle Weakness  
 Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Within Normal Limits

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Chow, Kristin

Second RN Validating Skin Assessment

Psychosocial Assessment

Chow, Kristin

Parameter

Chow, Kristin

Psychosocial Parameters

Not Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Average

Line Days

Average

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

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**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish

Size (mm)

5

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

2

Equality

PERRLA

Pupillometer Used to Assess

Yes

Strength

Left Upper Extremity

Flaccid

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	
Query Text:Head: Symmetric movement without discomfort.	Not Within Normal Limits
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	Not Within Normal Limits
Signs and Symptoms	
Heart Sounds	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Small

Clear

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Bladder Distention

No

Observation

Palpation



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Foley catheter draining to gravity.  
 Within Normal Limits

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Not Within Normal Limits

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Muscle Weakness  
 Severely Limited

Flaccid

Weak

Weak

Weak

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance

Affect

Average

Flat

Line Days

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator  
 Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/05/22 16:00 JM (Rec: 11/05/22 16:18 JM Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Not Within Normal Limits

Assessment

Level of Consciousness  
 Arousable To  
 Neurological Symptoms  
 Speech Pattern  
 Eye Opening  
 Verbal Response  
 Motor Response  
 Glasgow Coma Scale Total

Obtunded  
 Deep Pain  
 Weakness  
 Artificially Ventilated  
 None  
 None  
 Flexion Withdrawal  
 6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing  
 Pupils  
 Left  
 Reaction  
 Size (mm)  
 Equality

Sluggish  
 5  
 PERRLA

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2.	
Normal sinus rhythm if on monitor. Neck veins flat at 45	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds  
 Pulse

Bilateral Radial  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No

Bilateral Dorsalis Pedis  
 Pulse Rhythm  
 Strength  
 Doppler Used

Regular  
 Normal  
 No

Edema  
 Bilateral Upper Extremity  
 Edema Type  
 Degree

Non-Pitting  
 2+

Capillary Refill  
 Respiratory Assessment  
 Parameter

< 3 Seconds

Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Not Within Normal Limits

Symptoms  
 Assessment

Respiratory Symptoms  
 Effort  
 Depth  
 Respiratory Pattern  
 Sputum Production Method  
 Sputum Consistency

Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal  
 Normal  
 Endotracheal Suction  
 Thick

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear

Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Not Within Normal Limits

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern	Total Incontinence
Urine Color	Dark Yellow
Bladder Distention	No

**Observation**

Palpation

Genitourinary Comment

Comment: Foley catheter draining to gravity.

**Female Reproductive Assessment**

Parameter

Reproductive Parameter: Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Parameter

Musculoskeletal Parameter: Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

**Assessment**

Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak

**Skin Assessment**

Parameter

Protocol: WOUND: Within Normal Limits

**Integumentary Parameter**

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

**Psychosocial Assessment**

Parameter

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Not Within Normal Limits

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/05/22 20:00 KC (Rec: 11/05/22 21:38 KC Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Sluggish

5

PERRLA

Yes

Brisk

2

PERRLA

Yes

Flaccid

Flaccid

Weak

Weak

Weak

Weak

Weak

Hypoactive

Hypoactive

Hypoactive

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

Not within Normal Limits

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Not within Normal Limits

Not within Normal Limits

Not within Normal Limits



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Right

Eye Discharge Color  
 Sclera Appearance

Clear  
 White/Clear

Cardiovascular Assessment

Parameter

Not Within Normal Limits

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.  
 Normal sinus rhythm if on monitor. Neck veins flat at 45  
 degrees elevation. No JVD. Peripheral pulses palpable,  
 regular, present all extremities. No edema or calf  
 tenderness. Negative Homan's Sign. Capillary refill brisk,  
 less than 2 seconds. Shunt, if present, with strong bruit  
 and thrill. IV site, if present, patent without redness,  
 pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.

Not Within Normal Limits

Non-Pitting

2+

< 3 Seconds

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text:No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation.	
Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Patency/Placement	Air Auscultated, Flushed, Patent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Bladder Distention

No

Observation

Palpation

Genitourinary Comment

Foley catheter draining to gravity.

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter		
Protocol: WOUND		Within Normal Limits
Integumentary Parameter		
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.		
Psychosocial Assessment		
Parameter		
Psychosocial Parameters		Not Within Normal Limits
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.		
Assessment		
Appearance		Average
Affect		Flat
Line Days		
Line Days		Yes
Protocol: IC:LD		Yes
Central Line		Yes
Indwelling Catheters		
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document 11/05/22 23:59 KC (Rec: 11/06/22 00:45 KC Desktop)		
Neurological Assessment		
Parameter		
Neurological Parameter		Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.		
Assessment		
Level of Consciousness		Obtunded

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Not Within Normal Limits

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Regular

Normal

No

Regular

Normal

No

Non-Pitting

2+

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

< 3 Seconds

Capillary Refill

Respiratory Assessment  
 Parameter  
 Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.  
 Symptoms  
 Assessment  
 Respiratory Symptoms  
 Effort  
 Depth  
 Respiratory Pattern  
 Sputum Production Method  
 Sputum Consistency  
 Sputum Color  
 Sputum Amount  
 Auscultation  
 Throughout  
 Breath Sounds  
 Oxygen  
 Sputum  
 Cough  
 Gastrointestinal Assessment  
 Parameter

Not Within Normal Limits  
 Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal  
 Normal  
 Endotracheal Suction  
 Thick  
 White  
 Small  
 Clear

Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates  
 prescribed diet without nausea and/or vomiting. Without NG  
 and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern  
 and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not  
 inflamed.  
 Assessment

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Bladder Pattern	Total Incontinence
Urine Color	Dark Yellow
Bladder Distention	No
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	Foley catheter draining to gravity.
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance

Affect

Average  
 Flat

Line Days

Line Days

Protocol: IC.ID

Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 11/06/22 04:00 KC (Rec: 11/06/22 04:42 KC Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

**Posturing**

**Pupils**

Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes

**Strength**

Pupillometer Used to Assess	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

HEENT Assessment

Parameter

HEENT Parameter

Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Regular

Normal

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Dorsalis Pedis  
 Pulse Rhythm Regular  
 Strength Normal  
 Doppler Used No

Edema  
 Bilateral Upper Extremity  
 Edema Type Non-Pitting  
 Degree 2+  
 Capillary Refill < 3 Seconds

Respiratory Assessment  
 Parameter Not Within Normal Limits

Respiratory Parameter  
 Query Text: Spontaneous respirations 12-20 per minute at rest  
 , even and unlabored. Breath sounds clear bilaterally  
 without adventitious lung sounds. Sputum absent or clear. No  
 cough. No shortness of breath.

Symptoms  
 Assessment  
 Respiratory Symptoms Difficulty Clearing Secretions  
 Effort Mechanically Ventilated  
 Depth Normal  
 Respiratory Pattern Normal  
 Sputum Production Method Endotracheal Suction  
 Sputum Consistency Thick  
 Sputum Color White  
 Sputum Amount Small  
 Auscultation  
 Throughout  
 Breath Sounds Clear  
 Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment  
 Parameter Not Within Normal Limits  
 Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates  
 prescribed diet without nausea and/or vomiting. Without NG

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus.

Bowel sounds normoactive x all 4 quadrants on auscultation.

Patient is continent without bowel diversion. Bowel pattern

and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not

inflamed.

**Assessment**

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

**Genitourinary Assessment**

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty

bladder without difficulty, urgency, frequency, or bladder

distention. Urine is clear and yellow to amber without foul

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after

delivery, or Foley cath removed, void 300cc or more per

unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Dark Yellow

Bladder Distention

No

Observation

Palpation

Genitourinary Comment

Foley catheter draining to gravity.

Comment

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Weak

Right Upper Extremity

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Protocol: WOUND

Within Normal Limits

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not Within Normal Limits

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

Yes

Protocol: IC.ID

Yes

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit      **Room-Bed:** QI007-A  
 61 F 07/13/1961      **Med Rec Num:** MR01483046      **Visit:** QH0054940416

Interventions - Continued

Male Reproductive Assessment

Penile Discharge

Document 11/06/22 08:00 JM (Rec: 11/06/22 11:30 JM Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Sluggish

Reaction

4

Size (mm)

PERRLA

Equality

Yes

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

2

Equality

PERRLA

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupillometer Used to Assess	Yes
Strength	Yes
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness,	



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughouth

Breath Sounds

Not Within Normal Limits

Non-Pitting

2+

< 3 Seconds

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Clear

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: If external hemorrhoids present, not inflamed.

Assessment

Soft, Non-Tender, Round, Obese

Abdomen Description

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Genitourinary Assessment

Parameter

Not Within Normal Limits

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Total Incontinence

Bladder Pattern

Urine Color

Bright Yellow

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bladder Distention	No
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	Foley catheter draining to gravity.
Parameter	Within Normal Limits
Reproductive Parameter	
Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	Not Within Normal Limits
Musculoskeletal Parameter	
Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	Muscle Weakness
Musculoskeletal Symptoms	Severely Limited
Range Of Motion	Flaccid
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Skin Assessment	
Parameter	Within Normal Limits
Protocol: WOUND	
Integumentary Parameter	
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.	
Skin Verification	Chow, Kristin
Second RN Validating Skin Assessment	
Psychosocial Assessment	Not Within Normal Limits
Parameter	
Psychosocial Parameters	
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

free of hallucinations and suicidal ideation.

Assessment

Appearance  
 Affect

Average  
 Flat

Line Days

Line Days  
 Protocol: IC,LD

Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/06/22 12:00 JM (Rec: 11/06/22 12:39 JM Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Not Within Normal Limits

Hypoactive

Flaccid

Weak

Weak

Weak

Yes

PERRIA

2

Brisk

Yes

PERRIA

4

Sluggish

Limited ROM

Clear

White/Clear

Clear

White/Clear

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Strength

Normal

Doppler Used

No

Edema

Bilateral Upper Extremity

Edema Type

Non-Pitting

Degree

2+

Capillary Refill

< 3 Seconds

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Difficulty Clearing Secretions

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: if external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Urine Color

Bladder Distention

Observation

Palpation

Genitourinary Comment

Total Incontinence  
 Bright Yellow  
 No

Foley catheter draining to gravity.

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Within Normal Limits

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Not within Normal Limits

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Weak  
 Weak  
 Weak

Within Normal Limits



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Not Within Normal Limits

Psychosocial Parameters  
 Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

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Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish
Size (mm)	4
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Weak
Cough/Gag Reflex	
HEENT Assessment	Hypoactive
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Periperal pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Not Within Normal Limits

Clear  
 White/Clear

Clear  
 White/Clear

Regular  
 Normal  
 No

Regular  
 Normal  
 No

Non-Pitting  
 2+  
 < 3 Seconds

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Respiratory Parameter

Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms  
 Effort  
 Depth

Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal

Respiratory Pattern  
 Sputum Production Method  
 Sputum Consistency

Normal  
 Endotracheal Suction  
 Thick  
 White

Sputum Amount  
 Auscultation

Small

Throughout  
 Breath Sounds

Clear

Oxygen  
 Sputum  
 Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient. For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds  
 All Quadrants

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic Tube Patency/Placement

Genitourinary Assessment

Parameter

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Urine Color

Bladder Distention

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Parameter

Musculoskeletal Assessment

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Parameter

Musculoskeletal Assessment

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Parameter

Musculoskeletal Assessment

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Not Within Normal Limits

Muscle Weakness

Severely Limited

Not Within Normal Limits

Within Normal Limits

Within Normal Limits

Foley catheter draining to gravity.

Within Normal Limits

Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak

Skin Assessment  
 Parameter  
 Protocol: WOUND  
 Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor  
 without tenting. No suspicious nevi, rash, petechiae, or  
 ecchymosis.  
 Psychosocial Assessment  
 Parameter  
 Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance,  
 behavior and verbalization appropriate to situation. Patient  
 free of hallucinations and suicidal ideation.  
 Assessment  
 Appearance  
 Affect  
 Line Days  
 Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator  
 Male Reproductive Assessment  
 Penile Discharge  
 Document 11/06/22 20:00 KC (Rec: 11/06/22 21:25 KC Desktop)  
 Neurological Assessment  
 Parameter  
 Neurological Parameter  
 Query Text: Awake, alert and oriented to person, place, time  
 and situation/purpose. GCS 15. PERL with spontaneous eye  
 opening. Behavior appropriate to situation. Active ROM of  
 all extremities with symmetrical strength. No paresthesias.  
 Clear and understandable verbalization or able to

Within Normal Limits  
 Within Normal Limits  
 Not Within Normal Limits

Average  
 Flat

Yes  
 Yes  
 Yes

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

**Strength**

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

**HEENT Assessment**

Parameter

HEENT Parameter

Not within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

**Query Text:Head:** Symmetric movement without discomfort.

**Eyes:** No visual disturbances or foreign bodies.

**Ears:** No tinnitus or foreign bodies.

**Nose:** Airway passages clear. Sense of smell intact. No foreign bodies.

**Throat:** No problems swallowing, no soreness.

**Symptoms**

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

**Query Text:**Regular apical/radial pulse. Audible S1 & S2.

Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

**Signs and Symptoms**

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Limited ROM

Clear

White/Clear

Clear

White/Clear

Not Within Normal Limits

Regular

Normal

No

Regular

Normal



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Doppler Used	No
Edema	
Bilateral Upper Extremity	
Edema Type	Non-Pitting
Degree	2+
Capillary Refill	< 3 Seconds
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

**Abdomen Description**

Soft, Non-Tender, Round, Obese

**Bowel Sounds**

All Quadrants

Bowel Sounds

Active

**Bowel Pattern**

Gastric Tube

Orogastic

Tube Patency/Placement

Air Auscultated, Flushed, Patent

**Genitourinary Assessment**

**Parameter**

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Total Incontinence

Urine Color

Bright Yellow

Bladder Distention

No

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter draining to gravity.

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Not Within Normal Limits

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Muscle Weakness

Severely Limited

Flaccid

Weak

Weak

Weak

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Skin Verification

Second RN Validating Skin Assessment

Malaca, Jessalie

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance

Affect

Average

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Yes

Yes

Male Reproductive Assessment

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Penile Discharge

Document 11/06/22 23:59 KC (Rec: 11/07/22 00:59 KC Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish

Size (mm)

4

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

2

Equality

PERRLA

Pupillometer Used to Assess

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Not Within Normal Limits

Non-Pitting

2+

< 3 Seconds

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Clear

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastric

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Bright Yellow

Bladder Distention

No

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Observation  
 Palpation  
 Genitourinary Comment  
 Comment  
 Female Reproductive Assessment  
 Parameter  
 Reproductive Parameter  
 Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.  
 Musculoskeletal Assessment  
 Parameter  
 Musculoskeletal Parameter  
 Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.  
 Assessment  
 Musculoskeletal Symptoms  
 Range Of Motion  
 Left Upper Extremity  
 Left Lower Extremity  
 Right Upper Extremity  
 Right Lower Extremity  
 Skin Assessment  
 Parameter  
 Protocol: WOUND  
 Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.  
 Psychosocial Assessment  
 Parameter  
 Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Assessment  
 Appearance

Foley catheter draining to gravity.

Within Normal Limits

Not Within Normal Limits

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Weak  
 Weak  
 Weak

Within Normal Limits

Not Within Normal Limits

Average



**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/07/22 04:00 KC (Rec: 11/07/22 04:51 KC Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Deep Pain

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

6

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Sluggish

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Size (mm)	4
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms  
 Heart Sounds

Pulse  
 Bilateral Radial

Pulse Rhythm  
 Strength

Doppler Used  
 Bilateral Dorsalis Pedis

Pulse Rhythm  
 Strength

Doppler Used  
 Edema

Bilateral Upper Extremity  
 Edema Type

Degree  
 Capillary Refill

Respiratory Assessment  
 Parameter

Respiratory Parameter

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms  
 Assessment

Respiratory Symptoms  
 Effort

Depth  
 Respiratory Pattern

Regular  
 Normal

No

Regular  
 Normal

No

Non-Pitting  
 2+  
 < 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions  
 Mechanically Ventilated  
 Normal  
 Normal

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Gastrointestinal Parameter  
 Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Soft, Non-Tender, Round, Obese

Abdomen Description

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Parameter

Not Within Normal Limits

Urinary Parameter

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Urine Color

Bladder Distention

Observation

Palpation

Genitourinary Comment

Comment

**Female Reproductive Assessment**

Parameter

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

**Musculoskeletal Assessment**

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Foley catheter draining to gravity.

Within Normal Limits

Not Within Normal Limits

Muscle Weakness

Severely Limited

Flaccid

Weak

Weak

Weak

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Not Within Normal Limits

Assessment

Appearance  
 Affect

Average  
 Flat

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line

Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/07/22 08:00 RD (Rec: 11/07/22 09:37 RD Desktop)

Neurological Assessment  
 Parameter

Not Within Normal Limits

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness  
 Arousable To  
 Neurological Symptoms  
 Speech Pattern  
 Eye Opening  
 Verbal Response  
 Motor Response

Obtunded  
 Not Arousable  
 Weakness  
 Artificially Ventilated  
 None  
 None  
 Abnormal Flexion

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

5

Glasgow Coma Scale Total  
 Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Not Within Normal Limits

Limited ROM

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Blindness	UTPA
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Blindness	UTPA
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	
Heart Sounds	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms**

**Assessment**

**Respiratory Symptoms**

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

**Gastrointestinal Assessment**

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description

Difficulty Clearing Secretions, Unable

to Lie Flat

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thin

White

Small

Diminished

Diminished

Not Within Normal Limits

Soft, Non-Tender, Round, Obese

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	Total Incontinence
Bladder Pattern	Bright Yellow
Urine Color	
Observation	
Palpation	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	Muscle Weakness
Musculoskeletal Symptoms	Severely Limited
Range Of Motion	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Upper Extremity Flaccid  
 Left Lower Extremity Flaccid  
 Right Upper Extremity Flaccid  
 Right Lower Extremity Flaccid  
 Skin Assessment

Parameter  
 Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification  
 Second RN Validating Skin Assessment

KRITSIAN RN

Psychosocial Assessment

Parameter  
 Psychosocial Parameters  
 Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Within Normal Limits

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge  
 Document 11/07/22 12:00 RD (Rec: 11/07/22 12:51 RD Desktop)  
 Neurological Assessment

Parameter  
 Neurological Parameter  
 Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory

Not Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

**HEENT Assessment**

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Not Within Normal Limits

Obtunded

Not Arousable

Weakness

Artificially Ventilated

None

None

Abnormal Flexion

5

Sluggish

5

PERRLA

Yes

Brisk

2

PERRLA

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Hypoactive

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

**Eyes:** No visual disturbances or foreign bodies.  
**Ears:** No tinnitus or foreign bodies.

**Nose:** Airway passages clear. Sense of smell intact. No foreign bodies.

**Throat:** No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Blindness

UTA

Right

Blindness

UTA

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Within Normal Limits

**Query Text:**Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Respiratory Assessment

Parameter

Respiratory Parameter

Not Within Normal Limits

**Query Text:**Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Difficulty Clearing Secretions, Unable to Lie Flat

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Endotracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Left Lower Lobe	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	Not Within Normal Limits
Gastrointestinal Parameter	
Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.	
Abdomen soft, nontender without distention. Passing flatus.	
Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.	
For OB patients: If external hemorrhoids present, not inflamed.	
Assessment	
Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Patency/Placement	Air Auscultated, Flushed, Patent

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Bright Yellow

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Within Normal Limits

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not Within Normal Limits

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Within Normal Limits

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter Psychosocial Parameters Within Normal Limits

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Line Days

Line Days  
 Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/07/22 16:00 RD (Rec: 11/07/22 16:48 RD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Not Within Normal Limits

Assessment  
 Level of Consciousness  
 Arousable To  
 Neurological Symptoms  
 Speech Pattern  
 Eye Opening  
 Verbal Response  
 Motor Response

Obtunded  
 Not Arousable  
 Weakness  
 Artificially Ventilated  
 None  
 None  
 Abnormal Flexion



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

5

Glasgow Coma Scale Total  
 Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Not Within Normal Limits

Limited ROM

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Blindness	UTPA
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Blindness	UTPA
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	
Heart Sounds	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms**

**Assessment**

**Respiratory Symptoms**

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

**Gastrointestinal Assessment**

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.

Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.

For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description

Difficulty Clearing Secretions, Restlessness Mechanically Ventilated Normal

Endotracheal Suction Thin

Clear Scant

Diminished

Diminished

Not Within Normal Limits

Soft, Non-Tender, Round, Obese

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastic	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	Total Incontinence
Bladder Pattern	Bright Yellow
Urine Color	
Observation	
Palpation	
Female Reproductive Assessment	
Parameter	Within Normal Limits
Reproductive Parameter	
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	Not Within Normal Limits
Musculoskeletal Parameter	
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	Muscle Weakness
Musculoskeletal Symptoms	Severely Limited
Range Of Motion	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

Skin Assessment  
 Parameter  
 Protocol: WOUND  
 Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter  
 Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Within Normal Limits

Line Days

Line Days  
 Protocol: IC.ID  
 Central Line  
 Indwelling Catheters  
 Ventilator  
 Male Reproductive Assessment  
 Penile Discharge  
 Document 11/07/22 20:00 CMS (Rec: 11/07/22 20:05 CMS Desktop)  
 Neurological Assessment  
 Parameter

Yes  
 Yes  
 Yes

Neurological Parameter  
 Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Not Within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Assessment

Level of Consciousness	Optunded
Arousable To	Not Arousable
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;  
 2:81-4.

Posturing

Pupils

Left	Sluggish
Reaction	5
Size (mm)	PERRLA
Equality	Yes
Pupillometer Used to Assess	

Right

Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive

HEENT Assessment

Parameter

HEENT Parameter Not Within Normal Limits

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

**Nose:** Airway passages clear. Sense of smell intact. No foreign bodies.  
**Throat:** No problems swallowing, no soreness.

**Symptoms** Limited ROM

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Blindness

Eye Discharge Color

Sclera Appearance

Right

Blindness

Eye Discharge Color

Sclera Appearance

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

**Query Text:**Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45

degrees elevation. No JVD. Peripheral pulses palpable,

regular, present all extremities. No edema or calf

tenderness. Negative Homan's Sign. Capillary refill brisk,

less than 2 seconds. Shunt, if present, with strong bruit

and thrill. IV site, if present, patent without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Not Within Normal Limits

UTRA

Clear

White/Clear

UTRA

Clear

White/Clear

Regular

Normal

No

Regular

Normal

No

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment

Parameter

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Query Text: No difficulty in chewing or swallowing. Tolerates

prescribed diet without nausea and/or vomiting. Without NG

and/or feeding tube.

Non-Pitting  
 1+  
 < 3 seconds

Not Within Normal Limits

Difficulty Clearing Secretions,

Restlessness

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thin

Clear

Scant

Diminished

Diminished

Diminished

Not Within Normal Limits



**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Abdomen soft, nontender without distention. Passing flatus.  
 Bowel sounds normoactive x all 4 quadrants on auscultation.  
 Patient is continent without bowel diversion. Bowel pattern  
 and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not  
 inflamed.

Assessment  
 Abdomen Description Soft, Non-Tender, Round, Obese  
 Bowel Pattern Incontinent

Bowel Sounds All Quadrants Active

Bowel Pattern Bowel Pattern  
 Gastric Tube  
 Orogastric  
 Tube Patency/Placement Air Auscultated, Flushed, Patent

Genitourinary Assessment  
 Parameter Not Within Normal Limits

Urinary Parameter  
 Query Text: Patient is continent and states able to empty  
 bladder without difficulty, urgency, frequency, or bladder  
 distention. Urine is clear and yellow to amber without foul  
 odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after  
 delivery, or Foley cath removed, void 300cc or more per  
 unit standard. If Foley catheter present, patent & draining.

Assessment  
 Bladder Pattern Total Incontinence  
 Urine Color Bright Yellow

Observation  
 Palpation  
 Female Reproductive Assessment  
 Parameter Within Normal Limits

Reproductive Parameter  
 Query Text: Patient without complaints of breast dimpling,  
 masses, or nipple discharge. Genitalia without discharge,  
 lesions, masses, or swelling. No abnormal bleeding.

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Not Within Normal Limits

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Flaccid  
 Flaccid  
 Flaccid

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Within Normal Limits

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Within Normal Limits

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/07/22 23:59 CMS (Rec: 11/08/22 00:40 CMS Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness	Obtunded
Arousable To	Not Arousable
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5

Glasgow Citation  
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing

Pupils

Left	Reaction	Sluggish
	Size (mm)	5
	Equality	PERRLA
	Pupillometer Used to Assess	Yes

Right	Reaction	Brisk
	Size (mm)	2
	Equality	PERRLA
	Pupillometer Used to Assess	Yes

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Cough / Gag Reflex  
 Cough/Gag Reflex

Hypoactive

HEENT Assessment

Parameter

Not Within Normal Limits

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Limited ROM

Head/Neck/Face

Eyes

Left

Blindness

UTA

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Blindness

UTA

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Cardiovascular Assessment

Parameter

Not Within Normal Limits

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Pulse

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	Regular
Bilateral Dorsalis Pedis	Normal
Pulse Rhythm	No
Strength	
Doppler Used	
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Respiratory Assessment	
Parameter	
Respiratory Parameter	Not within Normal Limits
Query Text: Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.	
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions, Restlessness Mechanically Ventilated Normal Normal Endotracheal Suction
Effort	
Depth	
Respiratory Pattern	
Sputum Production Method	Thin
Sputum Consistency	Clear
Sputum Color	Scant
Sputum Amount	
Auscultation	
Left Lower Lobe	Diminished
Breath Sounds	
Throughout	
Breath Sounds	
Oxygen	Diminished

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum

Cough

Gastrointestinal Assessment

Parameter

Gastrointestinal Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Soft, Non-Tender, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Pattern

Gastric Tube

Orogastric

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Genitourinary Assessment

Air Auscultated, Flushed, Patent

Genitourinary Assessment

Parameter

Urinary Parameter

Not Within Normal Limits

Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.  
 For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment

Bladder Pattern

Total Incontinence

Urine Color

Bright Yellow

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Observation  
 Palpation  
 Female Reproductive Assessment  
 Parameter

Within Normal Limits

Reproductive Parameter  
 Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.  
 Musculoskeletal Assessment  
 Parameter

Not Within Normal Limits

Musculoskeletal Parameter  
 Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.  
 Assessment

Muscle Weakness  
 Severely Limited

Musculoskeletal Symptoms  
 Range Of Motion  
 Left Upper Extremity  
 Left Lower Extremity  
 Right Upper Extremity  
 Right Lower Extremity  
 Skin Assessment  
 Parameter

Flaccid  
 Flaccid  
 Flaccid

Protocol: WOUND

Within Normal Limits

Integumentary Parameter  
 Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.  
 Psychosocial Assessment  
 Parameter

Within Normal Limits

Psychosocial Parameters  
 Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.  
 Line Days

Line Days  
 Protocol: IC.ID  
 Central Line

Yes

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Indwelling Catheters Yes  
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/08/22 04:00 CMS (Rec: 11/08/22 04:13 CMS Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time

and situation/purpose. GCS 15. PERRL with spontaneous eye

opening. Behavior appropriate to situation. Active ROM of

all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to

communicate on ventilator via alternative methods. Memory

intact. Able to swallow without difficulty, coughing or

choking.

Not Within Normal Limits

Assessment

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Obtunded

Not Arousable

Weakness

Artificially Ventilated

None

None

Abnormal Flexion

5

Sluggish

5

PERRLA

Yes

Brisk



**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Head & Neck Movement	Limited ROM
Head/Neck/Face	
Eyes	
Left	
Blindness	UTA
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Blindness	UTA
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable,	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

**Signs and Symptoms**

**Heart Sounds**

**Pulse**

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

**Edema**

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

**Respiratory Assessment**

**Parameter**

Respiratory Parameter

Query Text: Spontaneous respirations 12-20 per minute at rest

, even and unlabored. Breath sounds clear bilaterally

without adventitious lung sounds. Sputum absent or clear. No

cough. No shortness of breath.

**Symptoms**

**Assessment**

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Non-Pitting  
 1+  
 < 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions,  
 Restlessness

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thin

**Lyons, Kathleen A**

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 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Sputum Color	Clear
Sputum Amount	Scant
Auscultation	
Left Lower Lobe	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube.  
 Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description	Soft, Non-Tender, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder	

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

**Assessment**

Bladder Pattern

Urine Color

Observation

Palpation

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Total Incontinence  
 Bright Yellow

Within Normal Limits

Not Within Normal Limits

Muscle Weakness  
 Severely Limited  
 Flaccid  
 Flaccid  
 Flaccid  
 Flaccid

Within Normal Limits

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Within Normal Limits

Psychosocial Parameters

Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Yes  
 Yes  
 Yes

Male Reproductive Assessment

Penile Discharge

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Neurological Assessment

Parameter

Neurological Parameter

Not Within Normal Limits

Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Not Arousable

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Flexion

Glasgow Coma Scale Total

5

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

HEENT Assessment

Parameter

HEENT Parameter

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

Nose: Airway passages clear. Sense of smell intact. No

foreign bodies.

Throat: No problems swallowing, no soreness.

Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Blindness

Eye Discharge Color

Sclera Appearance

Right

Blindness

Not Within Normal Limits

Hypoactive

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Yes

PERRLA

PERRLA

Brisk

2

Yes

PERRLA

Sluggish

5

Limited ROM

UTA

Clear

White/Clear

UTA

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

Eye Discharge Color      Clear  
 Sclera Appearance      White/Clear

**Cardiovascular Assessment**

Parameter      Cardiovascular Parameter      Not Within Normal Limits

Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Peripheral pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.

**Signs and Symptoms**

**Heart Sounds**

Pulse      Bilateral Radial      Regular  
 Pulse Rhythm      Normal

Strength      Doppler Used      No

Bilateral Dorsalis Pedis      Regular

Pulse Rhythm      Normal  
 Strength      No

**Doppler Used**

**Edema**

Bilateral Upper Extremity

Edema Type      Non-Pitting

Degree      1+

Capillary Refill      < 3 Seconds

**Respiratory Assessment**

**Parameter**

Respiratory Parameter      Not Within Normal Limits

Query Text:Spontaneous respirations 12-20 per minute at rest , even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

**Symptoms**





**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Gastric Tube	
Orogastric	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	
Parameter	
Urinary Parameter	Not Within Normal Limits
Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.	
For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.	
Assessment	
Bladder Pattern	Total Incontinence
Urine Color	Bright Yellow
Observation	
Palpation	
Female Reproductive Assessment	
Parameter	
Reproductive Parameter	Within Normal Limits
Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.	
Musculoskeletal Assessment	
Parameter	
Musculoskeletal Parameter	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
Assessment	
Musculoskeletal Symptoms	Muscle Weakness
Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Skin Assessment	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Parameter			
Protocol: WOUND			
Integumentary Parameter			Within Normal Limits
Query Text:Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.			
Skin Verification			
Second RN Validating Skin Assessment			San Juan,Cherry M
Psychosocial Assessment			
Parameter			
Psychosocial Parameters			Within Normal Limits
Query Text:Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.			
Line Days			
Line Days			
Protocol: IC,LD			Yes
Central Line			Yes
Indwelling Catheters			Yes
Ventilator			
Male Reproductive Assessment			
Penile Discharge			
Document 11/08/22 12:00 JD (Rec: 11/08/22 12:36 JD Desktop)			
Neurological Assessment			
Parameter			
Neurological Parameter			Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.			
Assessment			Obtunded
Level of Consciousness			Not Arousable
Arousable To			

**Lyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive
HEENT Assessment	
Parameter	
HEENT Parameter	Not Within Normal Limits
Query Text:Head: Symmetric movement without discomfort.	
Eyes: No visual disturbances or foreign bodies.	
Ears: No tinnitus or foreign bodies.	
Nose: Airway passages clear. Sense of smell intact. No foreign bodies.	
Throat: No problems swallowing, no soreness.	

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Symptoms	Limited ROM
Head & Neck Movement	
Head/Neck/Face	
Eyes	
Left	UTPA
Blindness	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	UTPA
Blindness	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Cardiovascular Assessment	
Parameter	Not Within Normal Limits
Cardiovascular Parameter	
Query Text:Regular apical/radial pulse. Audible S1 & S2. Normal sinus rhythm if on monitor. Neck veins flat at 45 degrees elevation. No JVD. Periperal pulses palpable, regular, present all extremities. No edema or calf tenderness. Negative Homan's Sign. Capillary refill brisk, less than 2 seconds. Shunt, if present, with strong bruit and thrill. IV site, if present, patent without redness, pain, or swelling at site.	
Signs and Symptoms	
Heart Sounds	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital      **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961      **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Degree      1+  
 Capillary Refill      < 3 Seconds

Respiratory Assessment  
 Parameter

Respiratory Parameter      Not Within Normal Limits

Query Text: Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms      Difficulty Clearing Secretions,  
 Assessment      Restlessness  
 Respiratory Symptoms      Mechanically Ventilated

Effort      Normal

Depth      Normal

Respiratory Pattern      Endotracheal Suction

Sputum Production Method      Thin

Sputum Consistency      Clear

Sputum Color      Scant

Sputum Amount      Diminished

Auscultation      Diminished

Left Lower Lobe      Diminished

Breath Sounds      Diminished

Throughout      Diminished

Breath Sounds      Diminished

Oxygen      Diminished

Sputum      Diminished

Cough      Diminished

Gastrointestinal Assessment  
 Parameter      Not Within Normal Limits

Query Text: No difficulty in chewing or swallowing. Tolerates prescribed diet without nausea and/or vomiting. Without NG and/or feeding tube. Abdomen soft, nontender without distention. Passing flatus. Bowel sounds normoactive x all 4 quadrants on auscultation. Patient is continent without bowel diversion. Bowel pattern

**Lyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

and consistency are normal for patient.  
 For OB patients: if external hemorrhoids present, not inflamed.

**Assessment**

Abdomen Description Soft, Non-Tender, Round, Obese  
 Bowel Pattern Incontinent

Bowel Sounds All Quadrants Active  
 Bowel Sounds Bowel Pattern

Bowel Pattern Gastric Tube  
 Orogastic Tube Auscultated, Flushed, Patent

**Genitourinary Assessment**

Parameter Urinary Parameter Not within Normal Limits  
 Query Text: Patient is continent and states able to empty bladder without difficulty, urgency, frequency, or bladder distention. Urine is clear and yellow to amber without foul odor. No urinary diversions.

For Postpartum Patients: Able to void within 6-8 hours after delivery, or Foley cath removed, void 300cc or more per unit standard. If Foley catheter present, patent & draining.

Assessment  
 Bladder Pattern Total Incontinence  
 Urine Color Bright Yellow

**Female Reproductive Assessment**

Parameter Palpation Within Normal Limits  
 Reproductive Parameter

Query Text: Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.

Musculoskeletal Assessment  
 Parameter Musculoskeletal Parameter Not within Normal Limits

**Iyons, Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

Interventions - Continued

Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.

Assessment

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance, behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Line Days

Line Days

Protocol: IC.LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/08/22 16:00 JD (Rec: 11/08/22 16:28 JD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of

Within Normal Limits

Within Normal Limits

Yes  
 Yes  
 Yes

Not Within Normal Limits

**Iyons Kathleen A**

**Facility:** Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit  
 61 F 07/13/1961 **Med Rec Num:** MR01483046

**Room-Bed:** QI007-A  
**Visit:** QH0054940416

**Interventions - Continued**

all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

**Assessment**

Level of Consciousness	Obtunded
Arousable To	Not Arousable
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	5

**Glasgow Citation**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

**Posturing**

**Pupils**  
 Left

Reaction Sluggish

Size (mm) 5

Equality PERRLA

Pupillometer Used to Assess Yes

Right Brisk

Reaction 2

Size (mm) PERRLA

Equality Yes

Pupillometer Used to Assess Yes

**Strength**

Left Upper Extremity Flaccid

Left Lower Extremity Flaccid

Right Upper Extremity Flaccid

Right Lower Extremity Flaccid

**Cough / Gag Reflex**

Cough/Gag Reflex Hypoactive

**HEENT Assessment**