

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
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		Limited ROM
Head & Neck Movement		
Head/Neck/Face		
Eyes		
Left		UTRA
Blindness		Clear
Eye Discharge Color		White/Clear
Sclera Appearance		
Right		UTRA
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. 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		Regular
Bilateral Radial		
Pulse Rhythm		Normal
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

Doppler Used	No
Bilateral Dorsalis Pedis	
Pulse Rhythm	Regular
Strength	Normal
Doppler Used	No
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	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions, Restlessness Mechanically Ventilated Normal Normal Endotracheal Suction Thin Clear Scant
Effort	
Depth	
Respiratory Pattern	
Sputum Production Method	
Sputum Consistency	
Sputum Color	
Sputum Amount	
Auscultation	
Left Lower Lobe	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Gastrointestinal 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
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	
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
Observation	
Palpation	
Female Reproductive 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

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	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,LD Central Line Indwelling Catheters Ventilator	Yes Yes Yes Yes
Male Reproductive Assessment	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

Penile Discharge

Document 11/08/22 20:00 CMS (Rec: 11/08/22 20:14 CMS 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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Hypoactive

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	Limited ROM
Head/Neck/Face	

Eyes

Left	UTRA
Blindness	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	UTRA
Blindness	Clear
Eye Discharge Color	White/Clear
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

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 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

Sputum Color
 Sputum Amount

Auscultation

Not Within Normal Limits

Non-Pitting
 1+

< 3 seconds

Difficulty Clearing Secretions,
 Restlessness

Mechanically Ventilated
 Normal

Normal
 Endotracheal Suction

Thin
 Clear

Scant

Lyons, Kathleen A

Facility: Queen of the Valley 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 Lobe	Diminished
Breath Sounds	
Throughtout	
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
 Incontinent

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

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

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

Bladder Pattern
Urine Color

Total Incontinence
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
Severely Limited

Range Of Motion

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

Lyons Kathleen A

Facility: Queen of the Valley 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.

Line Days

Line Days

Protocol: IC.LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/08/22 23:59 CMS (Rec: 11/09/22 00:41 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 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

Not Within Normal Limits

Obtunded

Not Arousable

Weakness

Artificially Ventilated

None

None

Abnormal Flexion

5

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)	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.	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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
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
Doppler Used	No
Edema	
Bilateral Upper Extremity Edema Type	Non-Pitting
Degree	1+
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.	Not Within Normal Limits
Symptoms	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions, Restlessness

Lyons, Kathleen A

Facility: Queen of the Valley 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	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
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 Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/09/22 04:00 CMS (Rec: 11/09/22 04:11 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

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

Soft, Non-Tender, Round, Obese

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

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
 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
 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	Yes
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/09/22 08:00 JD (Rec: 11/09/22 08:15 JD 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
 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	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

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

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

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

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	Soft, Non-Tender, Round, Obese
Abdomen Description	Incontinent
Bowel Pattern	
Bowel Sounds	

All Quadrants	Active
Bowel Sounds	
Bowel Pattern	

Gastric Tube	
Orogastic	
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	Total Incontinence
Bladder Pattern	Bright Yellow
Urine Color	
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.

Lyons Kathleen A

Facility: Queen of the Valley 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 11/09/22 12:00 JD (Rec: 11/09/22 16:27 JD 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

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

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

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 Thin Clear Scant
Effort	
Depth	
Respiratory Pattern	
Sputum Production Method	
Sputum Consistency	
Sputum Color	
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

Orogastic

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	
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.	
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 11/09/22 16:00 JD (Rec: 11/09/22 16:27 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

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

Facility: Queen of the Valley 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	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 Soft, Non-Tender, Round, Obese
Incontinent

Abdomen Description Soft, Non-Tender, Round, Obese
 Bowel Pattern Incontinent
 Bowel Sounds Active
 All Quadrants Active
 Bowel Sounds Active
 Bowel Pattern Active
 Gastric Tube Active
 Orogastric Active
 Tube Patency/Placement Air Auscultated, Flushed, Patent
 Genitourinary Assessment Air Auscultated, Flushed, Patent
 Parameter Air Auscultated, Flushed, Patent

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

Document 11/09/22 20:00 MA (Rec: 11/09/22 21:19 MA 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

Not Arousable

Neurological Symptoms

Abnormal Movements

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	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	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	
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	

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

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
 Sputum Color
 Sputum Amount

Regular
 Weak
 No
 Regular
 Weak
 No
 Non-Pitting
 2+
 < 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions
 Mechanically Ventilated
 Normal
 Normal
 Endotracheal Suction
 Thin
 Clear
 Moderate

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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

Bowel Pattern

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.

Fine Crackles

Fine Crackles

Not Within Normal Limits

Soft, Non-Tender, Round, Obese
 Incontinent

Active

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

Bladder Pattern
 Urine Color

Total Incontinence
 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.

Within Normal Limits

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.

Within Normal Limits

Assessment

Musculoskeletal Symptoms

Muscle Weakness

Range Of Motion

Severely Limited

Left Upper 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.

Line Days

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

Line Days
 Protocol: IC.ID Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/09/22 23:59 MA (Rec: 11/10/22 00:57 MA 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 paresthasias. 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

Obtunded

Not Arousable

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Abnormal Flexion

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)	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
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	
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	

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

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

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Sputum Production Method

Endotracheal Suction

Sputum Consistency

Thin

Sputum Color

Clear

Sputum Amount

Moderate

Auscultation

Throughout

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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
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	Pale 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	Flaccid
Left Upper Extremity	Flaccid
Left Lower Extremity	

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

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.

Line Days

Line Days
 Protocol: IC.LD Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/10/22 04:00 MA (Rec: 11/10/22 04:57 MA 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	Not Arousable
Neurological Symptoms	Abnormal Movements
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	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

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

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

Limited ROM

Within Normal Limits

Not Within Normal Limits

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Endotracheal Suction

Thick

White

Small

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

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

Hyperactive

Bowel Sounds

Bowel Pattern

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

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

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

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.

Not Within Normal Limits

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

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

Male Reproductive Assessment

Penile Discharge

Document 11/10/22 08:00 MN (Rec: 11/10/22 10:17 MN 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

Abnormal Movements

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)

5

Pupillometer Used to Assess

Yes

Right

Brisk

Reaction

2

Size (mm)

2

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

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	Limited ROM
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	
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	

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. 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.

For OB patients: if external hemorrhoids present, not

inflamed.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Not Within Normal Limits

Diminished

Difficulty Clearing Secretions
 Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Soft, Non-Tender, Round, Obese

Incontinent

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

Tube Patency/Placement

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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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.

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.

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/10/22 12:00 MN (Rec: 11/10/22 13:12 MN 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

Abnormal Movements

Lyons Kathleen A

Facility: Queen of the Valley 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	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

Size (mm)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Not Within Normal Limits

Sluggish

5

Yes

Brisk

2

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Hypoactive

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 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. 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

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

Diminished

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Gastrointestinal 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
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	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped
Tube Patency/Placement	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	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
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	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.	
Line Days	
Line Days	
Protocol: IC.LD	Yes
Central Line	Yes
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 11/10/22 16:00 MN (Rec: 11/10/22 18:02 MN 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

Abnormal Movements

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

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

2

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	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
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	
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.	Within Normal Limits
Signs and Symptoms	
Heart Sounds	
Respiratory Assessment	
Parameter	
Respiratory Parameter	
Query Text:Spontaneous respirations 12-20 per minute at rest, even and unlabored. Breath sounds clear bilaterally	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

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

Normal

Sputum Production Method

Endotracheal Suction

Sputum Consistency

Thick

Sputum Color

White

Sputum Amount

Small

Auscultation

Throughout
 Breath Sounds

Diminished

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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Sounds

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

Gastric Tube
 Orogastric
 Tube Secured Depth (cm) 60
 Suction Clamped
 Tube Patency/Placement 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

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

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 free of hallucinations and suicidal ideation.

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/10/22 20:00 AV (Rec: 11/10/22 20:29 AV 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

Lyons Kathleen A

Facility: Queen of the Valley 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	Abnormal Movements
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
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

Lyons, Kathleen A

Facility: Queen of the Valley 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

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. 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

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

Diminished

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Lyons, Kathleen A

Facility: Queen of the Valley 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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

Tube Secured Depth (cm)

60

Suction

Clamped

Tube Patency/Placement

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

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	
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	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.	
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 11/10/22 23:59 AV (Rec: 11/11/22 00:37 AV 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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Obtunded

Deep Pain

Abnormal Movements

Artificially Ventilated

None

None

Abnormal Flexion

5

Sluggish

5

Yes

Brisk

2

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	
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
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	
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

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.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Not Within Normal Limits

Diminished

Difficulty Clearing Secretions
 Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

Soft, Non-Tender, Round, Obese
 Incontinent

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	
Gastric Tube	
Orogastic	
Tube Secured Depth (cm)	60
Suction	Clamped
Tube Patency/Placement	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	
Urine Color	Pale 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

Lyons, Kathleen A

Facility: Queen of the Valley 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

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.

Line Days

Line Days
 Protocol: IC.LD
 Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/11/22 04:00 AV (Rec: 11/11/22 05:46 AV Desktop)

Not Within Normal Limits

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.

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	Abnormal Movements
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
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Movement

Limited ROM

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

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

Diminished

Oxygen

Sputum

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

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

Bowel Pattern

Soft, Non-Tender, Round, Obese Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastric

Tube Secured Depth (cm)

60

Suction

Tube Patency/Placement

Clamped
 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

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pale 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 contractions. No joint swelling or tenderness.
 Assessment

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid

Musculoskeletal Symptoms
 Range Of Motion
 Left Upper Extremity
 Left Lower Extremity
 Right Upper Extremity
 Right Lower Extremity
 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

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.
 Line Days
 Line Days
 Protocol: IC,LD

Lyons Kathleen A

Facility: Queen of the Valley 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 Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/11/22 08:00 MN (Rec: 11/11/22 10:14 MN 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

Abnormal Movements

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)

Pupillometer Used to Assess

Yes

Right

Reaction

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

Size (mm)	2
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
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.	Not within Normal Limits
Symptoms	
Head & Neck Movement	Limited ROM
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. 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	Within Normal Limits
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

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

Diminished

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
 Bowel Pattern
 Bowel Sounds

Soft, Non-Tender, Round, Obese
 Incontinent

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
Tube Patency/Placement	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	Pale 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	Flaccid
Left Upper 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

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. Not Within Normal Limits

Line Days
 Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Male Reproductive Assessment
 Penile Discharge
 Document 11/11/22 12:00 MN (Rec: 11/11/22 13:18 MN 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. Yes
 Yes
 Yes

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

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Abnormal Movements
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
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
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	Diminished
Oxygen	

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

Tube Secured Depth (cm)

60

Suction

Clamped

Tube Patency/Placement

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

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

Bladder Pattern Total Incontinence
 Urine Color Pale Yellow

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.

Not Within Normal Limits

Assessment
 Musculoskeletal Symptoms
 Range Of Motion

Muscle Weakness
 Severely Limited

Left Upper Extremity
 Left Lower Extremity

Flaccid
 Flaccid

Right Upper Extremity
 Right Lower Extremity

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

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.

Line Days

Line Days

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: IC.ID
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/11/22 16:00 MN (Rec: 11/11/22 16:20 MN 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 choking.

Assessment
 Level of Consciousness Obtunded
 Arousable To Deep Pain
 Neurological Symptoms Abnormal Movements
 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) 5
 Pupillometer Used to Assess Yes
 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

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	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Small

Auscultation

Throughout
 Breath Sounds

Diminished

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
 Bowel Pattern
 Bowel Sounds

Soft, Non-Tender, Round, Obese
 Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped
Tube Patency/Placement	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	
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

Lyons Kathleen A

Facility: Queen of the Valley 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.
 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
 Within Normal Limits
 Not Within Normal Limits

Line Days
 Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Male Reproductive Assessment
 Penile Discharge
 Document 11/11/22 20:00 CMS (Rec: 11/11/22 20:27 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.

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

Assessment

Level of Consciousness	Optunded
Arousable To	Deep Pain
Neurological Symptoms	Abnormal Movements
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

Pupillometer Used to Assess Yes

Right Brisk

Reaction Brisk

Size (mm) 2

Pupillometer Used to Assess Yes

Strength Flaccid

Left Upper Extremity Flaccid

Left Lower Extremity Flaccid

Right Upper Extremity Flaccid

Right Lower Extremity Flaccid

Cough / Gag Reflex Hypoactive

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

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

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

Limited ROM

Within Normal Limits

Not Within Normal Limits

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

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

Oxygen
 Sputum
 Cough

Gastrointestinal Assessment

Parameter

Not Within Normal Limits

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

Soft, Non-Tender, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Orogastic

Tube Secured Depth (cm)

60

Suction

Clamped

Tube Patency/Placement

Flushed, Patent

Genitourinary Assessment

Parameter

Not Within Normal Limits

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.

Lyons, Kathleen A

Facility: Queen of the Valley 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		Pale 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		
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		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.		
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 Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/11/22 23:59 CMS (Rec: 11/12/22 00:10 CMS 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.

Assessment

Level of Consciousness	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Abnormal Movements
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) 5
 Pupilometer 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)	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	
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	
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.	Within Normal Limits
Signs and Symptoms	
Heart Sounds	
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

Endotracheal Suction

Sputum Production Method

Thick

Sputum Consistency

White

Sputum Color

Small

Sputum Amount

Diminished

Auscultation

Throughout

Breath Sounds

Diminished

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 Pattern

Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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	Active
Bowel Pattern	
Gastric Tube	
Orogastric	
Tube Secured Depth (cm)	60
Suction	Clamped
Tube Patency/Placement	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	
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

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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	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.	
Line Days	
Line Days	
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/12/22 04:00 CMS (Rec: 11/12/22 04:09 CMS 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	Abnormal Movements
Speech Pattern	Artificially Ventilaled
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	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	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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

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

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

Limited ROM

Within Normal Limits

Not Within Normal Limits

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

Normal

Endotracheal Suction

Thick

White

Small

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

Diminished

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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Orogastic

Tube Secured Depth (cm)

60

Suction

Clamped

Tube Patency/Placement

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

Lyons Kathleen A

Facility: Queen of the Valley 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.

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.

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

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.

Not Within Normal Limits

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

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/12/22 08:00 CO (Rec: 11/12/22 08:19 CO 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 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

Obtunded

Deep Pain

Abnormal Movements

Artificially Ventilated

None

None

None

Abnormal Flexion

5

Obtunded

Deep Pain

Abnormal Movements

Artificially Ventilated

None

None

Abnormal Flexion

5

Obtunded

Deep Pain

Abnormal Movements

Artificially Ventilated

None

None

Abnormal Flexion

5

Sluggish

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

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	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

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

Diminished

Throughout

Breath Sounds

Diminished

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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Secured Depth (cm)	60
Suction	Clamped
Tube Patency/Placement	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	
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
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
 without tenting. No suspicious nevi, rash, petechiae, or
 ecchymosis.
 Skin Verification
 Second RN Validating Skin Assessment
 Psychosocial Assessment
 Parameter
 Within Normal Limits

San Juan, Cherry M
 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.

Line Days
 Line Days
 Protocol: IC,LD
 Central Line
 Indwelling Catheters
 Ventilator
 Yes
 Yes
 Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/12/22 12:00 CO (Rec: 11/12/22 12:18 CO 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. 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	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Abnormal Movements
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

Size (mm)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Sluggish

5

Yes

Brisk

2

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

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

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

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. 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

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

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Small

Sputum Amount

Auscultation

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

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Active

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

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

Bladder Pattern Total Incontinence
 Urine Color Pale Yellow

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.

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

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

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 11/12/22 16:00 CO (Rec: 11/12/22 16:23 CO 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 choking.

Assessment
 Level of Consciousness Obtunded
 Arousable To Deep Pain
 Neurological Symptoms Abnormal Movements
 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) 5
 Pupillometer Used to Assess Yes
 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

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	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Diminished

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
 Bowel Pattern

Soft, Non-Tender, Round, Obese
 Incontinent

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	Active
Bowel Sounds	
Bowel Pattern	
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	
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			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			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.			
Line Days			
Line Days			
Protocol: IC.ID			Yes
Central Line			Yes
Indwelling Catheters			Yes
Ventilator			
Male Reproductive Assessment			
Penile Discharge			
Document 11/12/22 20:00 JAB (Rec: 11/12/22 20:39 JAB 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 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			Obtunded
Level of Consciousness			Light Pain
Arousable To			Abnormal Movements
Neurological Symptoms			Artificially Ventilated
Speech Pattern			

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 Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	3
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	
Oropharynx	

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 Condition
 Lip Condition

Pink and Moist
 Dry

HEENT Comment

Comment

oral care provided

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

Cardiovascular Comment

sinus rhythm on cardiac monitor

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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	secretions suctioned
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	
Bowel Sounds	Active
Bowel Pattern	
Gastrointestinal Comment	
Comment	tube feeding w/glucerna 1.2 at goal
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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.

Assessment

Bladder Pattern
 Urine Color

Total Incontinence
 Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

Foley catheter patent intact 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.

Reproductive Comment

Comment

peri area cleaned and dry

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

Musculoskeletal Comment

Comment

assisted w/repositioning

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

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

echymosis.

Skin Verification

Second RN Validating Skin Assessment

Psychosocial Assessment

Ordanza, Cristina Arenas

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

Psychosocial Comment

Comment

obtunded, unable to assess, emotional support provided

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/12/22 23:59 JAB (Rec: 11/13/22 00:50 JAB Desktop)

Neurological Assessment

Yes

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

Lyons Kathleen A

Facility: Queen of the Valley 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	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	3
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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Oropharynx

Oropharynx Condition

Lip 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

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

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Pink and Moist
 Dry
 oral care provided

Within Normal Limits

sinus rhythm on cardiac monitor

Not Within Normal Limits

Difficulty Clearing Secretions
 Mechanically Ventilated
 Normal
 Normal
 Endotracheal Suction
 Thick
 White

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Auscultation	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	secretions suctioned
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	
Bowel Sounds	Active
Bowel Pattern	
Gastrointestinal Comment	tube feeding w/glucerna 1.2 at goal
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bladder Pattern Total Incontinence
 Urine Color Pale Yellow

Observation
 Palpation
 Genitourinary Comment
 Comment
 Foley catheter patent intact 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.
 Reproductive Comment
 Comment
 peri area cleaned and dry

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
 Left Upper Extremity Muscle Weakness
 Left Lower Extremity Severely Limited
 Right Upper Extremity Flaccid
 Right Lower Extremity Flaccid
 Musculoskeletal Comment
 Comment
 assisted w/repositioning

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

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

Psychosocial Comment

Comment

obtunded, unable to assess, emotional support provided

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/13/22 04:00 JAB (Rec: 11/13/22 04:53 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

Arousable To

Obtunded
 Light 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

Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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
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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Oropharynx

Oropharynx Condition

Lip 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

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

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Pink and Moist
 Dry
 oral care provided

Within Normal Limits

sinus rhythm on cardiac monitor

Not Within Normal Limits

Difficulty Clearing Secretions
 Mechanically Ventilated
 Normal
 Normal
 Endotracheal Suction
 Thick
 White

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Auscultation	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	secretions suctioned
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	
Bowel Sounds	Active
Bowel Pattern	
Gastrointestinal Comment	tube feeding w/glucerna 1.2 at goal
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bladder Pattern Total Incontinence
 Urine Color Pale Yellow

Observation
 Palpation
 Genitourinary Comment
 Comment
 Foley catheter patent intact 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.
 Reproductive Comment
 Comment
 peri area cleaned and dry

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
 Range Of Motion
 Left Upper Extremity Muscle Weakness
 Left Lower Extremity Severely Limited
 Right Upper Extremity Flaccid
 Right Lower Extremity Flaccid
 Musculoskeletal Comment
 Comment
 assisted w/ repositioning

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

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

Psychosocial Comment

Comment

obtunded, unable to assess, emotional support provided

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/13/22 08:00 CO (Rec: 11/13/22 08:27 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

Arousable To

Obtunded
 Light 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

Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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
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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Oropharynx

Oropharynx Condition

Lip 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

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

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Pink and Moist
 Dry
 oral care provided

Within Normal Limits

sinus rhythm on cardiac monitor

Not Within Normal Limits

Difficulty Clearing Secretions
 Mechanically Ventilated
 Normal
 Normal
 Endotracheal Suction
 Thick
 White

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Auscultation	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	secretions suctioned
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	
Bowel Sounds	Active
Bowel Pattern	
Gastrointestinal Comment	tube feeding w/glucerna 1.2 at goal
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bladder Pattern Total Incontinence
 Urine Color Pale Yellow

Observation
 Palpation
 Genitourinary Comment
 Comment
 Foley catheter patent intact 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.
 Reproductive Comment
 Comment
 peri area cleaned and dry

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
 Range Of Motion
 Left Upper Extremity
 Left Lower Extremity
 Right Upper Extremity
 Right Lower Extremity
 Musculoskeletal Comment
 Comment
 Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid
 assisted w/repositioning

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

Benson, Jessica A

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

Psychosocial Comment

obtunded, unable to assess, emotional support provided

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/13/22 12:00 CO (Rec: 11/13/22 12:20 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

Lyons Kathleen A

Facility: Queen of the Valley 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
Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	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	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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip Condition	oral care provided
HEENT Comment	
Comment	
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	
Cardiovascular Comment	sinus rhythm on cardiac monitor
Comment	
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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	secretions suctioned
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	
Bowel Sounds	Active
Bowel Pattern	
Gastrointestinal Comment	
Comment	tube feeding w/glucerna 1.2 at goal
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	

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

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Total Incontinence
 Pale Yellow

Foley catheter patent intact 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.

Reproductive Comment

Comment

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

Musculoskeletal Comment

Comment

Skin Assessment

Parameter

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid
 assisted w/repositioning

Not Within Normal Limits

Within Normal Limits

peri area cleaned and dry

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: 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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Psychosocial Comment

obtunded, unable to assess, emotional support provided

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/13/22 16:00 CO (Rec: 11/13/22 16:19 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

Lyons Kathleen A

Facility: Queen of the Valley 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
Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip Condition	oral care provided
HEENT Comment	
Comment	
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	
Cardiovascular Comment	sinus rhythm on cardiac monitor
Comment	
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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	secretions suctioned
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	
Bowel Sounds	Active
Bowel Pattern	
Gastrointestinal Comment	
Comment	tube feeding w/glucerna 1.2 at goal
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	

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

Bladder Pattern
 Urine Color

Total Incontinence
 Pale Yellow

Observation

Palpation

Genitourinary Comment
 Comment

Foley catheter patent intact 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

Reproductive Comment

Comment

peri area cleaned and dry

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

Musculoskeletal Comment

Flaccid

Comment

assisted w/repositioning

Skin 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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Psychosocial Comment

obtunded, unable to assess, emotional support provided

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/13/22 20:00 HL (Rec: 11/13/22 20:38 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 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
Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip Condition	oral care provided
HEENT Comment	
Comment	
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	
Cardiovascular Comment	sinus rhythm on cardiac monitor
Comment	
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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Consistency

Sputum Color

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

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

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

Thick

White

Small

Diminished

secretions suctioned

Not Within Normal Limits

Soft, Non-Tender, Round, Obese
 Incontinent

Active

tube feeding w/glucerna 1.2 at goal

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

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

Total Incontinence
 Pale Yellow

Observation

Palpation

Genitourinary Comment
 Comment

Foley catheter patent intact 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

Reproductive Comment

Comment

peri area cleaned and dry

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

Musculoskeletal Comment

Flaccid

Comment

assisted w/repositioning

Skin 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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Psychosocial Comment

obtunded, unable to assess, emotional support provided

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/13/22 23:59 HL (Rec: 11/14/22 00:37 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 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
Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	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	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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip Condition	oral care provided
HEENT Comment	
Comment	
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	
Cardiovascular Comment	sinus rhythm on cardiac monitor
Comment	
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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Consistency

Sputum Color

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

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

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

Thick

White

Small

Diminished

secretions suctioned

Not Within Normal Limits

Soft, Non-Tender, Round, Obese
 Incontinent

Active

tube feeding w/glucerna 1.2 at goal

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

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

Total Incontinence
 Pale Yellow

Observation

Palpation

Genitourinary Comment
 Comment

Foley catheter patent intact 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.

Reproductive Comment

peri area cleaned and dry

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

Musculoskeletal Comment

Comment

assisted w/repositioning

Skin 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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Psychosocial Comment

obtunded, unable to assess, emotional support provided

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/14/22 04:00 HL (Rec: 11/14/22 04:27 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 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
Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	2
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip Condition	oral care provided
HEENT Comment	
Comment	
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	
Cardiovascular Comment	sinus rhythm on cardiac monitor
Comment	
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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Consistency

Sputum Color

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

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

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

Thick

White

Small

Diminished

secretions suctioned

Not Within Normal Limits

Soft, Non-Tender, Round, Obese
 Incontinent

Active

tube feeding w/glucerna 1.2 at goal

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

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

Total Incontinence
 Pale Yellow

Foley catheter patent intact 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

Reproductive Comment

Comment

peri area cleaned and dry

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
- Musculoskeletal Comment
- Comment

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid
 assisted w/repositioning

Skin 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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Psychosocial Comment

obtunded, unable to assess, emotional support provided

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/14/22 08:00 JM (Rec: 11/14/22 12:27 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 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: Q1007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Arousable To	Light Pain
Neurological Symptoms	Abnormal Movements
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	4
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
Left Upper Extremity	Weak
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.	

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	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip Condition	
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	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	Difficulty Clearing Secretions
Respiratory Symptoms	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thick
Sputum Consistency	White
Sputum Color	White
Sputum Amount	Small
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

Throughout
 Breath Sounds
 Oxygen
 Sputum
 Cough

Diminished

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
 Bowel Pattern
 Bowel Sounds
 All Quadrants
 Bowel Sounds
 Bowel Pattern
 Gastrointestinal Comment
 Comment

Soft, Non-Tender, Round, Obese
 Incontinent

Bowel Sounds
 Bowel Pattern

Active

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

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

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.

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

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

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 Average
 Affect Flat

Line Days
 Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Yes
 Yes
 Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/14/22 12:00 JM (Rec: 11/14/22 12:29 JM Desktop)
 Yes

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 Obtunded
 Arousable To Light Pain
 Neurological Symptoms Abnormal Movements
 Speech Pattern Artificially Ventilated
 Eye Opening To Pain
 Verbal Response None
 Motor Response Abnormal Flexion
 Glasgow Coma Scale Total 6
 Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

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

2:81-4.	
Posturing	
Pupils	
Left	Sluggish
Reaction	5
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	4
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
Left Upper Extremity	Weak
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	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Dry
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Within Normal Limits
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

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

Difficulty Clearing Secretions
 Mechanically Ventilated
 Normal

Respiratory Pattern
 Sputum Production Method
 Sputum Consistency
 Sputum Color
 Sputum Amount

Deep Tracheal Suction
 Thick
 White
 Small

Auscultation
 Throughout
 Breath Sounds

Diminished

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

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

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

Bowel Pattern

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.

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

Soft, Non-Tender, Round, Obese
 Incontinent

Active

On TF

Not Within Normal Limits

Total Incontinence

Bright Yellow

No

Foley catheter draining to gravity

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

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Male Reproductive Assessment

Penile Discharge

Document 11/14/22 16:00 JM (Rec: 11/14/22 17:01 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 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

Abnormal Movements

Speech Pattern

Artificially Ventilated

Eye Opening

To Pain

Verbal Response

None

Motor Response

Abnormal Flexion

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)

Yes

Pupillometer Used to Assess

Right

Brisk

Reaction

4

Size (mm)

Yes

Pupillometer Used to Assess

Strength

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

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
 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	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Dry

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	
Respiratory Assessment	
Respiratory Assessment	
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

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

Difficulty Clearing Secretions
 Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thick

White

Small

Diminished

Not Within Normal Limits

Soft, Non-Tender, Round, Obese
 Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Gastrointestinal Comment	
Comment	On TF
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	Bright Yellow
Urine Color	No
Bladder Distention	
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	Muscle Weakness
Musculoskeletal Symptoms	Severely Limited
Range Of Motion	Flaccid
Left Upper 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

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 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 Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator

Male Reproductive Assessment
 Penile Discharge
 Document 11/14/22 20:00 MA (Rec: 11/14/22 21:04 MA 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

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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Obtunded

Light Pain

Abnormal Movements

Artificially Ventilated

To Pain

None

Abnormal Flexion

6

Sluggish

5

Yes

Brisk

4

Yes

Flaccid

Weak

Weak

Weak

Weak

Hypoactive

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

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
 Oropharynx
 Oropharynx Condition Pink and Moist
 Lip Condition Dry

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 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
 Assessment
 Respiratory Symptoms Difficulty Clearing Secretions
 Effort Mechanically Ventilated
 Depth Normal
 Respiratory Pattern Normal
 Sputum Production Method Deep Tracheal Suction
 Sputum Consistency 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 Throughouth 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, Non-Tender, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds Active
 All Quadrants
 Bowel Sounds

Bowel Pattern
 Gastric Tube
 Mid Upper Abdomen Undigested Food

Gastric Content Description Air Auscultated, Flushed, Patent
 Tube Patency/Placement
 Gastrointestinal Comment On TF

Comment
 Genitourinary Assessment
 Parameter

Urinary Parameter Not Within Normal Limits
 Query Text:Patient is continent and states able to empty

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

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. Assessment

Not Within Normal Limits

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

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

without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Skin Verification

Second RN Validating Skin Assessment

JessalIE Malaca RN

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

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/14/22 23:59 MA (Rec: 11/15/22 00:32 MA 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

Abnormal Movements

Lyons Kathleen A

Facility: Queen of the Valley 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	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Not Within Normal Limits

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

Oropharynx

Oropharynx Condition

Lip Condition

Pink and Moist
 Dry

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

Doppler Used

Regular
 No

Edema

Bilateral Upper Extremity

Edema Type

Degree

Non-Pitting
 1+

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

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	Deep Tracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughouth	
Breath Sounds	Diminished
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
 Bowel Pattern

Soft, Non-Tender, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Pattern
 Bowel Sounds

Gastric Tube

Mid Upper Abdomen
 Gastric Content Description
 Tube Patency/Placement

Undigested Food
 Air Auscultated, Flushed, Patent

Gastrointestinal Comment
 Comment

On TP

Genitourinary 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

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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Average

Affect

Flat

Line Days

Line Days

Protocol: IC,LD

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/15/22 04:00 MA (Rec: 11/15/22 04:47 MA 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

Abnormal Movements

Lyons Kathleen A

Facility: Queen of the Valley 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	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
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
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	4
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	

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
 Dry

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

Doppler Used

Regular
 No

Edema

Bilateral Upper Extremity

Edema Type

Degree

Non-Pitting
 1+

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

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	Deep Tracheal Suction
Sputum Consistency	Thick
Sputum Color	White
Sputum Amount	Small
Auscultation	
Throughouth	
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

All Quadrants

Bowel Sounds	Active
--------------	--------

Bowel Pattern
 Gastric Tube

Mid Upper Abdomen

Gastric Content Description	Undigested Food
Tube Patency/Placement	Air Auscultated, Flushed, Patent

Gastrointestinal Comment
 Comment
 On TF

Genitourinary 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

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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Average

Affect

Flat

Line Days

Line Days

Yes

Protocol: IC,LD

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/15/22 08:00 RD (Rec: 11/15/22 10:40 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. 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

Lyons, Kathleen A

Facility: Queen of the Valley 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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

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

	Sluggish
	5
	PERRLA
	Yes
	Brisk
	3
	PERRLA
	Yes
	Flaccid
	Flaccid
	Flaccid
	Flaccid
	Hypoactive
	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

Left Side Asymmetry

Facial Symmetry

Head/Neck/Face

Eyes

Left
 Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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.

Not Within Normal Limits

R EYE OPENS WITH STIM. NO TRACK

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

Edema

Bilateral Upper Extremity

Rapid Heart Rate

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

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
 Assessment

Respiratory Symptoms

Difficulty Clearing Secretions, Unable to Lie Flat

Effort
 Depth

Mechanically Ventilated
 Normal

Respiratory Pattern
 Sputum Production Method
 Sputum Consistency

Normal
 Deep Tracheal Suction
 Thin
 Scant

Sputum Amount
 Auscultation

Clear

Left Lower Lobe
 Breath Sounds
 Throughout
 Breath Sounds

Clear
 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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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
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 MARY 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.

Line Days

Line Days
Protocol: IC.ID Yes
Central Line Yes
Indwelling Catheters Yes
Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/15/22 12:00 RD (Rec: 11/15/22 12:54 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. 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	No
Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	No

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

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

Facial Symmetry

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

Assessment

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Not Within Normal Limits

Limited ROM
 Left Side Asymmetry

Clear
 White/Clear
 Clear
 White/Clear

Not Within Normal Limits

Rapid Heart Rate

Lyons, Kathleen A

Facility: Queen of the Valley 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	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
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
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	

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

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

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

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

Lyons, Kathleen A

Facility: Queen of the Valley 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
 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.

Line Days
 Line Days
 Protocol: IC.LD
 Central Line
 Indwelling Catheters

Within Normal Limits
 Not Within Normal Limits
 Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid
 Within Normal Limits
 Within Normal Limits
 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

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/15/22 16:00 RD (Rec: 11/15/22 16:33 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. 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

To Pain

Verbal Response

None

Motor Response

Flexion Withdrawal

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

Sluggish

Left

5

Reaction

Sluggish

Size (mm)

5

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Brisk

Reaction

Brisk

Size (mm)

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

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	
Facial Symmetry	Left Side Asymmetry
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Assessment
 Cardiac Signs and Symptoms

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

Rapid Heart Rate

Regular

Normal

No

Regular

Normal

No

Non-Pitting

1+

< 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions, Unable to Lie Flat

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Lyons, Kathleen A

Facility: Queen of the Valley 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

Scant

Auscultation

Left Lower Lobe

Clear

Breath Sounds

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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

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

Psychosocial Parameters

Within Normal Limits

Total Incontinence
 Bright Yellow

Not Within Normal Limits

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid

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

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	

Male Reproductive Assessment

Penile Discharge
 Document 11/15/22 20:00 KC (Rec: 11/15/22 21:31 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 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
 To Pain
 None
 Flexion Withdrawal
 7

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)	4
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Cardiovascular 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
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	Rapid Heart Rate
Pulse	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Symptoms

Difficulty Clearing Secretions, Unable

Effort

to Lie Flat

Depth

Mechanically Ventilated

Respiratory Pattern

Normal

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Left Lower Lobe

Clear

Breath Sounds

Clear

Throughout

Clear

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 Pattern

Incontinent

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

Mid Upper Abdomen

Tube Patency/Placement

Genitourinary Assessment

Air Auscultated, Flushed, Patent

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

Urine Color

Observation

Palpation

Total Incontinence
 Bright Yellow

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
 Severely Limited

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Flaccid
 Flaccid
 Flaccid

Skin 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

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

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/15/22 23:59 KC (Rec: 11/16/22 01:21 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

To 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

Verbal Response	None
Motor Response	Flexion Withdrawal
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
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	4
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	
Facial Symmetry	Left Side Asymmetry
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

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

Assessment

Cardiac Signs and Symptoms

Rapid Heart Rate

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

Non-Pitting
 1+
 < 3 Seconds

Respiratory 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
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	Difficulty Clearing Secretions, Unable to Lie Flat
Respiratory Symptoms	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Pattern	Bowel Pattern	Incontinent
Bowel Sounds	All Quadrants	
Bowel Sounds	Bowel Sounds	Active
Bowel Pattern	Bowel Pattern	
Gastric Tube	Mid Upper Abdomen	
Tube Patency/Placement	Tube Patency/Placement	Air Auscultated, Flushed, Patent
Genitourinary Assessment	Genitourinary Assessment	
Parameter	Parameter	
Urinary 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	Assessment	
Bladder Pattern	Bladder Pattern	Total Incontinence
Urine Color	Urine Color	Bright Yellow
Observation	Observation	
Palpation	Palpation	
Female Reproductive Assessment	Female Reproductive Assessment	
Parameter	Parameter	
Reproductive 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	Musculoskeletal Assessment	
Parameter	Parameter	
Musculoskeletal 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	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
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 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.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Male Reproductive Assessment
 Penile Discharge
 Document 11/16/22 04:00 KC (Rec: 11/16/22 04:43 KC Desktop)
 Neurological Assessment
 Parameter
 Neurological Parameters
 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

	Within Normal Limits
	Within Normal Limits
	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

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

Deep Pain

Weakness

Artificially Ventilated

To Pain

None

Flexion Withdrawal

7

Sluggish

5

PERRLA

Yes

Brisk

4

PERRLA

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

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

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

Left Side Asymmetry

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

Assessment

Rapid Heart Rate

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Regular

Normal

No

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	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, Unable to Lie Flat Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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,

Not Within Normal Limits

Air Auscultated, Flushed, Patent

Active

Soft, Non-Tender, Round, Obese

Incontinent

Total Incontinence

Bright Yellow

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

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

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

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/16/22 08:00 JM (Rec: 11/16/22 11:30 JM 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	7
Glasgow Citation	
Teadale 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	
Right	
Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Flaccid
Left 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

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

Facial Symmetry Left Side Asymmetry

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

Pulse

Bilateral Radial Regular

Pulse Rhythm Normal

Strength No

Doppler Used Regular

Bilateral Dorsalis Pedis Normal

Pulse Rhythm Normal

Strength 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

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
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
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
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	

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

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
 Mid Upper Abdomen
 Tube Patency/Placement Air Auscultated, Flushed, Patent

Gastrointestinal Comment
 Comment ON TF
 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 Bright Yellow
 Bladder Distention No
 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.

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

Chow, Kristin

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

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	Yes
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 11/16/22 12:00 JM (Rec: 11/16/22 12:37 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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

Size (mm)

Equality PERRLA

Pupillometer Used to Assess

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

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.	
Symptoms	
Facial Symmetry	Left Side Asymmetry
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	
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, Unable to Lie Flat
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Mid Upper Abdomen

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Gastrointestinal Comment

ON TF

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

Lyons Kathleen A

Facility: Queen of the Valley 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 Pattern

Total Incontinence

Urine Color

Bright 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

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

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

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 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 Average
 Affect Flat

Line Days

Line Days
 Protocol: IC.ID
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/16/22 16:00 JM (Rec: 11/16/22 16:37 JM 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	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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

Lyons, Kathleen A

Facility: Queen of the Valley 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
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	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	
Facial Symmetry	Left Side Asymmetry
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Difficulty Clearing Secretions, Unable

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

to Lie Flat

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

Lyons, Kathleen A

Facility: Queen of the Valley 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 Lobe Clear
 Breath Sounds
 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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Gastrointestinal Comment

ON TF

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

Lyons Kathleen A

Facility: Queen of the Valley 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

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

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

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 11/16/22 20:00 CMS (Rec: 11/16/22 20:04 CMS 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

To Pain

Verbal Response

None

Motor Response

Flexion Withdrawal

Glasgow Coma Scale Total

7

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

Facial Symmetry

Head/Neck/Face

Cardiovascular Assessment

Parameter

Cardiovascular Parameter

Query Text:Regular apical/radial pulse. Audible S1 & S2.

Sluggish

4

PERRLA

Yes

Brisk

2

PERRLA

Yes

Hypoactive

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Flaccid

Hypoactive

Not within Normal Limits

Left Side Asymmetry

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

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.

Symptoms

Assessment

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Non-Pitting
 1+
 < 3 Seconds

Not Within Normal Limits

Difficulty Clearing Secretions, Unable to Lie Flat
 Mechanically Ventilated
 Normal
 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

Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	Clear
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 Pattern	Incontinent
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	Air Auscultated, Flushed, Patent
Tube Patency/Placement	
Gastrointestinal Comment	
Comment	ON TF
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

Urine Color

Bladder Distention

Observation

Total Incontinence
Bright 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

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

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 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
 Protocol: IC.ID Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/16/22 23:59 CMS (Rec: 11/17/22 00:15 CMS 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

Lyons, Kathleen A

Facility: Queen of the Valley 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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
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	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	
Facial Symmetry	Left Side Asymmetry

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

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. 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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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 Symptoms

Difficulty Clearing Secretions, Unable

Effort

to Lie Flat

Depth

Mechanically Ventilated

Respiratory Pattern

Normal

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Left Lower Lobe

Clear

Breath Sounds

Clear

Throughout

Clear

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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

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

Mid Upper Abdomen

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.

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

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

Air Auscultated, Flushed, Patent

ON TF

Not Within Normal Limits

Total Incontinence

Bright Yellow

No

Within Normal Limits

Not Within Normal Limits

Muscle Weakness

Severely Limited

Flaccid

Flaccid

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

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 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

Document 11/17/22 04:00 CMS (Rec: 11/17/22 04:01 CMS 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.

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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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
Reaction	4
Size (mm)	PERRLA
Equality	Yes

Pupillometer Used to Assess

Right	Brisk
Reaction	2
Size (mm)	PERRLA
Equality	Yes

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	Hypoactive
Cough/Gag Reflex	

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.

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

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.
Throat: No problems swallowing, no soreness.

Symptoms Left Side Asymmetry

Facial Symmetry
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
Pulse

Bilateral Radial Regular
Pulse Rhythm Normal
Strength No
Doppler Used
Bilateral Dorsalis Pedis Regular
Pulse Rhythm Normal
Strength No
Doppler Used

Edema
Bilateral Upper Extremity Non-Pitting
Edema Type 1+
Degree < 3 Seconds
Capillary Refill

Respiratory Assessment
Parameter Not Within Normal Limits
Respiratory Parameter
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

Difficulty Clearing Secretions, Unable to Lie Flat
 Mechanically Ventilated
 Normal

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Left Lower Lobe

Breath Sounds

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Clear
 Clear
 Clear

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

Soft, Non-Tender, Round, Obese
 Incontinent

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

Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Gastrointestinal Comment	
Comment	ON TP
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	No
Bladder Distention	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 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 Average
 Affect Flat

Line Days

Line Days
 Protocol: IC.LD
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/17/22 08:00 JMW (Rec: 11/17/22 11:49 JMW 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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Touch
Orientation	Disoriented
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
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
	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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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

Facial Symmetry

Left Side Asymmetry

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

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

Regular

Pulse Rhythm

Normal

Strength

No

Doppler Used

Regular

Bilateral Dorsalis Pedis

Regular

Pulse Rhythm

Normal

Strength

No

Doppler 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

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

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.

Non-Pitting
 1+
 < 3 seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

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

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

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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.

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

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

Within Normal Limits

Total Incontinence

Bright Yellow

No

Not Within Normal Limits

ON TF

Air Auscultated,Flushed,Patent

Active

Soft,Non-Tender,Round,Obese
 Incontinent

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

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
 Left Upper Extremity
 Left Lower Extremity
 Right Upper Extremity
 Right Lower Extremity

Muscle Weakness
 Severely Limited
 Spastic
 Spastic
 Weak
 Spastic

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
 Second RN Validating Skin Assessment
 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
 Affect
 Average
 Flat
 Not Within Normal Limits

Line Days
 Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Yes
 Yes
 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

Male Reproductive Assessment

Penile Discharge

Document 11/17/22 12:00 JMV (Rec: 11/17/22 12:09 JMV 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

Touch

Orientation

Disoriented

Neurological Symptoms

Weakness Artificially Ventilated

Speech Pattern

To Sound

Eye Opening

None

Verbal Response

Flexion Withdrawal

Motor Response

8

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

Sluggish

Left

5

Reaction

PERRLA

Size (mm)

Yes

Equality

Brisk

Pupillometer Used to Assess

Right

Reaction

3

Size (mm)

Lyons, Kathleen A

Facility: Queen of the Valley 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	PERRLA
Pupillometer Used to Assess	Yes
Strength	Spastic
Left Upper Extremity	Spastic
Left Lower Extremity	Weak
Right Upper Extremity	Spastic
Right Lower Extremity	
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
Lip 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 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	

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	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	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	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	

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

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 Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Gastrointestinal Comment

Comment

ON TF

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

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 Bright 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.

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
 Spastic
 Spastic
 Weak
 Spastic

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

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.LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/17/22 16:00 JMV (Rec: 11/17/22 16:04 JMV 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.

Assessment

Level of Consciousness

Arousable To

Orientation

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

Not Within Normal Limits

Obtunded

Touch

Disoriented

Weakness

Artificially Ventilated

To Sound

None

Flexion Withdrawal

8

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

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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	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,	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Non-Pitting
 1+
 < 3 Seconds

Not Within Normal Limits

Mechanically Ventilated
 Normal
 Normal
 Deep Tracheal Suction
 Thin
 White
 Scant

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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 inflamed.

Assessment

Abdomen Description Soft, Non-Tender, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds All Quadrants Active
 Bowel Sounds Bowel Pattern

Gastric Tube
 Mid Upper Abdomen
 Tube Patency/Placement Air Auscultated, Flushed, Patent
 Gastrointestinal Comment

Comment ON TF

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
Bladder Distention

Total Incontinence
Bright 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

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

Spastic

Left Lower Extremity

Spastic

Right Upper Extremity

Weak

Right Lower Extremity

Spastic

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

Tyons, Kathleen A

Facility: Queen of the Valley 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
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 11/17/22 20:00 CMS (Rec: 11/17/22 22:19 CMS 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	Touch
Orientation	Disoriented
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

8

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

Facial Symmetry

Head/Neck/Face

Oropharynx

Oropharynx Condition

Not Within Normal Limits

Left Side Asymmetry

Pink and Moist

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

I/p Condition

Not Within Normal Limits

Cardiovascular Assessment
 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

Regular
 Normal
 No
 Regular
 Normal
 No

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Respiratory Assessment
 Parameter

Non-Pitting
 1+
 < 3 Seconds
 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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Left Lower Lobe	Clear
Breath Sounds	Clear
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 Pattern	Incontinent
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
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

Gastrointestinal Comment

Comment

ON TF

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

No

Bladder Distention

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

Spastic

Left Lower Extremity

Spastic

Right Upper Extremity

Weak

Right Lower Extremity

Spastic

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			Yes
Ventilator			
Male Reproductive Assessment			
Penile Discharge			
Document	11/17/22 23:59	CMS (Rec: 11/18/22 01:19	CMS 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	Touch
Orientation	Disoriented
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To sound
Verbal Response	None
Motor Response	Flexion Withdrawal
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
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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Facial Symmetry

Head/Neck/Face

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.

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

Left Side Asymmetry

Pink and Moist

Moist

Not Within Normal Limits

Regular

Normal

No

Regular

Normal

No

Non-Pitting

1+

< 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

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Left Lower Lobe

Clear

Breath Sounds

Clear

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

Bowel Pattern

Soft, Non-Tender, Round, Obese

Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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	Active
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Gastrointestinal Comment	
Comment	ON TP
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	No
Bladder Distention	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic

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. Not within Normal Limits

Assessment

Appearance Average
 Affect Flat

Line Days

Line Days
 Protocol: IC.LD
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/18/22 04:00 CMS (Rec: 11/18/22 04:23 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 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	Obtunded
Arousable To	Touch
Orientation	Disoriented
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
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
	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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
Cough / Gag Reflex	
Cough/Gag Reflex	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

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

Facial Symmetry

Left Side Asymmetry

Head/Neck/Face

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

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

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

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

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.

Non-Pitting
 1+
 < 3 seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

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

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

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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.

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

Female Reproductive Assessment

Parameter

Reproductive Parameter

Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge,

masses, or nipple discharge. Genitalia without discharge,

Parameter

Within Normal Limits

Not Within Normal Limits

ON TF

Active

Soft, Non-Tender, Round, Obese

Incontinent

Air Auscultated, Flushed, Patent

Not Within Normal Limits

Total Incontinence

Bright Yellow

No

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

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 Spastic
 Left Lower Extremity Spastic

Right Upper Extremity Weak
 Right Lower Extremity Spastic

Skin Assessment

Parameter WOUND Within Normal Limits
 Integumentary Parameter

Query Text: Skin pink, warm, dry, and intact. Skin turgor
 without tenting. No suspicious nevi, rash, petechiae, or

eczchymosis.

Psychosocial Assessment Not 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 Average
 Appearance Flat
 Affect

Line Days
 Line Days

Protocol: IC, LD Yes
 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 11/18/22 08:00 MT (Rec: 11/18/22 09:29 MT 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

Orientation

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

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

Obtunded

Touch

Disoriented

Weakness

Artificially Ventilated

To Sound

None

Flexion Withdrawal

8

Sluggish

5

PERRLA

Yes

Brisk

3

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

Strength	
Left Upper Extremity	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
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	
Pulse	
Bilateral Radial	

Lyons, Kathleen A

Facility: Queen of the Valley 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	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
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
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal 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: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

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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.

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

Not Within Normal Limits

ON TF

Air Auscultated, Flushed, Patent

Active

Soft, Non-Tender, Round, Obese
 Incontinent

Total Incontinence

Bright Yellow

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

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

- Muscle Weakness
- Severely Limited
- Spastic
- Spastic
- Weak
- Spastic

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,LD

Lyons Kathleen A

Facility: Queen of the Valley 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	Yes
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 11/18/22 12:00 JMV (Rec: 11/18/22 13:40 JMV 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

Obtunded
 Touch

Orientation

Disoriented

Neurological Symptoms

Weakness
 Artificially Ventilated

Speech Pattern

To Sound

Eye Opening

None

Verbal Response

Flexion Withdrawal

Motor Response

8

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

Sluggish

Left

5

Reaction

PERRLA

Size (mm)

Yes

Equality

Yes

Pupillometer Used to 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

Right	
Reaction	Brisk
Size (mm)	3
Equality	PERRLA
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	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,	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

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Not Within Normal Limits

Non-Pitting

1+

< 3 Seconds

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Air Auscultated, Flushed, Patent

Tube Patency/Placement

Gastrointestinal Comment

ON TF

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

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

Bladder Pattern

Total Incontinence

Urine Color

Bright 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

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

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

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 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

Average

Appearance

Line Days

Protocol: IC.LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/18/22 16:00 JMV (Rec: 11/18/22 17:09 JMV 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

Touch

Orientation

Disoriented

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

To Sound

Verbal Response

None

Motor Response

Flexion Withdrawal

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

Lyons, Kathleen A

Facility: Queen of the Valley 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
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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Oropharynx	
Oropharynx Condition	Pink and Moist
lip Condition	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,	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Non-Pitting
 1+
 < 3 Seconds

Not Within Normal Limits

Mechanically Ventilated
 Normal
 Normal
 Deep Tracheal Suction
 Thin
 White
 Scant

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

Auscultation

Throughtout

Breath Sounds

Oxygen

Sputum

Cough

Clear

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

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Gastrointestinal Comment

Comment

ON TF

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.

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bladder Pattern Total Incontinence
 Urine Color Bright Yellow
 Bladder Distention No

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
 Musculoskeletal Symptoms
 Range Of Motion
 Left Upper Extremity Muscle Weakness
 Left Lower Extremity Severely Limited
 Right Upper Extremity Spastic
 Right Lower Extremity Weak
 Spastic

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 Not Within Normal Limits
 Psychosocial Parameters

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 Average

Line Days

Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/18/22 20:00 KC (Rec: 11/18/22 22:44 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 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 Touch
 Orientation Disoriented
 Neurological Symptoms Weakness
 Speech Pattern Artificially Ventilated
 Eye Opening To Sound
 Verbal Response None
 Motor Response Flexion Withdrawal
 Glasgow Coma Scale Total 8
 Glasgow 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.	
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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
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

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

Effort

Depth

Respiratory Pattern

Not Within Normal Limits

Non-Pitting

1+

< 3 Seconds

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	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughouth	
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 Pattern Incontinent

Bowel Sounds Active

All Quadrants
 Bowel Pattern
 Bowel Pattern
 Gastric Tube
 Mid Upper Abdomen Air Auscultated, Flushed, Patent

Tube Patency//Placement
 Gastrointestinal Comment ON TF
 Comment

Genitourinary Assessment
 Parameter Not Within Normal Limits
 Urinary 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: 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

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

Total Incontinence
 Bright Yellow
 No

Within Normal Limits

Not Within Normal Limits

Muscle Weakness
 Severely Limited
 Spastic
 Spastic
 Weak
 Spastic

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

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.

Not Within Normal Limits

Assessment

Appearance

Average

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/18/22 23:59 KC (Rec: 11/19/22 01:19 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

Touch

Orientation

Disoriented

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

To Sound

Verbal Response

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

Motor Response Flexion Withdrawal
 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
 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 Spastic
 Left Upper Extremity Spastic
 Left Lower Extremity Weak
 Right Upper Extremity Spastic
 Right Lower Extremity Spastic

Cough / Gag Reflex Hypoactive
 Cough/Gag Reflex

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 Left Side Asymmetry
 Facial Symmetry
 Head/Neck/Face
 Oropharynx

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 Condition
 Lip Condition

Pink and Moist
 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

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

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

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

Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
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 Pattern	Incontinent
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	Air Auscultated, Flushed, Patent
Gastrointestinal 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

Comment	ON	TF
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	Total Incontinence	
Urine Color	Bright 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.		
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	Muscle Weakness	
Range Of Motion	Severely Limited	
Left Upper Extremity	Spastic	
Left Lower Extremity	Spastic	
Right Upper Extremity	Weak	
Right Lower Extremity	Spastic	
Skin Assessment		
Parameter		

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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/19/22 04:00 KC (Rec: 11/19/22 04:33 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

Touch

Orientation

Disoriented

Lyons Kathleen A

Facility: Queen of the Valley 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	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
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
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	Spastic
Left Lower Extremity	Spastic
Right Upper Extremity	Weak
Right Lower Extremity	Spastic
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Facial Symmetry	Left Side Asymmetry
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 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	
Respiratory Assessment	
Parameter	Not Within Normal Limits
Respiratory Parameter	
Query Text:Spontaneous respirations 12-20 per minute at rest	

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

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

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 Pattern

Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Bowel Pattern

Bowel Pattern

Bowel Pattern

Bowel Pattern

Bowel Pattern

Bowel Pattern

Bowel Pattern

Bowel Pattern

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

Mid Upper Abdomen

Tube Patency/Placement

Gastrointestinal Comment

Comment

Air Auscultated, Flushed, Patent
 ON TF

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

Not Within Normal Limits

Bladder Pattern

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

Musculoskeletal Symptoms

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Not Within Normal Limits

Within Normal Limits

Total Incontinence

Bright Yellow

No

Muscle Weakness

Severely Limited

Spastic

Spastic

Lyons Kathleen A

Facility: Queen of the Valley 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
 Spastic

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

Line Days

Line Days
 Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/19/22 08:00 RD (Rec: 11/19/22 10:57 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. 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	Not Arousable
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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
Reaction	5
Size (mm)	PERRLA
Equality	Yes
Pupillometer Used to Assess	

Right

Reaction	Brisk
Size (mm)	3
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

Query Text:Head: Symmetric movement without discomfort.

Eyes: No visual disturbances or foreign bodies.

Ears: No tinnitus or foreign bodies.

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

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.
Throat: No problems swallowing, no soreness.

Symptoms Left Side Asymmetry
 Facial Symmetry
 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. 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
 Bilateral Dorsalis Pedis Regular
 Pulse Rhythm Normal
 Strength No

Edema
 Doppler Used No

Bilateral Upper 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

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
 Assessment
 Respiratory Symptoms Difficulty Clearing Secretions, Unable to Lie Flat
 Mechanically Ventilated

Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	Clear
Sputum Color	Scant
Sputum Amount	
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.

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 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

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

Non-Tender, Round, Obese
 Incontinent, Normal for Patient

Active

Flushed, Patent

Not Within Normal Limits

Total Incontinence
 Pale Yellow

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 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.	
Skin Verification	
Second RN Validating Skin Assessment	KRISTIN 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	No
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/19/22 12:00 RD (Rec: 11/19/22 13:40 RD 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	No

Right	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	No

Pupillometer Used to Assess
 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

Normal, 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

Facial Symmetry

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

Edema

Bilateral Upper Extremity

Edema Type

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	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	
Assessment	
Respiratory Symptoms	Dyspnea, Unable to lie Flat
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
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
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 Soft, Non-Tender, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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 Retention
 Urine Color Pale Yellow

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 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
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 free of hallucinations and suicidal ideation.

Line Days

Line Days
 Protocol: IC,LD No
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/19/22 16:00 RD (Rec: 11/19/22 18:06 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 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	Obtunded
Arousable To	Deep Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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

Parameter

Sluggish	Blisk
5	3
PERRLA	PERRLA
Yes	Yes
Flaccid	Flaccid
Flaccid	Flaccid
Flaccid	Flaccid
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

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	
Facial Symmetry	Left Side Asymmetry
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. 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	
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	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, Unable to Lie Flat Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Left Lower Lobe	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Diminished
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits
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.

Assessment

Abdomen Description Non-Tender, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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,

Not Within Normal Limits

Flushed, Patent

Active

Retention
 Pale Yellow

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

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

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

No

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/19/22 20:00 KC (Rec: 11/19/22 21:29 KC 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	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
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	
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

Lyons Kathleen A

Facility: Queen of the Valley 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	Flaccid
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.
 Throat: No problems swallowing, no soreness.

Symptoms
 Facial Symmetry
 Left Side Asymmetry

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

Lyons, Kathleen A

Facility: Queen of the Valley 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, Unable to Lie Flat
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
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

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.

Non-Tender, Round, Obese
 Incontinent

Assessment
 Abdomen Description
 Bowel Pattern
 Bowel Sounds
 All Quadrants
 Bowel Sounds
 Bowel Pattern
 Gastric Tube
 Mid Upper Abdomen
 Tube Patency/Placement
 Genitourinary Assessment
 Parameter

Active

Flushed, Patent

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
 Urine Color

Retention
 Pale 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

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.
 Skin Verification
 Second RN Validating Skin Assessment
 Psychosocial Assessment
 Parameter

Donske, Ruth

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

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

Protocol: IC.ID No
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/19/22 23:59 KC (Rec: 11/20/22 02:27 KC 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 choking.

Assessment
 Level of Consciousness Obtunded
 Arousable To Deep Pain
 Neurological Symptoms Weakness
 Speech Pattern Artificially Ventilated
 Eye Opening To Pain
 Verbal Response None
 Motor Response Flexion Withdrawal
 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
 Reaction 5
 Size (mm) PERRLA
 Equality Yes
 Pupillometer Used to 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

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	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	
Facial Symmetry	Left Side Asymmetry
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,	

Lyons, Kathleen A

Facility: Queen of the Valley 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, Unable to Lie Flat
 Mechanically Ventilated
 Normal
 Normal
 Deep Tracheal Suction
 Thin

Lyons, Kathleen A

Facility: Queen of the Valley 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	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 Non-Tender, Round, Obese
Incontinent

Abdomen Description Non-Tender, Round, Obese

Bowel Pattern Incontinent

Bowel Sounds Active

All Quadrants Active

Bowel Sounds Active

Bowel Pattern Active

Gastric Tube Active

Mid Upper Abdomen Active

Tube Patency/Placement Flushed, Patent

Genitourinary Assessment Flushed, Patent

Parameter Flushed, Patent

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

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

No
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/20/22 04:00 KC (Rec: 11/20/22 04:46 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

To Pain

Verbal Response

None

Motor Response

Flexion Withdrawal

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

Lyons Kathleen A

Facility: Queen of the Valley 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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Not Within Normal Limits

Flaccid

Flaccid

Flaccid

Flaccid

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Left Side Asymmetry

Left

Clear

White/Clear

Right

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

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

Assessment

Respiratory Symptoms

Difficulty Clearing Secretions,Unable

Lyons, Kathleen A

Facility: Queen of the Valley 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	to Lie Flat
Depth	Mechanically Ventilated
Respiratory Pattern	Normal
Sputum Production Method	Normal
Sputum Consistency	Deep Tracheal Suction
Sputum Color	Thin
Sputum Amount	White
Auscultation	Scant
Left Lower Lobe	Diminished
Breath Sounds	Diminished
Throughout	
Breath Sounds	
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	Non-Tender, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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

Bladder Pattern

Retention

Urine Color

Pale 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

Lyons, Kathleen A

Facility: Queen of the Valley 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.

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/20/22 08:00 JMV (Rec: 11/20/22 09:19 JMV 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

Obtunded
 Verbal, Touch
 Weakness
 Artificially Ventilated
 To Sound
 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

Motor Response Flexion Withdrawal
 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

Reaction Size (mm) 5

Equality PERRLA

Pupillometer Used to Assess Yes

Right Brisk

Reaction Size (mm) 5

Equality PERRLA

Pupillometer Used to Assess Yes

Strength Flaccid

Left Upper Extremity Flaccid

Left Lower Extremity Flaccid

Right Upper Extremity Weak

Right Lower Extremity Flaccid

Cough / Gag Reflex Normal

Cough/Gag Reflex Normal

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

Not Within Normal Limits
 Left Side Asymmetry

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

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

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

Non-Pitting
 1+
 < 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

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	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	Clear
Breath Sounds	
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	Non-Tender, Round, Obese
Abdomen Description	Incontinent
Bowel Pattern	
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	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	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	Retention
Urine Color	Pale 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

Lyons, Kathleen A

Facility: Queen of the Valley 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

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
 Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/20/22 12:00 JMV (Rec: 11/20/22 12:19 JMV 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 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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilaled
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	8
Glasgow Citatlon	
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)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
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.	

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.

Symptoms

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Left Side Asymmetry

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

Not Within Normal Limits

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

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

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.

For OB patients: if external hemorrhoids present, not

Non-Pitting
 1+
 < 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

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

Inflamed.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

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.

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

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	Weak
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
 Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge
 Document 11/20/22 16:00 JMV (Rec: 11/20/22 16:37 JMV 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
 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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
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

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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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. 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

Left Side Asymmetry

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

Not Within Normal Limits

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	Regular
Pulse Rhythm	Normal
Strength	No
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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bowel Pattern

Non-Tender, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants
 Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

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
 Urine Color

Retention
 Pale 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

Weak

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

Male Reproductive Assessment

Penile Discharge

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

Yes

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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
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
Reaction	5
Size (mm)	PERRLA
Equality	Yes

Right

Reaction	Brisk
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
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

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.

Throat: No problems swallowing, no soreness.

Symptoms

Facial Symmetry

Left Side Asymmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

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, 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

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

Scant

Clear

Clear

Gastrointestinal 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
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	Non-Tender, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	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	Retention
Urine Color	Pale Yellow
Observation	
Palpation	
Female Reproductive 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	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	Parameter	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	Range Of Motion	Flaccid
	Left Upper Extremity		Flaccid
	Left Lower Extremity		Weak
	Right Upper Extremity		Flaccid
	Right Lower Extremity		
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.			
Line Days	Line Days	Protocol: IC.ID	Yes
	Central Line	Indwelling Catheters	Yes
	Ventilator	Male Reproductive Assessment	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

Penile Discharge

Document 11/20/22 23:59 KC (Rec: 11/21/22 01:03 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

Verbal, Touch

Neurological Symptoms

Weakness

Speech Pattern

Artificially Ventilated

Eye Opening

To Sound

Verbal Response

None

Motor Response

Flexion Withdrawal

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

Size (mm)

5

Equality

PERRLA

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

5

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	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Normal

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.

Not Within Normal Limits

Symptoms

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color
 Sclera Appearance

Right

Eye Discharge Color
 Sclera Appearance

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,

Not Within Normal Limits

Left Side Asymmetry

Clear
 White/Clear

Clear
 White/Clear

Pink and Moist
 Moist

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

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

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

Lyons, Kathleen A

Facility: Queen of the Valley 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

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

Non-Tender, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Flushed, Patent

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

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

Bladder Pattern
 Urine Color

Retention
 Pale 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

Right Upper Extremity

Weak

Right Lower Extremity

Flaccid

Left 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.

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 11/21/22 04:00 KC (Rec: 11/21/22 04:14 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 Verbal, Touch
 Neurological Symptoms Weakness
 Speech Pattern Artificially Ventilated
 Eye Opening To Sound
 Verbal Response None
 Motor Response Flexion Withdrawal
 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
 Reaction 5
 Size (mm) PERRLA
 Equality Yes
 Pupilometer Used to 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

Right	
Reaction	Brisk
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
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.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
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

Regular
 Normal
 No

Doppler Used
 Bilateral Dorsalis Pedis
 Pulse Rhythm
 Strength
 Doppler Used

Regular
 Normal
 No

Edema
 Bilateral Upper Extremity
 Edema Type
 Degree
 Capillary Refill
 Respiratory Assessment
 Parameter

Non-Pitting
 1+
 < 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
 Effort
 Depth
 Respiratory Pattern
 Sputum Production Method

Mechanically Ventilated
 Normal
 Normal
 Deep Tracheal 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 Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
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 Non-Tender, Round, Obese Incontinent

Abdomen Description
 Bowel Pattern
 Bowel Sounds
 All Quadrants
 Bowel Sounds
 Bowel Pattern
 Bowel Pattern

Gastric Tube Active
 Mid Upper Abdomen
 Tube Patency/Placement 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

Lyons, Kathleen A

Facility: Queen of the Valley 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

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

Psychosocial Parameters

Within Normal Limits

Not Within Normal Limits

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Weak
 Flaccid

Within Normal Limits

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.

Line Days

Line Days
 Protocol: IC.ID Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge
 Document 11/21/22 08:00 JMV (Rec: 11/21/22 10:03 JMV 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.

Not Within Normal Limits

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

Verbal,Touch

Neurological Symptoms

Speech Pattern

Weakness Artificially Ventilated

Eye Opening

To Sound

Verbal Response

None

Motor Response

Abnormal Flexion

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

Lyons Kathleen A

Facility: Queen of the Valley 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)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes
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.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	

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 Condition
 Lip Condition

Pink and Moist
 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

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

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

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

Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Thoroughout	
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

Non-Tender, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants
 Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

Flushed, Patent

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	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
Parameter	Bladder Pattern	Assessment	Retention
Parameter	Urine Color	Observation	Pale Yellow
Parameter	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
Parameter	Musculoskeletal Assessment	Musculoskeletal Assessment	Not Within Normal Limits
Parameter	Musculoskeletal Symptoms	Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	Muscle Weakness Severely Limited
Parameter	Range Of Motion	Assessment	Flaccid
Parameter	Left Upper Extremity	Musculoskeletal Assessment	Flaccid
Parameter	Left Lower Extremity	Assessment	Weak
Parameter	Right Upper Extremity	Assessment	Flaccid
Parameter	Right Lower Extremity	Assessment	
Parameter	Skin Assessment	Protocol: WOUND	
Parameter	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.

Line Days

Line Days
 Protocol: IC.ID Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/21/22 12:00 JMW (Rec: 11/21/22 12:31 JMW 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	Obtunded
Arousable To	Verbal,Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	7

Lyons Kathleen A

Facility: Queen of the Valley 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

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

Left

Eye Discharge Color

Not Within Normal Limits

Left Side Asymmetry

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

Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	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	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

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.

For OB patients: if external hemorrhoids present, not inflamed.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Not Within Normal Limits

Clear

Mechanically Ventilated

Normal

Normal

Deep Tracheal Suction

Thin

White

Scant

Non-Tender, Round, Obese
 Incontinent

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		
Gastric Tube		
Mid Upper Abdomen		
Tube Patency/Placement	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	Retention	
Urine Color	Pale 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	Weak	
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

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

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/21/22 16:00 JMV (Rec: 11/21/22 16:16 JMV 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 choking.

Assessment

Level of Consciousness

Obtunded

Arousable To

Verbal, Touch

Neurological Symptoms

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

Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Facial Symmetry

Head/Neck/Face

Not Within Normal Limits

Left Side Asymmetry

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

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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.

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

Not Within Normal Limits

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

Regular

Normal

No

Regular

Normal

No

Non-Pitting

1+

< 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 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

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Throughout

Clear

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

Non-Tender, Round, Obese

Bowel Pattern

Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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		Active
Bowel Pattern		
Gastric Tube		
Mid Upper Abdomen		
Tube Patency/Placement		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		Retention
Urine Color		Pale 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

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 Flaccid
Right Upper Extremity Weak
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 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 11/21/22 20:00 KC (Rec: 11/21/22 21:07 KC 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

Lyons Kathleen A

Facility: Queen of the Valley 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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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
Reaction	5
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	3
Size (mm)	Yes
Pupillometer Used to Assess	
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.	
Throat: No problems swallowing, no soreness.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Oropharynx	
Oropharynx Condition	Pink and Moist
Itp 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. 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	Normal
Doppler Used	No
Edema	
Bilateral Upper 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

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 Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Clear

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.
 For OB patients: if external hemorrhoids present, not inflamed.

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	
Abdomen Description	Non-Tender, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	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	Retention
Urine Color	Pale 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	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Weak
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
 Yes
 Yes
 Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/21/22 23:59 KC (Rec: 11/22/22 00:30 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 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

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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Obtunded

Verbal,Touch

Weakness

Artificially Ventilated

To Sound

None

Abnormal Flexion

7

Sluggish

5

Yes

Brisk

3

Yes

Flaccid

Flaccid

Flaccid

Weak

Flaccid

Normal

Normal

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

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.
Throat: No problems swallowing, no soreness.

Symptoms Left Side Asymmetry
 Facial Symmetry
 Head/Neck/Face

Eyes

Left Clear
 Eye Discharge Color White/Clear
 Sclera Appearance

Right Clear
 Eye Discharge Color White/Clear
 Sclera Appearance

Oropharynx Pink and Moist
 Oropharynx Condition Moist
 Lip Condition

Cardiovascular Assessment 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

Doppler Used No
Bilateral Dorsalis Pedis Regular
 Pulse Rhythm Normal
 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

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
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	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Non-Tender, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds All Quadrants Active
 Bowel Sounds Bowel Pattern

Bowel Pattern Gastric Tube
 Bowel Pattern Mid Upper Abdomen

Tube Patency/Placement 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 Retention
 Bladder Pattern Pale 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

Lyons, Kathleen A

Facility: Queen of the Valley 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 11/22/22 04:00 KC (Rec: 11/22/22 05:14 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 opening. Behavior appropriate to situation. Active ROM of

Within Normal Limits

Within Normal Limits

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

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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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. 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

Left Side Asymmetry

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

Not Within Normal Limits

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	Regular
Pulse Rhythm	Normal
Strength	No
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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
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.

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bowel Pattern

Non-Tender, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants
 Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Tube Patency/Placement

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
 Urine Color

Retention
 Pale 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

Weak

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 11/22/22 08:00 JR (Rec: 11/22/22 09:28 JR Desktop)

Neurological Assessment

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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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
Reaction	5
Size (mm)	Yes
Pupillometer Used to Assess	

Right

Reaction	Brisk
Size (mm)	4
Pupillometer Used to Assess	Yes

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
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

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

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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.

Signs and Symptoms

Heart Sounds

Pulse

Bilateral Radial

Not Within Normal Limits

Left Side Asymmetry

Clear

White/Clear

Clear

White/Clear

Pink and Moist

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

Pulse Rhythm	Regular
Strength	Normal
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	Normal
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	< 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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese
Bowel Pattern	Incontinent

Bowel Sounds	
All Quadrants	
Bowel Sounds	Active

Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Tube Patency/Placement	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	Retention
Urine Color	Pale 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.

Lyons, Kathleen A

Facility: Queen of the Valley 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

Weak

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 11/22/22 12:00 REG (Rec: 11/22/22 12:53 REG 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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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
Reaction	Size (mm)	5

Pupillometer Used to Assess	Right	Yes
Reaction	Size (mm)	4

Pupillometer Used to Assess	Strength	Brisk
Left Upper Extremity	Left Lower Extremity	Flaccid
Right Upper Extremity	Right Lower Extremity	Weak
Cough / Gag Reflex	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

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

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

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.

Signs and Symptoms

Heart Sounds

Pulse

Not Within Normal Limits

Left Side Asymmetry

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

Not Within Normal Limits

Bilateral Radial

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 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	1+
Capillary Refill	< 3 Seconds
Cardiovascular Comment	
Comment	SR on monitor.
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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	Clear
Breath Sounds	
Oxygen	
Sputum	
Cough	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Comment

Comment

Trach to vent in AC mode.

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Pattern

Bowel Sounds

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Brown, Partially Digested Food

Tube Patency/Placement

Air Auscultated, Flushed, Patent

Gastrointestinal Comment

Comment

Tolerating TF well.

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.

Lyons, Kathleen A

Facility: Queen of the Valley 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

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Retention
Pale Yellow

FC patent, intact, and draining by 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

Muscle Weakness

Severely Limited

Flaccid

Flaccid

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

Ramos, Jessica

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

Psychosocial Comment

Comment

Obtunded.

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/22/22 16:00 REG (Rec: 11/22/22 16:33 REG 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

Verbal,Touch

Neurological Symptoms

Weakness Artificially Ventilated

Speech Pattern

Eye Opening

To Sound

Verbal Response

None

Motor Response

Abnormal Flexion

Glasgow Coma Scale Total

7

Lyons, Kathleen A

Facility: Queen of the Valley 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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Not Within Normal Limits

Left Side Asymmetry

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
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
Ihp Condition	

Cardiovascular Assessment

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	Regular
Pulse Rhythm	Normal
Strength	Normal
Doppler Used	No

Edema

Bilateral Upper Extremity	Non-Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Cardiovascular Comment	SR on monitor.
Comment	

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

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

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Clear

Trach to vent in AC mode.

Not Within Normal Limits

Soft, Round, Obese
 Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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

Mid Upper Abdomen

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.

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

FC patent, intact, and draining by 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.

Musculoskeletal Assessment

Parameter

Musculoskeletal Parameter

Not 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

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.

Skin Verification

Second RN Validating Skin Assessment

Parameter

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

Psychosocial Comment

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document

11/22/22 20:00

JAB

(Rec: 11/22/22 23:32

JAB Desktop)

Muscle Weakness

Severely Limited

Flaccid

Flaccid

Weak

Weak

Within Normal Limits

Ramos, Jessica

Not Within Normal Limits

Average

Obtunded.

Yes

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

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

Verbal, Touch

Neurological Symptoms

Weakness Artificially Ventilated

Speech Pattern

To Sound

Eye Opening

None

Verbal Response

Abnormal Flexion

Motor Response

7

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

Sluggish

Size (mm)

5

Pupillometer Used to Assess

Yes

Right

Reaction

Brisk

Size (mm)

4

Pupillometer Used to Assess

Yes

Strength

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

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
 Cough / Gag Reflex
 Cough/Gag Reflex

Weak
 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

Facial Symmetry

Left Side Asymmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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,

oral care provided

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

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

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

SR on monitor.

Symptoms

Assessment

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Lyons, Kathleen A

Facility: Queen of the Valley 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.

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

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

Not Within Normal Limits

Soft, Round, Obese
 Incontinent

Active

Brown, Partially Digested Food
 Air Auscultated, Flushed, Patent

INFUSING 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

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

Retention
Pale Yellow

Observation

Palpation

Genitourinary Comment
Comment

FC patent, intact, and draining by 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

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

Comment

ASSISTED W/REPOSITIONING

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

CVMC REGISTRY 131

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

Psychosocial Comment

UNABLE TO ASSESS, EMOTIONAL SUPPORT PROVIDED.

Comment

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/22/22 23:59 JAB (Rec: 11/23/22 01:24 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. 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	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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
Reaction	5
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	4
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
Left Upper Extremity	Flaccid
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
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.	
Throat: No problems swallowing, no soreness.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
Lip Condition	
HEENT Comment	oral care provided
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	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	Regular
Bilateral Dorsalis Pedis	Normal
Pulse Rhythm	
Strength	No
Doppler Used	

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

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 Description

Sputum Production Method

Sputum Consistency

Sputum Color

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

Not Within Normal Limits

Trach to vent in AC mode.

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bowel Pattern

Soft, Round, Obese
 Incontinent

Bowel Sounds
 All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen
 Gastric Content Description
 Tube Patency/Placement

Brown, Partially Digested Food
 Air Auscultated, Flushed, Patent

Gastrointestinal Comment

NPO AT MIDNIGHT FOR SX IN AM

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
 Urine Color

Retention
 Pale Yellow

Observation
 Palpation

Genitourinary Comment

FC patent, intact, and draining by

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

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

Weak

Right Lower Extremity

Weak

Musculoskeletal Comment

Comment

ASSISTED W//REPOSITIONING

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Psychosocial Comment

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

UNABLE TO ASSESS, EMOTIONAL SUPPORT PROVIDED.

Line Days

Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/23/22 04:00 JAB (Rec: 11/23/22 07:01 JAB 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	Obtunded
Arousable To	Verbal, Touch
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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

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

Reaction	Sluggish
Size (mm)	5
Pupillometer Used to Assess	Yes
Right	Brisk
Reaction	4
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	Normal
Cough/Gag Reflex	
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	Clear
Right	White/Clear
Eye Discharge Color	Pink and Moist
Sclera Appearance	Moist
Oropharynx	
Oropharynx Condition	
Lip Condition	
HEENT 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

oral care provided

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

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

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

Non-Pitting
 1+
 < 3 Seconds

SR on monitor.

Regular
 Normal
 No

Regular
 Normal

No

Non-Pitting

1+

< 3 Seconds

SR on monitor.

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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
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
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	

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 Tube

Mid Upper Abdomen

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.

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

Not Within Normal Limits

NPO AT MIDNIGHT FOR SX IN AM

Brown,Partially Digested Food
 Air Auscultated,Flushed,Patent

Retention
 Pale Yellow

FC patent, intact, and draining by gravity.

Within Normal Limits

Not Within Normal Limits

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

Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Musculoskeletal Comment	
Comment	ASSISTED W/REPOSITIONING
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 free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Psychosocial Comment	UNABLE TO ASSESS, EMOTIONAL SUPPORT PROVIDED.
Comment	
Line Days	
Line Days	
Protocol: IC.LD	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/23/22 07:30 JR (Rec: 11/23/22 09:11 JR 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	Touch, Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
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

Reaction Size (mm) 5

Pupillometer Used to Assess Yes

Right Reaction Brisk

Size (mm) 4

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 Normal
 Cough/Gag Reflex

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

Facial Symmetry

Left Side Asymmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

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

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 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	< 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	
Assessments	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Gastrointestinal Assessment	
Parameter	
Gastrointestinal 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: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
 Bowel Pattern Incontinent
 Bowel Sounds

All Quadrants Active
 Bowel Sounds

Bowel Pattern
 Gastric Tube
 Mid Upper Abdomen
 Gastric Content Description None
 Tube Patency/Placement 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 Retention
 Urine Color Pale Yellow

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.

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

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.

Skin Verification

E. CONTRERAS RN

Second RN Validating Skin Assessment

Psychosocial Assessment

E. CONTRERAS RN

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

Behavior

Withdrawn

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 11/23/22 12:00 JR (Rec: 11/23/22 12:27 JR 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 Touch,Light Pain
 Neurological Symptoms Weakness
 Speech Pattern Artificially Ventilated
 Eye Opening To Sound
 Verbal Response None
 Motor Response Abnormal Flexion
 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)

Pupillometer Used to Assess

Right

Sluggish
 5
 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

Reaction	Brisk
Size (mm)	4
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	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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Non-Pitting
 < 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Lyons, Kathleen A

Facility: Queen of the Valley 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	Scant
Auscultation	
Throughtout	
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, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Active
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	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.	

Lyons Kathleen A

Facility: Queen of the Valley 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
Bladder Pattern Retention
Urine Color Pale 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.
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
Range Of Motion Severely Limited
Left Upper Extremity Flaccid
Left Lower Extremity Flaccid
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,

Lyons, Kathleen A

Facility: Queen of the Valley 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	Average
Appearance	Withdrawn
Behavior	Flat
Affect	

Line Days

Line Days	Yes
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	

Male Reproductive Assessment

Penile Discharge

Document 11/23/22 16:00 JR (Rec: 11/23/22 16:36 JR 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	Touch, Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	7
Glasgow 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.	
Posturing	
Pupils	
Left	Sluggish
Reaction	5
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Brisk
Reaction	4
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Weak
Right Lower Extremity	Weak
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.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	

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

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema

Bilateral Upper Extremity

Edema Type

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

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	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Thoroughout	
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, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	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

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

Bladder Pattern

Retention

Urine Color

Pale 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

Weak

Right Lower Extremity

Weak

Skin Assessment

Parameter

Protocol: WOUND

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 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

Average

Behavior

Withdrawn

Affect

Flat

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/23/22 20:00 JAB (Rec: 11/24/22 02:27 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

Deep 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

Orientation	Disoriented
Neurological Symptoms	Seizure Like Movement, Tremors, Twitching
Speech Pattern	Artificially Ventilated
Eye Opening	To sound
Verbal Response	None
Motor Response	Abnormal Flexion
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	Unreactive
Reaction	6
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Unreactive
Reaction	6
Size (mm)	Yes
Pupillometer Used to Assess	
Strength	Flaccid
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	oral care provided
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	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	Regular
Bilateral Dorsalis Pedis	Normal
Pulse Rhythm	
Strength	No
Doppler 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

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

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 Description

Sputum Production Method

Sputum Consistency

Sputum Color

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

Not Within Normal Limits

Trach to vent in AC mode.

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bowel Pattern

Soft, Round, Obese
 Incontinent

Bowel Sounds
 All Quadrants

Bowel Sounds

Active

Bowel Pattern

Gastric Tube
 Mid Upper Abdomen

None

Gastric Content Description
 Tube Patency/Placement

Flushed, Patent

Gastrointestinal Comment
 Comment

GT Feeding infusing

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
 Urine Color

Retention
 Pale Yellow

Observation
 Palpation

Genitourinary Comment
 Comment

FC patent, intact, and draining by

Lyons, Kathleen A

Facility: Queen of the Valley 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

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.

Reproductive Comment

Comment

peri area clean and dry

Musculoskeletal Assessment

Parameter

Not Within Normal Limits

Musculoskeletal Parameter

Query Text:Full range of motion. Bilaterally equal and strong. No contractions. 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

Flaccid

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

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

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	Average
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	UNABLE TO ASSESS, EMOTIONAL SUPPORT PROVIDED.
Comment	

Line Days

Line Days	Line Days	Yes
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		Yes

Male Reproductive Assessment

Penile Discharge

Document 11/23/22 23:59 JAB (Rec: 11/24/22 02:28 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	Deep Pain
Orientation	Disoriented
Neurological Symptoms	Seizure Like Movement,Tremors, Twitching

Speech Pattern	Artificially Ventilated
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
Glasgow Coma Scale Total	7

Lyons, Kathleen A

Facility: Queen of the Valley 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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Unreactive

6

Yes

Unreactive

6

Yes

Flaccid

Flaccid

Weak

Weak

Weak

Hypoactive

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

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Left Side Asymmetry

Lyons, Kathleen A

Facility: Queen of the Valley 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
 White/Clear

Sclera Appearance

Pink and Moist

Oropharynx Condition
 Lip Condition

Moist

HEENT Comment

oral care provided

Comment

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. 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

Cardiovascular Comment

Comment

Respiratory Assessment

Pitting
 2+
 < 3 Seconds
 SR on Bedside monitor

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
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		Non-Productive
Cough Description		Deep Tracheal Suction
Sputum Production Method		Thin
Sputum Consistency		White
Sputum Color		Scant
Sputum Amount		
Auscultation		
Throughout		
Breath Sounds		Clear
Oxygen		
Sputum		
Cough		
Respiratory Comment		
Comment		Trach to vent in AC mode.
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		

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	
Bowel Pattern	Active
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Gastrointestinal Comment	GT Feeding infusing
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	
Bladder Pattern	Retention
Urine Color	Pale Yellow
Observation	
Palpation	
Genitourinary Comment	FC patent, intact, and draining by 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.	
Reproductive 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

Comment	peri area clean and dry
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	Flaccid
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.	
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
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	UNABLE TO ASSESS, EMOTIONAL SUPPORT PROVIDED.
Comment	
Line Days	
Line Days	
Protocol: IC.LD	
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 11/24/22 04:00 JAB (Rec: 11/24/22 04:12 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
 Arousable To
 Orientation
 Neurological Symptoms

Obtunded
 Deep Pain
 Disoriented
 Seizure Like Movement, Tremors,
 Twitching
 Artificially Ventilated
 To Sound
 None
 Abnormal Flexion
 7

Speech Pattern
 Eye Opening
 Verbal Response
 Motor Response
 Glasgow Coma Scale Total

Artificially Ventilated
 To Sound
 None
 Abnormal Flexion
 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)

Pupillometer Used to Assess

Right

Unreactive
 6
 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

Reaction	Unreactive
Size (mm)	6
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.	
Throat: No problems swallowing, no soreness.	
Symptoms	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	Clear
Right	White/Clear
Eye Discharge Color	Pink and Moist
Sclera Appearance	Moist
Oropharynx	
Oropharynx Condition	oral care provided
Lip Condition	
HEENT Comment	
Comment	
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
 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

Not Within Normal Limits

Pitting
 2+
 < 3 Seconds

SR on Bedside monitor

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	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
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
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Active
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	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

Gastrointestinal Comment

Comment

GT Feeding infusing

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

Retention

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

FC patent, intact, and draining by 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.

Reproductive Comment

Comment

peri area clean and dry

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

Range Of Motion

Muscle Weakness

Left Upper Extremity

Severely Limited
 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
 Right Upper Extremity
 Right Lower Extremity
 Skin Assessment

Weak
 Flaccid
 Weak

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

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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Psychosocial Comment
 Comment

UNABLE TO ASSESS, EMOTIONAL SUPPORT PROVIDED.

Line Days

Line Days
 Protocol: IC.ID

Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/24/22 08:00 MT (Rec: 11/24/22 09:32 MT 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

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

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
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	Spontaneous
Verbal Response	None
Motor Response	Abnormal Flexion
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	Unreactive
	Size (mm)	7
	Pupillometer Used to Assess	Yes

Right

	Reaction	Unreactive
	Size (mm)	6
	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	Weak
Cough/Gag Reflex	Absent

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

Facial Symmetry

Left Side Asymmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Right

Eye Discharge Color

Clear

Sclera Appearance

White/Clear

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

Moist

HEENT Comment

Comment

oral care provided

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

Lyons, Kathleen A

Facility: Queen of the Valley 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	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Active

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

None

Gastric Content Description

Flushed, Patent

Tube Patency/Placement

Gastrointestinal Comment

GT Feeding Infusing

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

Bladder Pattern

Retention

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

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

FC patent, intact, and draining by 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

Flaccid

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.

Skin Verification

Benson, Jessica A

Second RN Validating Skin Assessment

Psychosocial Assessment

Parameter

Psychosocial Parameters

Not 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	Average
Appearance	Withdrawn
Behavior	Flat
Affect	

Line Days

Line Days	Yes
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	

Male Reproductive Assessment

Penile Discharge

Document 11/24/22 12:00 MT (Rec: 11/24/22 12:32 MT 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	Deep Pain
Arousable To	Disoriented
Orientation	Artificially Ventilated
Speech Pattern	Spontaneous
Eye Opening	None
Verbal Response	Abnormal Flexion
Motor Response	8
Glasgow Coma Scale Total	
Glasgow 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.

Posturing

Pupils

Left

Reaction

Size (mm)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Not Within Normal Limits

Absent

Yes

Unreactive

6

Yes

Yes

Flaccid

Flaccid

Weak

Weak

Left Side Asymmetry

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

Oropharynx

Oropharynx Condition

Lip 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

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

Pink and Moist

Moist

oral care provided

Not Within Normal Limits

Regular

Normal

No

Regular

Normal

No

Pitting

2+

< 3 Seconds

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

without adventitious lung sounds. Sputum absent or clear. No cough. No shortness of breath.

Symptoms Assessment

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

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

Bowel Sounds

All Quadrants

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Scant

Clear

Trach to vent in AC mode.

Not Within Normal Limits

Soft, Round, Obese

Incontinent

Lyons, Kathleen A

Facility: Queen of the Valley 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

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

Comment

GT Feeding infusing

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

Retention

Pale Yellow

FC patent, intact, and draining by 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.

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

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	Flaccid
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

Behavior

Affect

Line Days

Line Days

Protocol: IC.LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/24/22 16:00 MT (Rec: 11/24/22 16:46 MT Desktop)

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	Obtunded
Arousable To	Deep Pain
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	Spontaneous
Verbal Response	None
Motor Response	Abnormal Flexion
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	Unreactive
Reaction	7
Size (mm)	Yes

Pupillometer Used to Assess

Right

Reaction	Unreactive
Size (mm)	6
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	Absent
Cough/Gag Reflex	Absent

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	HEENT Comment	Cardiovascular Assessment
Parameter	HEENT Parameter	HEENT Comment	Cardiovascular Assessment
Query Text:Head:	Symmetric movement without discomfort.		Cardiovascular Parameter
Eyes:	No visual disturbances or foreign bodies.		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.
Ears:	No tinnitus or foreign bodies.		Signs and Symptoms
Nose:	Airway passages clear. Sense of smell intact. No foreign bodies.		Heart Sounds
Throat:	No problems swallowing, no soreness.		Pulse
Symptoms			
Facial Symmetry			
Head/Neck/Face			
Eyes			
Left			
Eye Discharge Color	Clear		
Sclera Appearance	White/Clear		
Right			
Eye Discharge Color	Clear		
Sclera Appearance	White/Clear		
Oropharynx			
Oropharynx Condition	Pink and Moist		
Lip Condition	Moist		
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			
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	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	Clear
Breath Sounds	
Oxygen	
Sputum	
Cough	
Respiratory Comment	

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

Trach to vent in AC mode.

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, Round, Obese

Abdomen Description

Incontinent

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

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

Bladder Pattern

Urine Color

Retention
 Pale 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

Observation
 Palpation
 Genitourinary Comment
 Comment

FC patent, intact, and draining by 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
- Range Of Motion
- Left Upper Extremity
- Left Lower Extremity
- Right Upper Extremity
- Right Lower Extremity

- Muscle Weakness
- Severely Limited
- Flaccid
- Weak
- Flaccid
- 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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Average
Behavior	Withdrawn
Affect	Flat

Line Days	
Line Days	
Protocol:	IC.ID
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/24/22 20:00 IO (Rec: 11/24/22 22:46 IO 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	Comatose
Arousable To	Deep Pain
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	Spontaneous
Verbal Response	None
Motor Response	Abnormal Flexion
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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Unreactive
Size (mm)	7
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
Cough/Gag Reflex	
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	
Facial Symmetry	Left Side Asymmetry
Head/Neck/Face	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist

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 Comment

oral care provided

Cardiovascular Assessment

Comment

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

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

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

Assessment	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
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
Bowel Pattern	Incontinent
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

Mid Upper Abdomen	Gastric Content Description	None
	Tube Patency/Placement	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	Retention
	Urine Color	Pale Yellow
	Observation	
	Palpation	
	Genitourinary Comment	FC patent, intact, and draining by 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	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 Upper Extremity
 Right Lower Extremity

Flaccid
 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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Line Days

Line Days
 Protocol: IC.ID

Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge
 Document 11/25/22 00:00 LO (Rec: 11/25/22 01:30 LO 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

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

Left

Reaction

Size (mm)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Not Within Normal Limits

Unreactive

7

Yes

Unreactive

6

Yes

Flaccid

Flaccid

Weak

Weak

Weak

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

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.
Throat: No problems swallowing, no soreness.

Symptoms Left side Asymmetry
 Facial Symmetry

Head/Neck/Face

Eyes

Left Clear
 Eye Discharge Color White/Clear
 Sclera Appearance

Right Clear
 Eye Discharge Color White/Clear
 Sclera Appearance

Oropharynx Pink and Moist
 Oropharynx Condition Moist
 Lip Condition

HEENT Comment oral care provided
 Comment

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 Regular
 Pulse Normal
 Bilateral Radial Normal
 Pulse Rhythm
 Strength
 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	No
Edema	
Bilateral Upper Extremity	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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits
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.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Soft, Round, Obese
 Incontinent

Active

None
 Flushed, Patent

Not Within Normal Limits

Retention
 Pale Yellow

FC patent, intact, and draining by gravity.

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

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

- Muscle Weakness
- Severely Limited
- Flaccid
- Weak
- Flaccid
- 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
- Behavior
- Affect

- Average
- Withdrawn
- 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 11/25/22 00:00 LO (Rec: 11/26/22 00:33 LO 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 Comatose
 Arousable To Not Arousable
 Orientation Disoriented
 Speech Pattern Artificially Ventilated
 Eye Opening None
 Verbal Response None
 Motor Response None
 Glasgow Coma Scale Total Flaccid
 3

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)

Pupillometer Used to Assess

Right

Unreactive
 6
 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

Reaction	Unreactive
Size (mm)	5
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	Absent
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	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	White/Clear
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	oral care provided
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	

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
 Assessment

Hypotension

Cardiac Signs and Symptoms
 Pulse
 Bilateral Radial
 Pulse Rhythm
 Strength

Regular
 Normal

Doppler Used
 Bilateral Dorsalis Pedis
 Pulse Rhythm
 Strength
 Doppler Used

No
 Regular
 Normal
 No

Edema
 Bilateral Upper Extremity
 Edema Type
 Degree

Pitting
 1+
 < 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
 Assessment
 Effort
 Depth
 Respiratory Pattern
 Cough Description

Mechanically Ventilated
 Normal
 Normal
 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	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Bilateral Bases	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	None
Gastric Content Description	Flushed, Patent
Tube Patency/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

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
 Urine Color

Retention
 Pale 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

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
 Left Lower Extremity
 Right Upper Extremity
 Right Lower Extremity

Flaccid
 Flaccid
 Flaccid
 Flaccid

Skin 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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/25/22 04:00 LO (Rec: 11/25/22 06:21 LO 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	Comatose
Arousable To	Deep Pain
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	Spontaneous
Verbal Response	None
Motor Response	Abnormal Flexion
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 Unreactive

Size (mm) 7

Pupillometer Used to Assess Yes

Right Unreactive

Reaction Unreactive

Size (mm) 6

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 Absent

Cough/Gag Reflex Absent

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

Facial Symmetry

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Left Side Asymmetry

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

oral care provided

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	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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
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.	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bowel Pattern

Soft, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants
 Bowel Sounds

Active

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

None

Tube Patency/Placement

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
 Urine Color

Retention
 Pale Yellow

Observation

Palpation

Genitourinary Comment

FC patent, intact, and draining by
 gravity.

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.

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

Flaccid

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.

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

Behavior

Withdrawn

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 11/25/22 08:00 SAV (Rec: 11/25/22 18:52 SAV 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

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

Left

Reaction

Size (mm)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Comatose
 Not Arousable

Disoriented

Artificially Ventilated

None

None

Flaccid

3

Unreactive

6

Yes

Unreactive

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

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	Absent	
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		
Eyes		
Left	Clear	
Eye Discharge Color	White/Clear	
Sclera Appearance		
Right	Clear	
Eye Discharge Color	White/Clear	
Sclera Appearance		
Oropharynx		
Oropharynx Condition	Pink and Moist	
Lip Condition	Moist	
HEENT Comment		
Comment	oral care provided	
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		

Lyons, Kathleen A

Facility: Queen of the Valley 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

Hypotension

Bilateral Dorsalis Pedis
 Pulse Rhythm
 Strength
 Doppler Used

Regular
 Normal
 No

Edema
 Bilateral Upper Extremity
 Edema Type
 Degree
 Capillary Refill
 Respiratory Assessment
 Parameter

Regular
 Normal
 No
 Pitting
 1+
 < 3 Seconds

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 Description
 Sputum Production Method
 Sputum Consistency

Mechanically Ventilated
 Normal
 Normal
 Non-Productive
 Deep Tracheal Suction
 Thin

Lyons, Kathleen A

Facility: Queen of the Valley 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	Scant
Auscultation	
Bilateral Bases	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Hypoactive
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Genitourinary 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: Q1007-A
Visit: QH0054940416

Interventions - Continued

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

Retention

Urine Color

Pale 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

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

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

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 Average
 Behavior Withdrawn
 Affect Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.LD

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/25/22 12:00 SAV (Rec: 11/25/22 18:52 SAV 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

Comatose

Lyons Kathleen A

Facility: Queen of the Valley 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
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Unreactive
Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	5
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	Absent
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Oropharynx

Oropharynx Condition

Lip 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

Edema

oral care provided

Pink and Moist
 Moist

Clear
 White/Clear

Clear
 White/Clear

Not Within Normal Limits

Hypotension

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

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Bilateral Bases

Breath Sounds

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.

Pitting

1+

< 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Diminished

Clear

Trach to vent in AC mode.

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
 Bowel Pattern

Soft, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants
 Bowel Sounds

Hypoactive

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

None
 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

Retention

Urine Color

Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment

foley in place

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

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

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

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

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 Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/25/22 16:00 SAV (Rec: 11/25/22 18:52 SAV 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

Comatose

Arousable To

Not Arousable

Orientation

Disoriented

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Glasgow Coma Scale Total

3

Glasgow Citation

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

Posturing

Pupils

Left

Unreactive

Reaction

Size (mm)

6

Pupillometer Used to Assess

Yes

Right

Unreactive

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

Size (mm)	5
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	Absent
Cough/Gag Reflex	Absent
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	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	Clear
Right	White/Clear
Eye Discharge Color	Pink and Moist
Sclera Appearance	Moist
Oropharynx	
Oropharynx Condition	oral care provided
Lip Condition	
HEENT Comment	
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. 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

Assessment

Cardiac Signs and Symptoms

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Pitting

1+

< 3 Seconds

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 Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Bilateral Bases	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	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		Retention
Urine Color		Pale 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
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	

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 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

Average

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

no response

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

no response

Document 11/25/22 20:00 LO (Rec: 11/25/22 21:55 LO 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: Q1007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Comatose
Arousable To	Not Arousable
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	Unreactive
Reaction	6
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Unreactive
Reaction	5
Size (mm)	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	Absent
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

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Clear
 White/Clear

Clear
 White/Clear

Pink and Moist
 Moist

oral care provided

Not within Normal Limits

Hypotension

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

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Bilateral Bases

Breath Sounds

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

Pitting
 1+
 < 3 seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Diminished

Diminished

Diminished

Diminished

Clear

Clear

Clear

Clear

Trach to vent in AC mode.

Trach to vent in AC mode.

Trach to vent in AC mode.

Trach to vent in AC mode.

Trach to vent in AC mode.

Trach to vent in AC mode.

Trach to vent in AC mode.

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

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, Obese
 Abdomen Description Incontinent
 Bowel Pattern

Bowel Sounds Hypoactive
 All Quadrants
 Bowel Sounds

Bowel Pattern
 Gastric Tube
 Mid Upper Abdomen None
 Gastric Content Description 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 Retention
 Bladder Pattern Pale Yellow
 Urine Color

Observation
 Palpation
 Genitourinary Comment foley in place
 Comment

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.

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
- 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

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
- Behavior
- Affect
- Psychosocial Comment
- Comment

- Average
- Withdrawn
- Flat
- no response

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 11/26/22 00:00 LO (Rec: 11/26/22 00:34 LO 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 choking.

Assessment
 Level of Consciousness Comatose
 Arousable To Not Arousable
 Orientation Disoriented
 Speech Pattern Artificially Ventilated
 Eye Opening None
 Verbal Response None
 Motor Response None
 Glasgow Coma Scale Total Flaccid
 3

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

Posturing
 Pupils Left Unreactive
 Reaction 6
 Size (mm) 6
 Pupillometer Used to Assess Yes
 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

Reaction	Unreactive
Size (mm)	5
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	Absent
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	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	White/Clear
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	oral care provided
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Assessment

Hypotension

Cardiac Signs and Symptoms
 Pulse
 Bilateral Radial
 Pulse Rhythm
 Strength

Regular
 Normal

Doppler Used
 Bilateral Dorsalis Pedis
 Pulse Rhythm
 Strength

No
 Regular
 Normal

Doppler Used
 Edema
 Bilateral Upper Extremity
 Edema Type
 Degree

No
 Pitting
 1+
 < 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
 Assessment
 Effort
 Depth
 Respiratory Pattern
 Cough Description

Mechanically Ventilated
 Normal
 Normal
 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	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Bilateral Bases	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	None
Gastric Content Description	Flushed, Patent
Tube Patency/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

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

Retention

Urine Color

Pale 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

Range Of Motion

Severely Limited

Left Upper Extremity

Flaccid

Left Lower Extremity

Flaccid

Right Upper Extremity

Flaccid

Right Lower Extremity

Flaccid

Skin 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

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/26/22 04:00 LO (Rec: 11/26/22 06:44 LO 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	Comatose
Arousable To	Not Arousable
Orientation	Disoriented
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3

Glasgow Citation

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

Posturing

Pupils	
Left	Unreactive
Reaction	6
Size (mm)	Yes

Pupillometer Used to Assess

Right	Unreactive
Reaction	5
Size (mm)	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	Absent
Cough/Gag Reflex	

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.

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

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Not Within Normal Limits

oral care provided

Pink and Moist
 Moist

Clear
 White/Clear

Clear
 White/Clear

Hypotension

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	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	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Bilateral Bases	Diminished
Breath Sounds	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
Gastrointestinal Assessment	
Parameter	
Gastrointestinal Parameter	Not Within Normal Limits
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.

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Soft, Round, Obese
 Incontinent

Hypoactive

None
 Flushed, Patent

Not Within Normal Limits

Retention
 Pale Yellow

foley in place

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	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	
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 Severely Limited
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		
Parameter	Psychosocial Assessment	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	Psychosocial Assessment		Average Withdrawn Flat
Appearance			
Behavior			
Affect			
Psychosocial Comment			no response
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 Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 11/26/22 08:00 LH (Rec: 11/26/22 09:26 LH Phone)

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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Glasgow Coma Scale Total

3

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Unreactive

Size (mm)

6

Pupillometer Used to Assess

Yes

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

Reaction	Unreactive
Size (mm)	6
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	Absent
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	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Right	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
Lip Condition	
HEENT Comment	oral care provided
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	

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
 Assessment

Cardiac Signs and Symptoms

Hypotension

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

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

Assessment

Effort

Mechanically Ventilated

Depth

Normal

Respiratory Pattern

Normal

Cough Description

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	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Hypoactive
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Genitourinary 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

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

Retention

Urine Color

Pale 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

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

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 Average
 Appearance Withdrawn
 Behavior Flat
 Affect Flat

Psychosocial Comment no response
 Comment

Line Days no response
 Line Days
 Protocol: IC:LD Yes
 Central Line Yes
 Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment
 Penile Discharge
 Document 11/26/22 12:00 LH (Rec: 11/26/22 14:06 LH Phone)
 Neurological Assessment Not Within Normal Limits
 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.
 Assessment Comatose
 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	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Unreactive
Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
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	
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

Left

Eye Discharge Color
 Sclera Appearance

Clear
 White/Clear

Right

Eye Discharge Color
 Sclera Appearance

Clear
 White/Clear

Oropharynx

Oropharynx Condition
 Lip Condition

Pink and Moist
 Moist

HEENT Comment

Comment

oral care provided

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

Hypotension

Cardiac Signs and Symptoms

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Edema
 Bilateral Upper Extremity

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

Edema Type	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	
Assessment	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	

Respiratory Comment
 Comment
 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, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds All Quadrants Hypoactive
 Bowel Sounds Bowel Pattern

Bowel Pattern
 Gastric Tube

Mid Upper Abdomen

Gastric Content Description None
 Tube Patency/Placement 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 Retention
 Urine Color Pale Yellow

Observation
 Palpation

Genitourinary Comment foley in place
 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.

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

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.

Not Within Normal Limits

Assessment

Appearance

Behavior

Affect

Average

Withdrawn

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

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

Male Reproductive Assessment

Penile Discharge

Document 11/26/22 16:00 LH (Rec: 11/26/22 16:08 LH Phone)

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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Glasgow Coma Scale Total

3

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Unreactive

Reaction

6

Size (mm)

Yes

Pupillometer Used to Assess

Yes

Right

Unreactive

Reaction

6

Size (mm)

Yes

Pupillometer Used to Assess

Yes

Strength

Flaccid

Left Upper 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

Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Absent

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

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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,

Not Within Normal Limits

Flaccid
 Flaccid
 Flaccid
 Absent

Clear
 White/Clear

Clear
 White/Clear

Pink and Moist
 Moist

oral care provided

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

Assessment

Cardiac Signs and Symptoms

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

< 3 Seconds

Pitting

1+

Symptoms Assessment

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

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.

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

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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.

Not Within Normal Limits

Soft, Round, Obese
 Incontinent

Hypoactive

None
 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

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 Retention
 Urine Color Pale Yellow

Observation
 Palpation
 Genitourinary Comment
 Comment foley in place

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
 Range Of Motion
 Left Upper Extremity Muscle Weakness
 Left Lower Extremity Severely Limited
 Right Upper Extremity Flaccid
 Right Lower Extremity Flaccid
 Skin Assessment Flaccid

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

Lyons Kathleen A

Facility: Queen of the Valley 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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/26/22 20:00 LO (Rec: 11/26/22 20:39 LO 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
 Speech Pattern
 Eye Opening
 Verbal Response
 Motor Response

Comatose
 Not Arousable
 Artificially Ventilated
 None
 None
 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

3

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Not Within Normal Limits

Unreactive

6

Yes

Unreactive

6

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Absent

Clear

White/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

Sclera Appearance

White/Clear

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

Moist

HEENT Comment

Comment

oral care provided

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

Hypotension

Cardiac Signs and Symptoms

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

Pitting

Edema Type

1+

Degree

< 3 Seconds

Capillary Refill

Respiratory 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

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

Respiratory Pattern

Normal

Cough Description

Non-Productive

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Throughout

Clear

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Trach to vent in AC mode.

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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Hypoactive
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	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	Retention
Urine Color	Pale 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.	

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	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
Behavior	Withdrawn
Affect	Flat

Psychosocial Comment

Comment no response

Line Days

Line Days	Line Days	Yes
Protocol: IC.ID	Central Line	Yes
Indwelling Catheters	Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 11/27/22 00:00 LO (Rec: 11/27/22 03:18 LO 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 Comatose
 Arousable To Not Arousable
 Speech Pattern Artificially Ventilated
 Eye Opening None
 Verbal Response None
 Motor Response Flaccid
 Glasgow Coma Scale Total 3

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

2:81-4.

Posturing

Pupils

Left

Reaction

Unreactive

Size (mm)

6

Pupillometer Used to Assess

Yes

Right

Reaction

Unreactive

Size (mm)

6

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

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

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

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Not Within Normal Limits

Clear

White/Clear

Clear

White/Clear

Pink and Moist

Moist

oral care provided

Not Within Normal Limits

Hypotension

Lyons, Kathleen A

Facility: Queen of the Valley 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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

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

Respiratory Comment

Comment

Trach to vent in AC mode.

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Pattern

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

None

Tube Patency/Placement

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

Retention

Lyons, Kathleen A

Facility: Queen of the Valley 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

Pale 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

Range Of Motion

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

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 free of hallucinations and suicidal ideation.

Assessment

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

Appearance	Average
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	
Comment	no response

Line Days

Line Days	
Protocol:	IC.ID
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 11/27/22 04:00 IO (Rec: 11/27/22 04:56 IO 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.

Assessment

Level of Consciousness	Comatose
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip Condition

HEENT Comment

Unreactive

6

Yes

Unreactive

6

Yes

Flaccid

Flaccid

Flaccid

Flaccid

Absent

Not Within Normal Limits

Clear

White/Clear

Clear

White/Clear

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

Comment	oral care provided
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	
Assessment	Hypotension
Cardiac Signs and Symptoms	
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	
Edema	
Bilateral Upper Extremity	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.	

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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.
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
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	
Bowel Pattern	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

Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	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	Retention
Urine Color	Pale 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
Range Of Motion	Severely Limited
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

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

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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days
 Protocol: IC,LD
 Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/27/22 08:00 LH (Rec: 11/27/22 11:28 LH Phone)
 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.

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Not Within Normal Limits

Comatose

Not Arousable

Artificially Ventilated

None

None

Flaccid

3

Unreactive

6

Yes

Unreactive

6

Yes

Flaccid

Flaccid

Flaccid

Flaccid

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

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

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Not Within Normal Limits

oral care provided

Pink and Moist
 Moist

Clear
 White/Clear

Clear
 White/Clear

Hypotension

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 Regular
 Pulse Rhythm Normal
 Strength Normal
 Doppler Used No

Edema
 Bilateral Upper Extremity Pitting
 Edema Type 1+
 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
 Assessment Mechanically Ventilated
 Effort Normal
 Depth Normal
 Respiratory Pattern Non-Productive
 Cough Description Deep Tracheal Suction
 Sputum Production Method Thin
 Sputum Consistency White
 Sputum Color scant
 Sputum Amount
 Auscultation
 Throughout Clear
 Breath Sounds
 Oxygen
 Sputum
 Cough
 Respiratory Comment Trach to vent in AC mode.
 Comment
 Gastrointestinal Assessment
 Parameter Not Within Normal Limits
 Gastrointestinal 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: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
 Bowel Pattern Incontinent
 Bowel Sounds

All Quadrants
 Bowel Sounds Hypoactive
 Bowel Pattern

Gastric Tube
 Mid Upper Abdomen
 Gastric Content Description None
 Tube Patency/Placement 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 Retention
 Urine Color Pale Yellow

Observation
 Palpation
 Genitourinary Comment
 Comment foley in place

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

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

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

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

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

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/27/22 12:00 LH (Rec: 11/27/22 14:13 LH Phone)

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

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)

Pupillometer Used to Assess

Not Within Normal Limits

Comatose

Not Arousable

Artificially Ventilated

None

None

Abnormal Extension

4

Unreactive

6

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	Unreactive
Size (mm)	6
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	Absent
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	
Eyes	
Left	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Right	
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Iip Condition	Moist
HEENT Comment	oral care provided
Comment	
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
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

Assessment

Cardiac Signs and Symptoms

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

Effort

Depth

Respiratory Pattern

Hypotension

Regular

Normal

No

Regular

Normal

No

No

Pitting

1+

< 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

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

Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	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		Retention
Urine Color		Pale 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
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	

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 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

Average

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Yes

Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Document 11/27/22 16:00 LH (Rec: 11/27/22 17:03 LH Phone)

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

Lyons, Kathleen A

Facility: Queen of the Valley 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
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilaled
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Glasgow Coma Scale Total	4
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Unreactive
Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
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	

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

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Edema

oral care provided

Pink and Moist
 Moist

Clear
 White/Clear

Clear
 White/Clear

Not Within Normal Limits

Hypotension

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

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughouth

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.

Pitting

1+

< 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Clear

Trach to vent in AC mode.

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

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

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

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,

Soft, Round, Obese
 Incontinent

Hypoactive

None
 Flushed, Patent

Not Within Normal Limits

Retention
 Pale Yellow

Foley in place

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

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
 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.

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
 Behavior Withdrawn
 Affect Flat

Psychosocial Comment
 Comment no response

Line Days
 Line Days
 Protocol: IC.LD
 Central Line
 Indwelling Catheters

Yes
 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

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/27/22 20:00 JAB (Rec: 11/27/22 21:54 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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Extension

Glasgow Coma Scale Total

4

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Unreactive

Reaction

6

Size (mm)

Yes

Pupillometer Used to Assess

Right

Unreactive

Reaction

6

Size (mm)

Yes

Pupillometer Used to Assess

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	Absent

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

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip Condition

HEENT Comment

Comment

oral care provided

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

Assessment
 Cardiac Signs and Symptoms

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

Effort
 Depth

Respiratory Pattern
 Cough Description

Sputum Production Method
 Sputum Consistency

Sputum Color
 Sputum Amount

Hypotension

Regular
 Normal

No

Regular
 Normal

No

Pitting
 1+

< 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Auscultation

Thoroughout

Breath Sounds

Clear

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Trach to vent in AC mode.

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

None

Gastric Content Description

Flushed, Patent

Tube Patency/Placement

Gastrointestinal Comment

tube feeding infusing

Comment

Genitourinary Assessment

Parameter

Not Within Normal Limits

Urinary Parameter

Query Text:Patient is continent and states able to empty

Lyons, Kathleen A

Facility: Queen of the Valley 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 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

Right Upper Extremity

Right Lower Extremity

Musculoskeletal Comment

Comment

Skin Assessment

Parameter

Protocol: WOUND

Integumentary Parameter

Retention
 Pale Yellow
 foley in place

Within Normal Limits

Not Within Normal Limits

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid

assisted w/repositioning

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

Hernandez,Lena

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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days
 Protocol: IC.ID

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/27/22 23:59 JAB (Rec: 11/28/22 02:42 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. 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	Comatose
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Glasgow Coma Scale Total	4
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	Unreactive
Reaction	6
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Unreactive
Reaction	6
Size (mm)	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	Absent
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

Head/Neck/Face

Eyes

Left

Eye Discharge Color

Sclera Appearance

Right

Eye Discharge Color

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

Not within Normal Limits

oral care provided

Pink and Moist
 Moist

Clear
 White/Clear

Clear
 White/Clear

Hypotension

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

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

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

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.

Pitting
 1+
 < 3 seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

Normal

Non-Productive

Deep Tracheal Suction

Thin

White

Scant

Clear

Clear

Trach to vent in AC mode.

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

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
 Bowel Pattern Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds Hypoactive

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description None

Tube Patency/Placement Flushed, Patent

Gastrointestinal Comment tube feeding infusing

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

Bladder Pattern Retention

Urine Color Pale Yellow

Observation

Palpation

Genitourinary Comment

Comment foley in place

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.

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

Musculoskeletal Comment

Comment assisted w/repositioning

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

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment no response

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

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/28/22 04:00 JAB (Rec: 11/28/22 04:53 JAB 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.

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)

Pupillometer Used to Assess

Not Within Normal Limits

Comatose

Not Arousable

Artificially Ventilated

None

None

Abnormal Extension

4

Unreactive

6

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	Unreactive
Size (mm)	6
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	Absent
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	
Eyes	
Left	Clear
Eye Discharge Color	White/Clear
Sclera Appearance	Clear
Right	White/Clear
Eye Discharge Color	
Sclera Appearance	
Oropharynx	Pink and Moist
Oropharynx Condition	Moist
Iip Condition	oral care provided
HEENT Comment	
Comment	
Cardiovascular Assessment	
Parameter	
Cardiovascular Parameter	Not Within Normal Limits
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

Assessment

Cardiac Signs and Symptoms

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

Effort

Depth

Respiratory Pattern

Hypotension

Regular

Normal

No

Regular

Normal

No

No

Pitting

1+

< 3 Seconds

Not Within Normal Limits

Mechanically Ventilated

Normal

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

Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	None
Gastric Content Description	Flushed, Patent
Tube Patency/Placement	
Gastrointestinal Comment	

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

<p>Comment tube feeding infusing</p>	
<p>Genitourinary Assessment Parameter</p>	
<p>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.</p>	<p>Not Within Normal Limits</p>
<p>Assessment Bladder Pattern Urine Color</p>	<p>Retention Pale Yellow</p>
<p>Observation Palpation Genitourinary Comment Comment</p>	<p>foley in place</p>
<p>Female Reproductive Assessment Parameter</p>	<p>Within Normal Limits</p>
<p>Reproductive Parameter 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 Parameter</p>	<p>Not Within Normal Limits</p>
<p>Musculoskeletal Parameter Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.</p>	
<p>Assessment Musculoskeletal Symptoms Range Of Motion Left Upper Extremity Left Lower Extremity Right Upper Extremity Right Lower Extremity</p>	<p>Muscle Weakness Severely Limited Flaccid Flaccid Flaccid Flaccid</p>
<p>Musculoskeletal Comment</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

Comment	assisted w/repositioning
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 free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	
Comment	no response
Line Days	
Line Days	
Protocol: IC.ID	
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/28/22 08:00 UG (Rec: 11/28/22 16:23 UG 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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Not Within Normal Limits

Unreactive

6

Yes

Unreactive

6

Yes

Flaccid

Flaccid

Flaccid

Flaccid

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

Nose: Airway passages clear. Sense of smell intact. No foreign bodies.
Throat: No problems swallowing, no soreness.

Symptoms
 HEENT Symptoms Balance Problems, Dental Problems
 Head & Neck Movement Twitching
 Head/Neck/Face

Eyes
 Left No
 Blindness
 Sclera Appearance White/Clear
 Right White/Clear
 Sclera Appearance

Oropharynx
 Oropharynx Condition Pink and Moist
 Lip Condition Moist
 HEENT Comment PT WITH TRACH
 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. 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 Hypotension
 Assessment

Cardiac Signs and Symptoms
 Pulse Regular
 Bilateral Radial
 Pulse Rhythm Normal
 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

Doppler Used	No
Bilateral Dorsalis Pedis	
Pulse Rhythm	Regular
Strength	Normal
Doppler Used	No
Edema	
Bilateral Upper Extremity	
Edema Type	Pitting
Degree	1+
Capillary Refill	< 3 Seconds
Cardiovascular Comment	
Comment	ON LEVO DRIP
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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach to vent in AC mode.

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Sounds

Hypoactive

Bowel Pattern

Hypoactive

Gastric Tube

Hypoactive

Mid Upper Abdomen

None

Gastric Content Description

Flushed, Patent

Tube Patency/Placement

Flushed, Patent

Gastrointestinal Comment

tube feeding infusing

Comment

tube feeding infusing

Genitourinary Assessment

Parameter

Not Within Normal Limits

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

Retention

Bladder Pattern

Retention

Lyons Kathleen A

Facility: Queen of the Valley 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	Pale Yellow
Observation	
Palpation	
Genitourinary Comment	FOLEY DRAINING
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
Right Lower Extremity	Flaccid
Musculoskeletal Comment	assisted w/repositioning
Comment	
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	

Lyons Kathleen A

Facility: Queen of the Valley 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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/28/22 12:00 UG (Rec: 11/28/22 16:23 UG 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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Extension

Glasgow Coma Scale Total

4

Glasgow 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.	
Posturing	
Pupils	
Left	Unreactive
Reaction	6
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Unreactive
Reaction	6
Size (mm)	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	Absent
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	Balance Problems, Dental Problems
Head & Neck Movement	Twitching
Head/Neck/Face	
Eyes	
Left	No
Blindness	White/Clear
Sclera Appearance	
Right	
Sclera Appearance	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

Oropharynx

Oropharynx Condition

Lip 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

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

Cardiovascular Comment

Comment

Respiratory Assessment

Pink and Moist

Moist

PT WITH TRACH

Not Within Normal Limits

Hypotension

Regular

Normal

No

Regular

Normal

No

Pitting

1+

< 3 Seconds

ON LEVO DRIP

Lyons, Kathleen A

Facility: Queen of the Valley 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 Description

Non-Productive

Sputum Production Method

Deep Tracheal Suction

Sputum Consistency

Thin

Sputum Color

White

Sputum Amount

Scant

Auscultation

Clear

Throughout

Breath Sounds

Clear

Oxygen

Sputum

Cough

Respiratory Comment

Trach to vent in AC mode.

Comment

Gastrointestinal Assessment

Trach to vent in AC mode.

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

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	
Bowel Pattern	
Gastric Tube	Hypoactive
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Gastrointestinal Comment	tube feeding infusing
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	
Bladder Pattern	Retention
Urine Color	Pale Yellow
Observation	
Palpation	
Genitourinary Comment	
Comment	
Female Reproductive Assessment	
Parameter	FOLEY DRAINING
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	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 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

Musculoskeletal Comment

Comment

assisted w/repositioning

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

Second RN Validating Skin Assessment

Hong, Grace

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

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.LD

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 11/28/22 16:00 UG (Rec: 11/28/22 16:23 UG 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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Pupillometer Used to Assess

Comatose

Not Arousable

Artificially Ventilated

None

None

Abnormal Extension

4

Unreactive

6

Yes

Unreactive

6

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	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	
Cough/Gag Reflex	Absent
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	Balance Problems,Dental Problems
Head & Neck Movement	Twitching
Head/Neck/Face	
Eyes	
Left	No
Blindness	
Sclera Appearance	White/Clear
Right	
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	PT WITH TRACH
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,	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Assessment

Cardiac Signs and Symptoms

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

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

Hypotension

Regular

Normal

No

Regular

Normal

No

Pitting

1+

< 3 Seconds

ON LEVO DRIP

Not Within Normal Limits

Mechanically Ventilated

Normal

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

Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach to vent in AC mode.
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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	None
Gastric Content Description	Flushed, Patent
Tube Patency/Placement	
Gastrointestinal 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

<p>Comment tube feeding infusing</p>	
<p>Genitourinary Assessment Parameter</p>	
<p>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.</p>	<p>Not Within Normal Limits</p>
<p>Assessment Bladder Pattern Urine Color</p>	<p>Retention Pale Yellow</p>
<p>Observation Palpation Genitourinary Comment Comment</p>	<p>FOLEY DRAINING</p>
<p>Female Reproductive Assessment Parameter</p>	<p>Within Normal Limits</p>
<p>Reproductive Parameter 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 Parameter</p>	<p>Not Within Normal Limits</p>
<p>Musculoskeletal Parameter Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.</p>	
<p>Assessment Musculoskeletal Symptoms Range Of Motion Left Upper Extremity Left Lower Extremity Right Upper Extremity Right Lower Extremity</p>	<p>Muscle Weakness Severely Limited Flaccid Flaccid Flaccid Flaccid</p>
<p>Musculoskeletal Comment</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

Comment	assisted w/repositioning
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 free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	
Comment	no response
Line Days	
Line Days	
Protocol: IC.ID	
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/28/22 20:00 XD (Rec: 11/28/22 21:06 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 parasthesias. 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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Not Within Normal Limits

Unreactive,Fixed

6

Yes

Unreactive,Fixed

6

Yes

Flaccid

Flaccid

Flaccid

Flaccid

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

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

Balance Problems, Dental Problems
 Twitching

Eyes

Left
 Blindness
 Sclera Appearance

No
 White/Clear

Right

Eye Discharge
 Eye Discharge Color
 Sclera Appearance

Watery
 Clear
 White/Clear

Oropharynx

Oropharynx Condition
 Lip Condition

Pink and Moist
 Moist

HEENT Comment

Comment

PT WITH TRACH

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
 Pulse

Hypotension

Bilateral Radial

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 Rhythm	Regular
Strength	Normal
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Edema	
Bilateral Upper Extremity	Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Cardiovascular Comment	GAOL MAP >65 ; LEVO DRIP
Comment	
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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	Clear
Breath Sounds	
Oxygen	
Sputum	
Cough	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Comment

Comment

Trach to vent in AC mode.

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Pattern

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

None

Gastric Content Description

Flushed, Patent

Tube Patency/Placement

Gastrointestinal Comment

PEG tube ON TF

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.

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

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.

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

Musculoskeletal Comment

Comment

TOTAL assistance w/repositioning

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

RN Uma

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	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	
Behavior	Withdrawn	
Affect	Flat	
Psychosocial Comment		
Comment	no response	
Line Days		
Line Days		
Protocol:	IC.ID	Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document	11/28/22 23:59 XD (Rec: 11/29/22 01:20 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		
Level of Consciousness	Comatose	
Arousable To	Not Arousable	
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	Abnormal Extension
Glasgow Coma Scale Total	4
Glasgow Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Unreactive,Fixed
Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive,Fixed
Size (mm)	6
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	Absent
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	Balance Problems, Dental Problems
Head & Neck Movement	Twitching
Head/Neck/Face	
Eyes	
Left	

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

Blindness	No
Sclera Appearance	White/Clear
Right	
Eye Discharge	Watery
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	
Comment	PT WITH TRACH
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	Hypotension
Pulse	
Bilateral Radial	Regular
Pulse Rhythm	Normal
Strength	No
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Normal
Strength	Normal
Doppler Used	No
Edema	
Bilateral Upper 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

Edema Type Pitting
 Degree 1+
 Capillary Refill < 3 Seconds

Cardiovascular Comment GAOL MAP >65 ; LEVO DRIP

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 Mechanically Ventilated
 Assessment Normal

Effort Normal
 Depth Normal
 Respiratory Pattern Non-Productive
 Cough Description Deep Tracheal Suction
 Sputum Production Method Thin
 Sputum Consistency White
 Sputum Color Scant

Auscultation Clear
 Throughout
 Breath Sounds

Oxygen
 Sputum
 Cough
 Respiratory Comment Trach to vent in AC mode.

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.

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 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
 Bowel Pattern Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

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

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

Female Reproductive Assessment

Parameter

FOLEY DRAINING

Retention

Pale 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

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

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

Musculoskeletal Comment

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid

Comment

TOTAL assistance w/repositioning

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

Behavior

Affect

Psychosocial Comment

Average
 Withdrawn
 Flat

Comment

no response

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

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/29/22 04:00 XD (Rec: 11/29/22 05:04 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 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

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)

Pupillometer Used to Assess

Not Within Normal Limits

Comatose

Not Arousable

Artificially Ventilated

None

None

Abnormal Extension

4

Unreactive,Fixed

6

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

Right	
Reaction	Unreactive, Fixed
Size (mm)	6
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	Absent
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	
HEENT Symptoms	
Head & Neck Movement	Balance Problems, Dental Problems
Head/Neck/Face	Twitching
Eyes	
Left	No
Blindness	
Sclera Appearance	White/Clear
Right	
Eye Discharge	Watery
Eye Discharge Color	Clear
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	
Comment	PT WITH TRACH

Lyons Kathleen A

Facility: Queen of the Valley 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

Assessment

Hypotension

Cardiac Signs and Symptoms

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

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

Not Within Normal Limits

GAOL MAP >65 ; LEVO DRIP

Pitting
 1+
 < 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

cough. No shortness of breath.

Symptoms
Assessment

Mechanically Ventilated

Effort

Normal

Depth

Normal

Respiratory Pattern

Non-Productive

Cough Description

Deep Tracheal Suction

Sputum Production Method

Thin

Sputum Consistency

White

Sputum Color

Scant

Sputum Amount

Auscultation

Clear

Throughout

Breath Sounds

Clear

Oxygen

Sputum

Cough

Respiratory Comment

Trach to vent in AC mode.

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.

Assessment

Abdomen Description

Soft, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

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

Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Gastrointestinal Comment	PEG tube ON TF
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.	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	
Bladder Pattern	Retention
Urine Color	Pale Yellow
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.	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

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

Range Of Motion

Left Upper Extremity
 Left Lower Extremity
 Right Upper Extremity
 Right Lower Extremity

Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid

Musculoskeletal Comment

TOTAL assistance w/repositioning

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
 Behavior
 Affect

Average
 Withdrawn
 Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC.ID

Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/29/22 08:00 UG (Rec: 11/29/22 09:56 UG 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 Comatose
 Arousable To Not Arousable
 Speech Pattern Artificially Ventilated
 Eye Opening None
 Verbal Response None
 Motor Response Abnormal Extension
 Glasgow Coma Scale Total 4
 Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils Left Unreactive
 Reaction 6

Size (mm) 6
 Pupillometer Used to Assess Yes

Right Unreactive
 Reaction 6

Size (mm) 6
 Pupillometer Used to Assess Yes

Strength Unreactive
 Left Upper Extremity Flaccid
 Left Lower Extremity Flaccid

Right Upper Extremity Flaccid
 Right Lower Extremity Flaccid

Cough / Gag Reflex Absent
 Cough/Gag Reflex

Lyons, Kathleen A

Facility: Queen of the Valley 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

HEENT Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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, without redness,

pain, or swelling at site.

Signs and Symptoms

Heart Sounds

Not Within Normal Limits

Balance Problems, Dental Problems
 Twitching

No
 White/Clear

White/Clear

Pink and Moist
 Moist

PT WITH TRACH

Lyons, Kathleen A

Facility: Queen of the Valley 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	
Cardiac Signs and Symptoms	Hypotension
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	Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Cardiovascular Comment	ON LEVO DRIP
Comment	
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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	

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

Clear

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Trach to vent in AC mode.

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

Bowel Pattern

Incontinent

Bowel Sounds

Hypoactive

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

None

Tube Patency/Placement

Flushed, Patent

Gastrointestinal Comment

tube feeding infusing

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

Lyons, Kathleen A

Facility: Queen of the Valley 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 DRAINING

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

Musculoskeletal Comment

Comment

assisted w//repositioning

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

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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

Behavior

Withdrawn

Affect

Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC,LD

Central Line

Yes

Indwelling Catheters

Yes

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Document 11/29/22 12:00 UG (Rec: 11/29/22 15:56 UG 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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

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 Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Glasgow Coma Scale Total	4
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Unreactive
Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
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	Balance Problems, Dental Problems
Head & Neck Movement	Twitching
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

Eyes

Left

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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.

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

Edema

Bilateral Upper Extremity

Hypotension

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

Edema Type	Pitting
Degree	1+
Capillary Refill	< 3 Seconds
Cardiovascular Comment	
Comment	ON LEVO DRIP

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 Description

Sputum Production Method

Sputum Consistency

Sputum Color

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.

Not Within Normal Limits

Trach to vent in AC mode.

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 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
 Bowel Pattern Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

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

Bladder Pattern

Urine Color

Observation

Palpation

Genitourinary Comment

Comment

FOLEY DRAINING

Female Reproductive Assessment

Parameter

Total Incontinence
 Pale 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

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

Musculoskeletal Comment

assisted w/repositioning

Comment

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

Hong, Grace

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

Behavior

Withdrawn

Affect

Flat

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

Psychosocial Comment		no response
Comment		
Line Days		
Line Days		
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document 11/29/22 16:00 UG (Rec: 11/29/22 17:16 UG 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		Comatose
Arousable To		Not Arousable
Speech Pattern		Artificially Ventilated
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Extension
Glasgow Coma Scale Total		4
Glasgow Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Posturing		
Pupils		
Left		
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

Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
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	Balance Problems, Dental Problems
Head & Neck Movement	Twitching
Head/Neck/Face	
Eyes	
Left	No
Blindness	
Sclera Appearance	White/clear
Right	
Sclera Appearance	White/clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Moist
HEENT Comment	
Comment	PT WITH TRACH

Lyons, Kathleen A

Facility: Queen of the Valley 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

Assessment

Hypotension

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

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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Mechanically Ventilated

Effort

Normal

Depth

Normal

Respiratory Pattern

Non-Productive

Cough Description

Deep Tracheal Suction

Sputum Production Method

Thin

Sputum Consistency

White

Sputum Color

Scant

Sputum Amount

Scant

Auscultation

Clear

Throughouth

Clear

Breath Sounds

Clear

Oxygen

Clear

Sputum

Clear

Cough

Clear

Respiratory Comment

Trach to vent in AC mode.

Comment

Trach to vent in AC mode.

Gastrointestinal Assessment

Trach to vent in AC mode.

Parameter

Not Within Normal Limits

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.

Soft, Round, Obese

Assessment

Soft, Round, Obese

Abdomen Description

Soft, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

Incontinent

All Quadrants

Incontinent

Bowel Sounds

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

Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Gastrointestinal Comment	tube feeding infusing
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.	
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	
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	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

Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Musculoskeletal Comment	
Comment	assisted w/repositioning
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 free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	
Comment	no response
Line Days	
Line Days	
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/29/22 20:00 XD (Rec: 11/29/22 20:12 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	Comatose
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Glasgow Coma Scale Total	4

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

Posturing

Pupils	
Left	Unreactive
Reaction	6

Size (mm)	6
Pupillometer Used to Assess	Yes

Right	Unreactive
Reaction	6
Size (mm)	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	Absent
Cough/Gag Reflex	

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

HEENT Symptoms

Head & Neck Movement

Balance Problems, Dental Problems
 Twitching

Head/Neck/Face

Eyes

Left

Blindness

No

Sclera Appearance

White/Clear

Right

Sclera Appearance

White/Clear

Oropharynx

Oropharynx Condition

Pink and Moist

Lip Condition

Moist

HEENT Comment

Comment

PT WITH TRACH

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, 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

Assessment	
Cardiac Signs and Symptoms	Hypotension
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	Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Cardiovascular Comment	GAOL MAP >65 ; LEVO DRIP
Comment	
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	Non-Productive
Cough Description	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
Auscultation	
Throughout	

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

Clear

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Trach to vent in AC mode.

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

None

Tube Patency/Placement

Flushed, Patent

Gastrointestinal Comment

tube feeding infusing

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 DRAINING

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

Musculoskeletal Comment

Comment

assisted w//repositioning

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

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

ecchymosis.

Skin Verification

Second RN Validating Skin Assessment

Psychosocial Assessment

RN UMA

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

Behavior

Affect

Average
 Withdrawn
 Flat

Psychosocial Comment

Comment

no response

Line Days

Line Days

Protocol: IC:LD

Central Line

Indwelling Catheters

Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/29/22 23:59 XD (Rec: 11/30/22 01:26 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

Level of Consciousness

Comatose

Lyons Kathleen A

Facility: Queen of the Valley 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
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Glasgow Coma Scale Total	4
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Unreactive
Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
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	Balance Problems, Dental Problems

Lyons, Kathleen A

Facility: Queen of the Valley 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 Movement

Twitching

Head/Neck/Face

Eyes

Left

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip Condition

HEENT Comment

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

Heart Sounds

Assessment

Cardiac Signs and Symptoms

Hypotension

Pulse

Bilateral Radial

Pulse Rhythm

Strength

Doppler Used

Bilateral Dorsalis Pedis

Pulse Rhythm

Strength

Doppler Used

No

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

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

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 Description

Sputum Production Method

Sputum Consistency

Sputum Color

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

Not Within Normal Limits

Trach to vent in AC mode.

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

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

Comment

tube feeding infusing

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 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

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

Musculoskeletal Comment

assisted w/repositioning

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Behavior

Withdrawn

Affect

Flat

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

Psychosocial Comment		no response
Line Days		
Line Days		
Protocol: IC.ID		Yes
Central Line		Yes
Indwelling Catheters		Yes
Ventilator		
Male Reproductive Assessment		
Penile Discharge		
Document 11/30/22 04:00 XD (Rec: 11/30/22 05:08 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 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		Comatose
Arousable To		Not Arousable
Speech Pattern		Artificially Ventilated
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Extension
Glasgow Coma Scale Total		4
Glasgow Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Posturing		
Pupils		
Left		
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

Size (mm)	6
Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	6
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	Absent
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

HEENT Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip Condition

HEENT Comment

Comment

Balance Problems, Dental Problems

Twitching

No

White/Clear

White/Clear

Pink and Moist

Moist

PT WITH TRACH

Lyons Kathleen A

Facility: Queen of the Valley 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

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

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

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

Not Within Normal Limits

Hypotension

Regular

Normal

No

Regular

Normal

No

Pitting

1+

< 3 Seconds

GAOL MAP >65 ; LEVO DRIP

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

cough. No shortness of breath.

Symptoms
 Assessment

Mechanically Ventilated

Effort

Normal

Depth

Normal

Respiratory Pattern

Non-Productive

Cough Description

Deep Tracheal Suction

Sputum Production Method

Thin

Sputum Consistency

White

Sputum Color

Scant

Sputum Amount

Auscultation

Clear

Throughouth

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Trach to vent in AC mode.

Comment

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, Round, Obese

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Bowel Sounds

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

Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	None
Tube Patency/Placement	Flushed, Patent
Gastrointestinal Comment	tube feeding infusing
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	Total Incontinence
Bladder Pattern	Pale Yellow
Urine Color	
Observation	
Palpation	
Genitourinary Comment	FOLEY DRAINING
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

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

Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Musculoskeletal Comment	
Comment	assisted w/repositioning
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 free of hallucinations and suicidal ideation.	
Assessment	
Appearance	Average
Behavior	Withdrawn
Affect	Flat
Psychosocial Comment	
Comment	no response
Line Days	
Line Days	
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 11/30/22 08:00 JM (Rec: 11/30/22 11:04 JM 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 Comatose
 Arousable To Not Arousable
 Speech Pattern Artificially Ventilated
 Eye Opening None
 Verbal Response None
 Motor Response Flaccid
 Glasgow Coma Scale Total 3
 Glasgow Citation

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

Posturing

Pupils Left Unreactive
 Reaction Unreactive
 Size (mm) 5

Pupillometer Used to Assess Yes
 Right Unreactive
 Reaction Unreactive
 Size (mm) 5

Pupillometer Used to Assess Yes
 Strength Unreactive

Left Upper Extremity Flaccid
 Left Lower Extremity Flaccid
 Right Upper Extremity Flaccid
 Right Lower Extremity Flaccid
 Cough / Gag Reflex Absent
 Cough/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

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

Eyes

Left

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Not Within Normal Limits

Balance Problems, Dental Problems
 Twitching

No
 White/Clear

White/Clear

Pink and Moist
 Dry

Trach/Vent

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	
Cardiac Signs and Symptoms	Hypotension
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	Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Cardiovascular Comment	ON LEVO DRIP
Comment	
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
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
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

Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach 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, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	Hypoactive
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	Partially Digested Food
Tube Patency/Placement	Flushed, Patent
Gastrointestinal Comment	tube feeding infusing
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bladder Distention

Total Incontinence
 Pale Yellow
 No

Observation
 Palpation
 Genitourinary Comment

Foley catheter draining via 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.

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
 Musculoskeletal Comment

Muscle Weakness
 Severely Limited
 Flaccid
 Flaccid
 Flaccid
 Flaccid
 assisted w/repositioning

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.

Skin Verification
 Second RN Validating Skin Assessment

Dominguez, Xavier Ramiro

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
 Affect

Average
 Flat

Line Days

Line Days
 Protocol: IC,LD
 Central Line
 Indwelling Catheters
 Ventilator

Yes
 Yes
 Yes

Male Reproductive Assessment

Penile Discharge

Document 11/30/22 12:00 JM (Rec: 11/30/22 12:12 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
 Arousable To

Comatose
 Not Arousable

Lyons, Kathleen A

Facility: Queen of the Valley 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	Flaccid
Glasgow Coma Scale Total	3

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

HEENT Symptoms

Head & Neck Movement

Not Within Normal Limits

Balance Problems, Dental Problems
 Twitching

Lyons, Kathleen A

Facility: Queen of the Valley 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

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Edema

No

White/Clear

White/Clear

White/Clear

Pink and Moist

Dry

Trach/Vent

Trach/Vent

Not Within Normal Limits

Hypotension

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

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

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

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Cough Description

Sputum Production Method

Sputum Consistency

Sputum Color

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

Trach to vent

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/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

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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.

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

Soft, Round, Obese
 Incontinent

Hypoactive

Partially Digested Food
 Flushed, Patent

tube feeding infusing

Not Within Normal Limits

Total Incontinence
 Pale Yellow
 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

Foley catheter draining via 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

Musculoskeletal Comment

Comment

assisted w/repositioning

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

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

Line Days

Line Days

Protocol: IC,LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 11/30/22 16:00 JM (Rec: 11/30/22 16:07 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 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

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)

Pupillometer Used to Assess

Not Within Normal Limits

Comatose

Not Arousable

Artificially Ventilated

None

None

None

Flaccid

3

Unreactive

5

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

Right	
Reaction	Unreactive
Size (mm)	5
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	Absent
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	Balance Problems, Dental Problems
Head & Neck Movement	Twitching
Head/Neck/Face	
Eyes	
Left	
Blindness	No
Sclera Appearance	White/Clear
Right	
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Dry
HEENT Comment	
Comment	Trach/Vent
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
 Assessment
 Cardiac Signs and Symptoms
 Pulse

Hypotension

Bilateral Radial
 Pulse Rhythm
 Strength
 Doppler Used
 Bilateral Dorsalis Pedis
 Pulse Rhythm
 Strength
 Doppler Used

Regular
 Normal
 No
 Regular
 Normal
 No

Edema
 Bilateral Upper Extremity
 Edema Type
 Degree
 Capillary Refill

Pitting
 1+
 < 3 Seconds

Cardiovascular Comment
 Comment

ON LEVO DRIP

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

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	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	
Comment	Trach 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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	
Bowel Sounds	
Bowel Pattern	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

Gastric Tube

Mid Upper Abdomen

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.

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

Not Within Normal Limits

Partially Digested Food
 Flushed, Patent

tube feeding infusing

Total Incontinence

Pale Yellow

No

Foley catheter draining via gravity

Within Normal Limits

Not Within Normal Limits

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

Range Of Motion	Severely Limited
Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Musculoskeletal Comment	
Comment	assisted w/repositioning
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 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	
Document 11/30/22 20:00 HL (Rec: 11/30/22 23:59 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	

Lyons Kathleen A

Facility: Queen of the Valley 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	Comatose
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3

Glasgow Citation

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

Posturing

Pupils
 Left

Reaction	Unreactive
Size (mm)	5

Pupillometer Used to Assess	Yes
-----------------------------	-----

Right	Unreactive
Reaction	5
Size (mm)	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	Absent
Cough/Gag Reflex	Absent

HEENT Assessment

HEENT Assessment	Not within Normal Limits
Parameter	
HEENT 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: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

Eyes

Left

Blindness

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip 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

Balance Problems, Dental Problems
 Twitching

No

White/Clear

White/Clear

Pink and Moist

Dry

Trach/Vent

Not Within Normal Limits

Hypotension

Lyons, Kathleen A

Facility: Queen of the Valley 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	Pitting
Edema Type	1+
Degree	< 3 Seconds
Capillary Refill	
Cardiovascular Comment	ON LEVO DRIP
Comment	
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	
Assessment	
Respiratory Symptoms	Difficulty Clearing Secretions
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	

Lyons Kathleen A

Facility: Queen of the Valley 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.

Not Within Normal Limits

Assessment

Abdomen Description

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

Gastrointestinal Comment

Comment

Soft, Round, Obese

Incontinent

Hypoactive

Partially Digested Food

Flushed, Patent

tube feeding infusing

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

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

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

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.

Within Normal Limits

Foley catheter draining via gravity

Total Incontinence

Pale Yellow

No

Not Within Normal Limits

Muscle Weakness
 Severely Limited

Flaccid

Flaccid

Flaccid

Flaccid

assisted w//repositioning

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 11/30/22 23:59 HL (Rec: 12/01/22 00:59 HL 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 choking.

Assessment

Level of Consciousness

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Glasgow Coma Scale Total

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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

HEENT Symptoms

Head & Neck Movement

Head/Neck/Face

Eyes

Left

Blindness

Sclera Appearance

Not Within Normal Limits

Absent

Yes

Unreactive

Yes

Unreactive

5

Flaccid

Flaccid

Flaccid

Balance Problems, Dental Problems

Twitching

No

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

Right

 Sclera Appearance

White/Clear

 Oropharynx

 Oropharynx Condition

Pink and Moist

 Ihp Condition

Dry

 HEENT Comment

Trach/Vent

 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 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

Hypotension

 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

Pitting

 Degree

1+

 Capillary Refill

< 3 Seconds

 Cardiovascular 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

ON IEVO DRIP

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 Description

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughout

Breath Sounds

Oxygen

Sputum

Cough

Respiratory Comment

Comment

Trach 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.

Lyons, Kathleen A

Facility: Queen of the Valley 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
 Bowel Pattern

Soft, Round, Obese
 Incontinent

Bowel Sounds

All Quadrants
 Bowel Sounds

Hypoactive

Bowel Pattern

Gastric Tube

Mid Upper Abdomen
 Gastric Content Description
 Tube Patency/Placement

Partially Digested Food
 Flushed, Patent

Gastrointestinal Comment

tube feeding infusing

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

Bladder Pattern

Total Incontinence

Urine Color

Pale Yellow

Bladder Distention

No

Observation

Palpation

Genitourinary Comment

Foley catheter draining via gravity

Comment

Female Reproductive Assessment

Parameter

Within Normal Limits

Reproductive Parameter

Query Text: Patient without complaints of breast dimpling,

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 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

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

Musculoskeletal Comment

Comment

assisted w/ repositioning

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 free of hallucinations and suicidal ideation.

Assessment

Appearance

Average

Affect

Flat

Line Days

Line Days

Protocol: IC.LD

Central Line

Yes

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 12/01/22 04:00 HL (Rec: 12/01/22 04:41 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 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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Glasgow Coma Scale Total

3

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Unreactive

Reaction

5

Size (mm)

5

Pupillometer Used to Assess

Yes

Right

Reaction

Unreactive

Size (mm)

5

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	Absent
Cough/Gag Reflex	Absent

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

Balance Problems, Dental Problems

Head & Neck Movement

Twitching

Head/Neck/Face

Eyes

Left

No

Blindness

White/Clear

Sclera Appearance

White/Clear

Right

White/Clear

Sclera Appearance

White/Clear

Oropharynx

Pink and Moist

Oropharynx Condition

Dry

Lip Condition

Trach/Vent

HEENT Comment

Comment

Cardiovascular Assessment

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

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

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

Edema

Bilateral Upper Extremity

Edema Type

Degree

Capillary Refill

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

Respiratory Symptoms

Effort

Depth

Respiratory Pattern

Difficulty Clearing Secretions

Mechanically Ventilated

Normal

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

Cough Description	Non-Productive
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughout	
Breath Sounds	Clear
Oxygen	
Sputum	
Cough	
Respiratory Comment	Trach 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.	
Assessment	
Abdomen Description	Soft, Round, Obese
Bowel Pattern	Incontinent
Bowel Sounds	
All Quadrants	Hypoactive
Bowel Sounds	
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	Partially Digested Food
Gastric Content Description	Flushed, Patent
Tube Patency/Placement	
Gastrointestinal 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

<p>Comment tube feeding infusing</p>	
<p>Genitourinary Assessment Parameter</p>	
<p>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.</p>	<p>Not Within Normal Limits</p>
<p>Assessment Bladder Pattern Urine Color Bladder Distention Observation Palpation</p>	<p>Total Incontinence Pale Yellow No</p>
<p>Genitourinary Comment Comment</p>	<p>Foley catheter draining via gravity</p>
<p>Female Reproductive Assessment Parameter</p>	
<p>Reproductive Parameter Query Text:Patient without complaints of breast dimpling, masses, or nipple discharge. Genitalia without discharge, lesions, masses, or swelling. No abnormal bleeding.</p>	<p>Within Normal Limits</p>
<p>Musculoskeletal Assessment Parameter</p>	
<p>Musculoskeletal Parameter Query Text:Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.</p>	<p>Not Within Normal Limits</p>
<p>Assessment Musculoskeletal Symptoms Range Of Motion Left Upper Extremity Left Lower Extremity Right Upper Extremity Right Lower Extremity</p>	<p>Muscle Weakness Severely Limited Flaccid Flaccid Flaccid 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

Musculoskeletal Comment

Comment

assisted w/repositioning

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 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

Document 12/01/22 08:00 JR (Rec: 12/01/22 09:48 JR 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	Comatose
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	Unreactive
Reaction	5
Size (mm)	Yes
Pupillometer Used to Assess	
Right	Unreactive
Reaction	5
Size (mm)	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	Absent
Cough/Gag Reflex	
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.

Head/Neck/Face

Eyes

Left

Sclera Appearance

Right

Sclera Appearance

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

Edema

Bilateral Upper Extremity

Edema Type

Hypotension

Regular

Weak

No

Regular

Weak

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

< 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

Assessment

Effort

Depth

Respiratory Pattern

Sputum Production Method

Sputum Consistency

Sputum Color

Sputum Amount

Auscultation

Throughouth

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

Lyons, Kathleen A

Facility: Queen of the Valley 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	Hypoactive
Bowel Pattern	
Gastric Tube	
Mid Upper Abdomen	
Gastric Content Description	Partially Digested Food
Tube Patency/Placement	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	Oliguric
Urine Color	Dark 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	Not Within Normal Limits
Query Text: Full range of motion. Bilaterally equal and strong. No contractures. No joint swelling or tenderness.	
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

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 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 Average
 Behavior Withdrawn
 Affect Flat

Line Days
 Line Days
 Protocol: IC.ID
 Central Line
 Indwelling Catheters
 Ventilator
 Male Reproductive Assessment
 Penile Discharge
 Document 12/01/22 12:00 JR (Rec: 12/01/22 12:26 JR Desktop)
 Neurological Assessment
 Parameter
 Yes
 Yes
 Yes

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

Lyons Kathleen A

Facility: Queen of the Valley 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	Comatose
Arousable To	Not Arousable
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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

Lyons, Kathleen A

Facility: Queen of the Valley 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

Eyes

Left

Sclera Appearance

Right

Sclera Appearance

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. 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

White/Clear

White/Clear

Pink and Moist

Dry

Not Within Normal Limits

Hypotension

Regular

Weak

No

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	Weak
Doppler Used	No
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	< 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	Mechanically Ventilated
Effort	Normal
Depth	Normal
Respiratory Pattern	Deep Tracheal Suction
Sputum Production Method	Thin
Sputum Consistency	White
Sputum Color	Scant
Sputum Amount	
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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, Round, Obese
 Bowel Pattern Incontinent

Bowel Sounds All Quadrants Hypoactive
 Bowel Sounds Bowel Pattern

Bowel Pattern Hypoactive
 Gastric Tube

Mid Upper Abdomen Partially Digested Food
 Gastric Content Description 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

Bladder Pattern Oliguric
 Urine Color Dark Yellow
 Bladder Distention No
 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 Within Normal Limits
 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

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	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
Behavior	Withdrawn
Affect	Flat
Line Days	
Line Days	
Protocol: IC.ID	Yes
Central Line	Yes
Indwelling Catheters	Yes
Ventilator	Yes
Male Reproductive Assessment	
Penile Discharge	
Document 12/01/22 16:00 JR (Rec: 12/01/22 16:37 JR 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. 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

Comatose

Arousable To

Not Arousable

Speech Pattern

Artificially Ventilated

Eye Opening

None

Verbal Response

None

Motor Response

Flaccid

Glasgow Coma Scale Total

3

Glasgow Citation

Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Unreactive

Size (mm)

5

Pupillometer Used to Assess

Yes

Right

Reaction

Unreactive

Size (mm)

5

Pupillometer Used to Assess

Yes

Strength

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

Cough / Gag Reflex	Absent
Cough/Gag Reflex	
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	
Eyes	
Left	White/Clear
Sclera Appearance	
Right	White/Clear
Sclera Appearance	
Oropharynx	Pink and Moist
Oropharynx Condition	Dry
Lip 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 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	Hypotension
Cardiac Signs and Symptoms	
Pulse	
Bilateral Radial	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Weak
Doppler Used	No
Bilateral Dorsalis Pedis	
Pulse Rhythm	Regular
Strength	Weak
Doppler Used	No
Edema	
Bilateral Upper Extremity	
Edema Type	Non-Pitting
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	
Assessments	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
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	

Lyons, Kathleen A

Facility: Queen of the Valley 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

Bowel Pattern

Bowel Sounds

All Quadrants

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

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

Bladder Pattern

Urine Color

Bladder Distention

Observation

Palpation

Female Reproductive Assessment

Parameter

Soft, Round, Obese
 Incontinent

Hypoactive

Partially Digested Food
 Flushed, Patent

Not Within Normal Limits

Oliguric
 Dark Yellow
 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

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

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

Behavior

Withdrawn

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 **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Indwelling Catheters Yes
 Ventilator Yes

Male Reproductive Assessment

Penile Discharge

Document 12/01/22 20:00 HL (Rec: 12/01/22 21:50 HL 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

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)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Pupillometer Used to Assess

Comatose

Not Arousable

Artificially Ventilated

None

None

Flaccid

3

Unreactive

5

Yes

Unreactive

5

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	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid
Cough / Gag Reflex	Absent
Cough/Gag Reflex	Absent

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

Eyes

Left

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip Condition

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. 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	
Assessment	
Cardiac Signs and Symptoms	
Pulse	
Bilateral Radial	
Pulse Rhythm	Regular
Strength	Weak
Doppler Used	No
Bilateral Dorsalis Pedis	Regular
Pulse Rhythm	Weak
Strength	No
Doppler Used	
Edema	
Bilateral Upper Extremity	Non-Pitting
Edema Type	< 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	
Effort	Mechanically Ventilated
Depth	Normal
Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
Auscultation	
Throughouth	
Breath Sounds	Clear
Oxygen	
Sputum	

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

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Tube Patency/Placement

Partially Digested Food

Genitourinary Assessment

Flushed, Patent

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

Oliguric

Urine Color

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

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	Not Within Normal Limits
Query Text:Full range of motion. Bilaterally equal and strong. No contractions. 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	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
Behavior	Withdrawn

Lyons Kathleen A

Facility: Queen of the Valley 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.LD

Central Line

Indwelling Catheters

Ventilator

Male Reproductive Assessment

Penile Discharge

Document 12/01/22 23:59 HL (Rec: 12/02/22 00:22 HL 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 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

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)

Unreactive
 5

Comatose
 Not Arousable
 Artificially Ventilated

None
 None
 Flaccid

3

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

Pupillometer Used to Assess	Yes
Right	
Reaction	Unreactive
Size (mm)	5
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	Absent
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	
Eyes	
Left	
Sclera Appearance	White/Clear
Right	
Sclera Appearance	White/Clear
Oropharynx	
Oropharynx Condition	Pink and Moist
Lip Condition	Dry
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

Hypotension
 Regular
 Weak
 No

Edema
 Bilateral Upper Extremity
 Edema Type
 Capillary Refill
 Respiratory Assessment
 Parameter

Non-Pitting
 < 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
 Effort
 Depth
 Respiratory Pattern
 Sputum Production Method
 Sputum Consistency
 Sputum Color
 Sputum Amount

Mechanically Ventilated
 Normal
 Normal
 Deep Tracheal Suction
 Thin
 White
 Scant

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Auscultation

Throughtout

Breath Sounds

Oxygen

Sputum

Cough

Clear

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

Bowel Pattern

Incontinent

Bowel Sounds

All Quadrants

Hypoactive

Bowel Sounds

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description

Partially Digested Food

Tube Patency/Placement

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 Oliguric
 Urine Color Dark Yellow
 Bladder Distention No
 Observation No

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	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 without tenting. No suspicious nevi, rash, petechiae, or ecchymosis.

Psychosocial Assessment

Parameter

Psychosocial Parameters

Query Text: Criteria for Within Normal Limits: Appearance,

Not 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

behavior and verbalization appropriate to situation. Patient free of hallucinations and suicidal ideation.

Assessment	Average
Appearance	Withdrawn
Behavior	Flat
Affect	

Line Days

Line Days	Line Days	Yes
Protocol: IC.ID	Central Line	Yes
	Indwelling Catheters	Yes
	Ventilator	Yes

Male Reproductive Assessment

Penile Discharge

Document 12/02/22 04:00 HL (Rec: 12/02/22 04:52 HL 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	Comatose
Level of Consciousness	Not Arousable
Arousable To	Artificially Ventilated
Speech Pattern	None
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Glasgow Coma Scale Total	3

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

Reaction

Size (mm)

Pupillometer Used to Assess

Right

Reaction

Size (mm)

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.

Head/Neck/Face

Eyes

Left

Sclera Appearance

Right

Sclera Appearance

Oropharynx

Oropharynx Condition

Lip Condition

Cardiovascular Assessment

Parameter

Not Within Normal Limits

Absent

Flaccid
 Flaccid
 Flaccid
 Flaccid

Unreactive
 5
 Yes

Unreactive
 5
 Yes

White/clear

White/clear

Pink and Moist
 Dry

Lyons, Kathleen A

Facility: Queen of the Valley 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

Hypotension

Pulse

Bilateral Radial
 Pulse Rhythm
 Strength
 Doppler Used
 Bilateral Dorsalis Pedis
 Pulse Rhythm
 Strength
 Doppler Used

Regular
 Weak
 No
 Regular
 Weak
 No

Edema

Bilateral Upper Extremity
 Edema Type
 Capillary Refill

Non-Pitting
 < 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
 Effort
 Depth

Mechanically Ventilated
 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

Respiratory Pattern	Normal
Sputum Production Method	Deep Tracheal Suction
Sputum Consistency	Thin
Sputum Color	White
Sputum Amount	Scant
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, Round, Obese
Bowel Pattern	Incontinent

Bowel Sounds

All Quadrants	
Bowel Sounds	Hypoactive

Bowel Pattern

Gastric Tube

Mid Upper Abdomen

Gastric Content Description	Partially Digested Food
Tube Patency/Placement	Flushed, Patent

Genitourinary Assessment

Parameter

Not Within Normal Limits

Urinary 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: 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

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

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

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

Behavior

Withdrawn

Affect

Flat

Line Days

Line Days

Protocol: IC.ID

Central Line

Indwelling Catheters

Ventilator

Yes

Male Reproductive Assessment

Penile Discharge

Yes

Pre-operative Checklist

Start: 10/25/22 17:04

Freq: ONCE

Status: Complete

Protocol:

Document 10/25/22 17:04 JDM (Rec: 10/25/22 22:31 JDM QNSUK104)

Preprocedure Checklist

Scheduled Procedure

3RD VENTRICLE

Patient Identification

Chart, Verbal, Arm Band, Id Sticker

NPO Since Date

10/25/22

NPO Time

00:01

Consent order obtained from physician?

Yes

Document 11/23/22 08:19 HR (Rec: 11/23/22 08:20 HR Desktop)

Preprocedure Checklist

Scheduled Procedure

Tracheostomy

Patient Identification

Chart, Verbal, Arm Band, Id Sticker

NPO Since Date

11/22/22

NPO Time

00:00

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Planned Operative Procedure(s) in Patients Own Words
 Consent order obtained from physician?
 Consent for Planned Operative Procedure(s) Verified

vp shunt
 Yes
 Physician Order, Patient, Family, History
 & Physical, Consultation Note,
 Diagnostic Tests
 No

Metal Implants
 Document Verification

Yes: Surgical/Procedural Consent
 Documentation of Informed Consent
 Anesthesia/Sedation Consent
 History and Physical
 Interval H & P Update
 N/A: Signed Blood Consent
 Hysterectomy/Sterilization
 Consent

Results Verified
 Patient Checklist
 Site marked
 Last Voided Date

Chest X-Ray, Electrocardiogram,
 Electrolytes, Bleeding/Clotting, CBC
 Allergies Verified
 Yes
 11/22/22

Pre-operative Checklist
 Freq: ONCE
 Protocol:

Start: 11/08/22 12:47
 Status: Complete

Document 11/08/22 12:47 JD (Rec: 11/09/22 07:30 JD Desktop)
 Preprocedure Checklist
 Scheduled Procedure
 3RD VENTRICLE
 Patient Identification
 NPO Since Date
 NPO Time
 Consent order obtained from physician?
 Consent for Planned Operative Procedure(s) Verified

Chart, Verbal, Arm Band, Id Sticker
 11/09/22
 00:01
 Yes
 Physician Order, Family, History &
 Physical, Consultation Note
 No
 Yes: Surgical/Procedural Consent
 Documentation of Informed Consent
 Anesthesia/Sedation Consent
 History and Physical

Metal Implants
 Document Verification

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Interval H & P Update

Last Voided Date
 Last Time Voided

11/09/22
 07:30

Document 11/09/22 07:31 JD (Rec: 11/09/22 07:32 JD Desktop)
 Preprocedure Checklist
 Scheduled Procedure

Tracheostomy
 Patient Identification
 NPO since Date
 NPO Time

Chart, Verbal, Arm Band, Id Sticker
 11/09/22
 00:01

Consent order obtained from physician?
 Consent for Planned Operative Procedure(s) Verified

Yes
 Physician Order, Patient, Family, History
 & Physical, Consultation Note,
 Diagnostic Tests

Metal Implants
 Document Verification

No
 Yes: Surgical/Procedural Consent
 Documentation of Informed Consent
 Anesthesia/Sedation Consent
 History and Physical
 Interval H & P Update

Last Voided Date
 Last Time Voided

11/09/22
 07:32

Pressure Injury: Prevention Protocol

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)
Document	10/26/22 23:59	XD	(Rec: 10/27/22 01:12	XD	Desktop)
Document	10/27/22 02:00	XD	(Rec: 10/27/22 02:22	XD	Desktop)
Document	10/27/22 04:00	XD	(Rec: 10/27/22 04:30	XD	Desktop)
Document	10/27/22 06:00	XD	(Rec: 10/27/22 06:31	XD	Desktop)
Document	10/27/22 08:00	LH	(Rec: 10/27/22 13:00	LH	Desktop)
Document	10/27/22 10:00	LH	(Rec: 10/27/22 13:05	LH	Desktop)
Document	10/27/22 12:00	LH	(Rec: 10/27/22 13:05	LH	Desktop)
Document	10/27/22 14:00	LH	(Rec: 10/27/22 15:32	LH	Desktop)
Document	10/27/22 16:00	LH	(Rec: 10/27/22 16:33	LH	Desktop)
Document	10/27/22 18:00	LH	(Rec: 10/27/22 18:15	LH	Desktop)
Document	10/27/22 20:00	JAB	(Rec: 10/27/22 22:39	JAB	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	10/27/22 23:00	JAB	(Rec: 10/27/22 22:39	JAB	Desktop)
Document	10/27/22 23:59	JAB	(Rec: 10/28/22 00:41	JAB	Desktop)
Document	10/28/22 02:00	JAB	(Rec: 10/28/22 02:50	JAB	Desktop)
Document	10/28/22 04:00	JAB	(Rec: 10/28/22 05:24	JAB	Desktop)
Document	10/28/22 06:00	JAB	(Rec: 10/28/22 06:26	JAB	Desktop)
Document	10/28/22 08:00	GH	(Rec: 10/28/22 08:02	GH	Other)
Document	10/28/22 10:00	GH	(Rec: 10/28/22 10:03	GH	Other)
Document	10/28/22 12:00	GH	(Rec: 10/28/22 13:03	GH	Other)
Document	10/28/22 14:00	GH	(Rec: 10/28/22 14:19	GH	Other)
Document	10/28/22 16:00	GH	(Rec: 10/28/22 16:10	GH	Other)
Document	10/28/22 18:00	GH	(Rec: 10/28/22 18:37	GH	Other)
Document	10/28/22 20:00	ML	(Rec: 10/28/22 20:39	ML	Desktop)
Document	10/28/22 22:00	ML	(Rec: 10/28/22 22:19	ML	Desktop)
Document	10/28/22 23:59	ML	(Rec: 10/29/22 00:31	ML	Desktop)
Document	10/29/22 02:00	ML	(Rec: 10/29/22 02:31	ML	Desktop)
Document	10/29/22 04:00	ML	(Rec: 10/29/22 04:55	ML	Desktop)
Document	10/29/22 06:00	ML	(Rec: 10/29/22 06:19	ML	Desktop)
Document	10/29/22 08:00	LH	(Rec: 10/29/22 09:00	LH	Desktop)
Document	10/29/22 10:00	LH	(Rec: 10/29/22 11:38	LH	Desktop)
Document	10/29/22 12:00	LH	(Rec: 10/29/22 12:44	LH	Desktop)
Document	10/29/22 14:00	LH	(Rec: 10/29/22 15:03	LH	Desktop)
Document	10/29/22 16:00	LH	(Rec: 10/29/22 16:45	LH	Desktop)
Document	10/29/22 18:00	LH	(Rec: 10/29/22 18:25	LH	Desktop)
Document	10/29/22 20:00	XD	(Rec: 10/29/22 21:32	XD	Desktop)
Document	10/29/22 22:00	XD	(Rec: 10/29/22 22:07	XD	Desktop)
Document	10/29/22 23:59	XD	(Rec: 10/30/22 00:25	XD	Desktop)
Document	10/30/22 02:00	XD	(Rec: 10/30/22 02:09	XD	Desktop)
Document	10/30/22 04:00	XD	(Rec: 10/30/22 04:39	XD	Desktop)
Document	10/30/22 06:00	XD	(Rec: 10/30/22 06:47	XD	Desktop)
Document	10/30/22 08:00	LH	(Rec: 10/30/22 09:54	LH	Laptop)
Document	10/30/22 10:00	LH	(Rec: 10/30/22 10:20	LH	Laptop)
Document	10/30/22 12:00	LH	(Rec: 10/30/22 13:30	LH	Laptop)
Document	10/30/22 14:00	LH	(Rec: 10/30/22 15:19	LH	Laptop)
Document	10/30/22 16:00	LH	(Rec: 10/30/22 17:20	LH	Laptop)
Document	10/30/22 18:00	LH	(Rec: 10/30/22 18:27	LH	Laptop)
Document	10/30/22 20:00	XD	(Rec: 10/30/22 20:30	XD	Desktop)
Document	10/30/22 22:00	XD	(Rec: 10/30/22 22:17	XD	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	10/30/22 23:59	XD	(Rec: 10/31/22 00:17	XD	Desktop)
Document	10/31/22 02:00	XD	(Rec: 10/31/22 02:09	XD	Desktop)
Document	10/31/22 04:00	XD	(Rec: 10/31/22 05:10	XD	Desktop)
Document	10/31/22 06:00	XD	(Rec: 10/31/22 06:12	XD	Desktop)
Document	10/31/22 08:00	CO	(Rec: 10/31/22 08:19	CO	Desktop)
Document	10/31/22 10:00	CO	(Rec: 10/31/22 10:14	CO	Desktop)
Document	10/31/22 12:00	CO	(Rec: 10/31/22 12:08	CO	Desktop)
Document	10/31/22 14:00	CO	(Rec: 10/31/22 14:46	CO	Desktop)
Document	10/31/22 16:00	CO	(Rec: 10/31/22 16:55	CO	Desktop)
Document	10/31/22 18:00	CO	(Rec: 10/31/22 18:05	CO	Desktop)
Document	10/31/22 20:00	ST	(Rec: 10/31/22 21:44	ST	Desktop)
Document	10/31/22 22:00	ST	(Rec: 10/31/22 22:06	ST	Desktop)
Document	10/31/22 23:59	ST	(Rec: 11/01/22 02:23	ST	Desktop)
Document	11/01/22 02:00	ST	(Rec: 11/01/22 02:55	ST	Desktop)
Document	11/01/22 04:00	ST	(Rec: 11/01/22 05:02	ST	Desktop)
Document	11/01/22 06:00	ST	(Rec: 11/01/22 06:46	ST	Desktop)
Document	11/01/22 08:00	RD	(Rec: 11/01/22 08:56	RD	Desktop)
Document	11/01/22 10:00	RD	(Rec: 11/01/22 10:28	RD	Desktop)
Document	11/01/22 12:00	RD	(Rec: 11/01/22 12:28	RD	Desktop)
Document	11/01/22 14:00	RD	(Rec: 11/01/22 14:56	RD	Desktop)
Document	11/01/22 16:00	RD	(Rec: 11/01/22 16:27	RD	Desktop)
Document	11/01/22 18:00	RD	(Rec: 11/01/22 18:25	RD	Desktop)
Document	11/01/22 20:00	ST	(Rec: 11/01/22 23:08	ST	Desktop)
Document	11/01/22 22:00	ST	(Rec: 11/02/22 00:18	ST	Desktop)
Document	11/01/22 23:59	ST	(Rec: 11/02/22 00:23	ST	Desktop)
Document	11/02/22 02:00	ST	(Rec: 11/02/22 02:11	ST	Desktop)
Document	11/02/22 04:00	ST	(Rec: 11/02/22 04:56	ST	Desktop)
Document	11/02/22 06:00	ST	(Rec: 11/02/22 06:10	ST	Desktop)
Document	11/02/22 08:00	EC	(Rec: 11/02/22 10:07	EC	Desktop)
Document	11/02/22 10:00	EC	(Rec: 11/02/22 10:07	EC	Desktop)
Document	11/02/22 12:00	EC	(Rec: 11/02/22 13:41	EC	Desktop)
Document	11/02/22 14:00	EC	(Rec: 11/02/22 15:17	EC	Desktop)
Document	11/02/22 16:00	EC	(Rec: 11/02/22 18:16	EC	Desktop)
Document	11/02/22 18:00	EC	(Rec: 11/02/22 18:16	EC	Desktop)
Document	11/02/22 20:00	HL	(Rec: 11/02/22 20:47	HL	Other)
Document	11/02/22 22:00	HL	(Rec: 11/02/22 23:25	HL	Other)
Document	11/02/22 23:59	HL	(Rec: 11/03/22 01:01	HL	Other)

Lyons Kathleen A

Facility: Queen of the Valley 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 02:00	HL	(Rec: 11/03/22 02:59	HL	Other)
Document	11/03/22 04:00	HL	(Rec: 11/03/22 06:10	HL	Other)
Document	11/03/22 06:00	HL	(Rec: 11/03/22 06:10	HL	Other)
Document	11/03/22 08:00	CO	(Rec: 11/03/22 08:21	CO	Desktop)
Document	11/03/22 10:00	CO	(Rec: 11/03/22 10:07	CO	Desktop)
Document	11/03/22 12:00	CO	(Rec: 11/03/22 12:04	CO	Desktop)
Document	11/03/22 14:00	CO	(Rec: 11/03/22 14:21	CO	Desktop)
Document	11/03/22 16:00	CO	(Rec: 11/03/22 16:08	CO	Desktop)
Document	11/03/22 18:00	CO	(Rec: 11/03/22 18:13	CO	Desktop)
Document	11/03/22 20:00	HL	(Rec: 11/03/22 20:35	HL	Desktop)
Document	11/03/22 22:00	HL	(Rec: 11/03/22 22:37	HL	Desktop)
Document	11/03/22 23:59	HL	(Rec: 11/04/22 00:56	HL	Desktop)
Document	11/04/22 02:00	HL	(Rec: 11/04/22 03:14	HL	Desktop)
Document	11/04/22 04:00	HL	(Rec: 11/04/22 05:04	HL	Desktop)
Document	11/04/22 06:00	HL	(Rec: 11/04/22 06:57	HL	Desktop)
Document	11/04/22 08:00	CO	(Rec: 11/04/22 08:27	CO	Desktop)
Document	11/04/22 10:00	CO	(Rec: 11/04/22 10:05	CO	Desktop)
Document	11/04/22 12:00	CO	(Rec: 11/04/22 12:13	CO	Desktop)
Document	11/04/22 14:00	CO	(Rec: 11/04/22 14:53	CO	Desktop)
Document	11/04/22 16:00	CO	(Rec: 11/04/22 16:27	CO	Desktop)
Document	11/04/22 18:00	CO	(Rec: 11/04/22 18:03	CO	Desktop)
Document	11/04/22 20:00	KC	(Rec: 11/04/22 21:21	KC	Desktop)
Document	11/04/22 22:00	KC	(Rec: 11/04/22 22:24	KC	Desktop)
Document	11/04/22 23:59	KC	(Rec: 11/05/22 04:10	KC	Desktop)
Document	11/05/22 02:00	KC	(Rec: 11/05/22 04:13	KC	Desktop)
Document	11/05/22 04:00	KC	(Rec: 11/05/22 05:49	KC	Desktop)
Document	11/05/22 06:00	KC	(Rec: 11/05/22 06:45	KC	Desktop)
Document	11/05/22 08:00	JM	(Rec: 11/05/22 10:54	JM	Desktop)
Document	11/05/22 10:00	JM	(Rec: 11/05/22 10:54	JM	Desktop)
Document	11/05/22 12:00	JM	(Rec: 11/05/22 12:22	JM	Desktop)
Document	11/05/22 14:00	JM	(Rec: 11/05/22 15:23	JM	Desktop)
Document	11/05/22 16:00	JM	(Rec: 11/05/22 16:14	JM	Desktop)
Document	11/05/22 18:00	JM	(Rec: 11/05/22 18:23	JM	Desktop)
Document	11/05/22 20:00	KC	(Rec: 11/05/22 22:19	KC	Desktop)
Document	11/05/22 22:00	KC	(Rec: 11/05/22 22:19	KC	Desktop)
Document	11/05/22 23:59	KC	(Rec: 11/06/22 00:50	KC	Desktop)
Document	11/06/22 02:00	KC	(Rec: 11/06/22 02:15	KC	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	11/06/22 04:00	KC	(Rec: 11/06/22 04:46	KC	Desktop)
Document	11/06/22 06:00	KC	(Rec: 11/06/22 07:11	KC	Desktop)
Document	11/06/22 08:00	JM	(Rec: 11/06/22 10:57	JM	Desktop)
Document	11/06/22 10:00	JM	(Rec: 11/06/22 10:57	JM	Desktop)
Document	11/06/22 12:00	JM	(Rec: 11/06/22 12:31	JM	Desktop)
Document	11/06/22 14:00	JM	(Rec: 11/06/22 15:09	JM	Desktop)
Document	11/06/22 16:00	JM	(Rec: 11/06/22 16:46	JM	Desktop)
Document	11/06/22 18:00	JM	(Rec: 11/06/22 18:23	JM	Desktop)
Document	11/06/22 20:00	KC	(Rec: 11/06/22 21:29	KC	Desktop)
Document	11/06/22 22:00	KC	(Rec: 11/06/22 22:51	KC	Desktop)
Document	11/06/22 23:59	KC	(Rec: 11/07/22 01:01	KC	Desktop)
Document	11/07/22 02:00	KC	(Rec: 11/07/22 02:45	KC	Desktop)
Document	11/07/22 04:00	KC	(Rec: 11/07/22 04:52	KC	Desktop)
Document	11/07/22 06:00	KC	(Rec: 11/07/22 06:13	KC	Desktop)
Document	11/07/22 08:00	RD	(Rec: 11/07/22 09:25	RD	Desktop)
Document	11/07/22 10:00	RD	(Rec: 11/07/22 10:34	RD	Desktop)
Document	11/07/22 12:00	RD	(Rec: 11/07/22 12:51	RD	Desktop)
Document	11/07/22 14:00	RD	(Rec: 11/07/22 15:24	RD	Desktop)
Document	11/07/22 16:00	RD	(Rec: 11/07/22 16:48	RD	Desktop)
Document	11/07/22 18:00	RD	(Rec: 11/07/22 18:28	RD	Desktop)
Document	11/07/22 20:00	CMS	(Rec: 11/07/22 20:04	CMS	Desktop)
Document	11/07/22 22:00	CMS	(Rec: 11/07/22 22:37	CMS	Desktop)
Document	11/07/22 23:59	CMS	(Rec: 11/08/22 00:39	CMS	Desktop)
Document	11/08/22 02:00	CMS	(Rec: 11/08/22 02:25	CMS	Desktop)
Document	11/08/22 04:00	CMS	(Rec: 11/08/22 04:12	CMS	Desktop)
Document	11/08/22 06:00	CMS	(Rec: 11/08/22 06:10	CMS	Desktop)
Document	11/08/22 08:00	JD	(Rec: 11/08/22 08:52	JD	Desktop)
Document	11/08/22 10:00	JD	(Rec: 11/08/22 11:10	JD	Desktop)
Document	11/08/22 12:00	JD	(Rec: 11/08/22 12:37	JD	Desktop)
Document	11/08/22 14:00	JD	(Rec: 11/08/22 14:33	JD	Desktop)
Document	11/08/22 16:00	JD	(Rec: 11/08/22 16:28	JD	Desktop)
Document	11/08/22 18:00	JD	(Rec: 11/08/22 18:14	JD	Desktop)
Document	11/08/22 20:00	CMS	(Rec: 11/08/22 20:14	CMS	Desktop)
Document	11/08/22 22:00	CMS	(Rec: 11/08/22 22:57	CMS	Desktop)
Document	11/08/22 23:59	CMS	(Rec: 11/09/22 00:16	CMS	Desktop)
Document	11/09/22 02:00	CMS	(Rec: 11/09/22 02:14	CMS	Desktop)
Document	11/09/22 04:00	CMS	(Rec: 11/09/22 04:11	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

Document	11/09/22 06:00	CMS	(Rec: 11/09/22 06:20	CMS	Desktop)
Document	11/09/22 08:00	JD	(Rec: 11/09/22 08:16	JD	Desktop)
Document	11/09/22 10:00	JD	(Rec: 11/09/22 10:20	JD	Desktop)
Document	11/09/22 12:00	JD	(Rec: 11/09/22 16:26	JD	Desktop)
Document	11/09/22 14:00	JD	(Rec: 11/09/22 16:26	JD	Desktop)
Document	11/09/22 16:00	JD	(Rec: 11/09/22 16:26	JD	Desktop)
Document	11/09/22 18:00	JD	(Rec: 11/09/22 18:11	JD	Desktop)
Document	11/09/22 20:00	MA	(Rec: 11/09/22 21:08	MA	Desktop)
Document	11/09/22 22:00	MA	(Rec: 11/09/22 22:37	MA	Desktop)
Document	11/09/22 23:59	MA	(Rec: 11/10/22 00:52	MA	Desktop)
Document	11/10/22 02:00	MA	(Rec: 11/10/22 02:06	MA	Desktop)
Document	11/10/22 04:00	MA	(Rec: 11/10/22 04:52	MA	Desktop)
Document	11/10/22 06:00	MA	(Rec: 11/10/22 06:14	MA	Desktop)
Document	11/10/22 08:00	MN	(Rec: 11/10/22 10:22	MN	Desktop)
Document	11/10/22 10:00	MN	(Rec: 11/10/22 10:22	MN	Desktop)
Document	11/10/22 12:00	MN	(Rec: 11/10/22 13:17	MN	Desktop)
Document	11/10/22 14:00	MN	(Rec: 11/10/22 15:35	MN	Desktop)
Document	11/10/22 16:00	MN	(Rec: 11/10/22 18:05	MN	Desktop)
Document	11/10/22 18:00	MN	(Rec: 11/10/22 18:05	MN	Desktop)
Document	11/10/22 20:00	AV	(Rec: 11/10/22 20:28	AV	Desktop)
Document	11/10/22 22:00	AV	(Rec: 11/10/22 22:06	AV	Desktop)
Document	11/10/22 23:59	AV	(Rec: 11/11/22 00:36	AV	Desktop)
Document	11/11/22 02:00	AV	(Rec: 11/11/22 02:14	AV	Desktop)
Document	11/11/22 04:00	AV	(Rec: 11/11/22 05:44	AV	Desktop)
Document	11/11/22 05:56	AV	(Rec: 11/11/22 05:56	AV	Desktop)
Document	11/11/22 08:00	MN	(Rec: 11/11/22 11:27	MN	Desktop)
Document	11/11/22 10:00	MN	(Rec: 11/11/22 11:27	MN	Desktop)
Document	11/11/22 12:00	MN	(Rec: 11/11/22 13:18	MN	Desktop)
Document	11/11/22 14:00	MN	(Rec: 11/11/22 14:24	MN	Desktop)
Document	11/11/22 16:00	MN	(Rec: 11/11/22 16:21	MN	Desktop)
Document	11/11/22 18:00	MN	(Rec: 11/11/22 19:32	MN	Desktop)
Document	11/11/22 20:00	CMS	(Rec: 11/11/22 20:27	CMS	Desktop)
Document	11/11/22 22:00	CMS	(Rec: 11/11/22 22:02	CMS	Desktop)
Document	11/11/22 23:59	CMS	(Rec: 11/12/22 00:10	CMS	Desktop)
Document	11/12/22 02:00	CMS	(Rec: 11/12/22 03:35	CMS	Desktop)
Document	11/12/22 04:00	CMS	(Rec: 11/12/22 04:08	CMS	Desktop)
Document	11/12/22 06:00	CMS	(Rec: 11/12/22 06:06	CMS	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	11/12/22 08:00	CO	(Rec: 11/12/22 08:19	CO	Desktop)
Document	11/12/22 10:00	CO	(Rec: 11/12/22 10:09	CO	Desktop)
Document	11/12/22 12:00	CO	(Rec: 11/12/22 12:18	CO	Desktop)
Document	11/12/22 14:00	CO	(Rec: 11/12/22 14:10	CO	Desktop)
Document	11/12/22 16:00	CO	(Rec: 11/12/22 16:23	CO	Desktop)
Document	11/12/22 18:00	CO	(Rec: 11/12/22 18:09	CO	Desktop)
Document	11/12/22 20:00	JAB	(Rec: 11/12/22 20:33	JAB	Desktop)
Document	11/12/22 22:00	JAB	(Rec: 11/12/22 22:22	JAB	Desktop)
Document	11/12/22 23:59	JAB	(Rec: 11/13/22 00:46	JAB	Desktop)
Document	11/13/22 01:06	JAB	(Rec: 11/13/22 01:06	JAB	Desktop)
Document	11/13/22 04:00	JAB	(Rec: 11/13/22 04:44	JAB	Desktop)
Document	11/13/22 06:00	JAB	(Rec: 11/13/22 06:34	JAB	Desktop)
Document	11/13/22 08:00	CO	(Rec: 11/13/22 08:27	CO	Desktop)
Document	11/13/22 10:00	CO	(Rec: 11/13/22 10:05	CO	Desktop)
Document	11/13/22 12:00	CO	(Rec: 11/13/22 12:20	CO	Desktop)
Document	11/13/22 14:00	CO	(Rec: 11/13/22 14:05	CO	Desktop)
Document	11/13/22 16:00	CO	(Rec: 11/13/22 16:19	CO	Desktop)
Document	11/13/22 18:00	CO	(Rec: 11/13/22 18:11	CO	Desktop)
Document	11/13/22 20:00	HL	(Rec: 11/13/22 20:31	HL	Desktop)
Document	11/13/22 22:00	HL	(Rec: 11/13/22 22:20	HL	Desktop)
Document	11/13/22 23:59	HL	(Rec: 11/14/22 01:08	HL	Desktop)
Document	11/14/22 02:00	HL	(Rec: 11/14/22 03:07	HL	Desktop)
Document	11/14/22 04:00	HL	(Rec: 11/14/22 04:27	HL	Desktop)
Document	11/14/22 06:00	HL	(Rec: 11/14/22 06:48	HL	Desktop)
Document	11/14/22 08:00	JM	(Rec: 11/14/22 11:40	JM	Desktop)
Document	11/14/22 10:00	JM	(Rec: 11/14/22 11:40	JM	Desktop)
Document	11/14/22 12:00	JM	(Rec: 11/14/22 12:48	JM	Desktop)
Document	11/14/22 14:00	JM	(Rec: 11/14/22 15:00	JM	Desktop)
Document	11/14/22 16:00	JM	(Rec: 11/14/22 16:26	JM	Desktop)
Document	11/14/22 18:00	JM	(Rec: 11/14/22 18:15	JM	Desktop)
Document	11/14/22 20:00	MA	(Rec: 11/14/22 21:10	MA	Desktop)
Document	11/14/22 22:00	MA	(Rec: 11/14/22 22:26	MA	Desktop)
Document	11/14/22 23:59	MA	(Rec: 11/15/22 00:43	MA	Desktop)
Document	11/15/22 02:00	MA	(Rec: 11/15/22 02:33	MA	Desktop)
Document	11/15/22 04:00	MA	(Rec: 11/15/22 04:51	MA	Desktop)
Document	11/15/22 06:00	MA	(Rec: 11/15/22 06:28	MA	Desktop)
Document	11/15/22 08:00	RD	(Rec: 11/15/22 10:40	RD	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	11/15/22 10:00	RD	(Rec: 11/15/22 10:43	RD	Desktop)
Document	11/15/22 12:00	RD	(Rec: 11/15/22 12:54	RD	Desktop)
Document	11/15/22 14:00	RD	(Rec: 11/15/22 14:57	RD	Desktop)
Document	11/15/22 16:00	RD	(Rec: 11/15/22 16:33	RD	Desktop)
Document	11/15/22 18:00	RD	(Rec: 11/15/22 18:39	RD	Desktop)
Document	11/15/22 20:00	KC	(Rec: 11/15/22 21:40	KC	Desktop)
Document	11/15/22 22:00	KC	(Rec: 11/15/22 22:27	KC	Desktop)
Document	11/15/22 23:59	KC	(Rec: 11/16/22 01:25	KC	Desktop)
Document	11/16/22 02:00	KC	(Rec: 11/16/22 03:13	KC	Desktop)
Document	11/16/22 04:00	KC	(Rec: 11/16/22 04:44	KC	Desktop)
Document	11/16/22 06:00	KC	(Rec: 11/16/22 06:56	KC	Desktop)
Document	11/16/22 08:00	JM	(Rec: 11/16/22 09:13	JM	Desktop)
Document	11/16/22 10:00	JM	(Rec: 11/16/22 11:32	JM	Desktop)
Document	11/16/22 12:00	JM	(Rec: 11/16/22 12:36	JM	Desktop)
Document	11/16/22 14:00	JM	(Rec: 11/16/22 14:36	JM	Desktop)
Document	11/16/22 16:00	JM	(Rec: 11/16/22 16:36	JM	Desktop)
Document	11/16/22 18:00	JM	(Rec: 11/16/22 18:13	JM	Desktop)
Document	11/16/22 20:00	CMS	(Rec: 11/16/22 20:04	CMS	Desktop)
Document	11/16/22 22:00	CMS	(Rec: 11/16/22 22:15	CMS	Desktop)
Document	11/16/22 23:59	CMS	(Rec: 11/17/22 00:15	CMS	Desktop)
Document	11/17/22 02:00	CMS	(Rec: 11/17/22 02:28	CMS	Desktop)
Document	11/17/22 04:00	CMS	(Rec: 11/17/22 04:00	CMS	Desktop)
Document	11/17/22 06:00	CMS	(Rec: 11/17/22 06:22	CMS	Desktop)
Document	11/17/22 08:00	JMV	(Rec: 11/17/22 11:39	JMV	Desktop)
Document	11/17/22 10:00	JMV	(Rec: 11/17/22 11:46	JMV	Desktop)
Document	11/17/22 12:00	JMV	(Rec: 11/17/22 12:08	JMV	Desktop)
Document	11/17/22 14:00	JMV	(Rec: 11/17/22 16:00	JMV	Desktop)
Document	11/17/22 16:00	JMV	(Rec: 11/17/22 16:03	JMV	Desktop)
Document	11/17/22 18:00	JMV	(Rec: 11/17/22 18:38	JMV	Desktop)
Document	11/17/22 20:00	CMS	(Rec: 11/17/22 22:18	CMS	Desktop)
Document	11/17/22 22:00	CMS	(Rec: 11/17/22 22:35	CMS	Desktop)
Document	11/17/22 23:59	CMS	(Rec: 11/18/22 01:18	CMS	Desktop)
Document	11/18/22 02:00	CMS	(Rec: 11/18/22 02:14	CMS	Desktop)
Document	11/18/22 04:00	CMS	(Rec: 11/18/22 04:22	CMS	Desktop)
Document	11/18/22 06:00	CMS	(Rec: 11/18/22 06:24	CMS	Desktop)
Document	11/18/22 08:00	MT	(Rec: 11/18/22 09:25	MT	Desktop)
Document	11/18/22 10:00	MT	(Rec: 11/18/22 11:13	MT	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	11/18/22 12:00	JMV	(Rec: 11/18/22 13:02	JMV	Desktop)
Document	11/18/22 14:00	JMV	(Rec: 11/18/22 14:59	JMV	Desktop)
Document	11/18/22 16:00	JMV	(Rec: 11/18/22 16:55	JMV	Desktop)
Document	11/18/22 18:00	JMV	(Rec: 11/18/22 18:03	JMV	Desktop)
Document	11/18/22 20:00	KC	(Rec: 11/18/22 22:51	KC	Desktop)
Document	11/18/22 22:00	KC	(Rec: 11/18/22 22:51	KC	Desktop)
Document	11/18/22 23:59	KC	(Rec: 11/19/22 01:22	KC	Desktop)
Document	11/19/22 02:00	KC	(Rec: 11/19/22 04:39	KC	Desktop)
Document	11/19/22 04:00	KC	(Rec: 11/19/22 04:39	KC	Desktop)
Document	11/19/22 06:00	KC	(Rec: 11/19/22 07:24	KC	QICUK103)
Document	11/19/22 10:00	RD	(Rec: 11/19/22 10:45	RD	Desktop)
Document	11/19/22 12:00	RD	(Rec: 11/19/22 13:40	RD	Desktop)
Document	11/19/22 14:00	RD	(Rec: 11/19/22 16:30	RD	Desktop)
Document	11/19/22 16:00	RD	(Rec: 11/19/22 18:06	RD	Desktop)
Document	11/19/22 18:00	RD	(Rec: 11/19/22 18:59	RD	Desktop)
Document	11/19/22 20:00	KC	(Rec: 11/19/22 21:37	KC	Desktop)
Document	11/19/22 22:00	KC	(Rec: 11/19/22 22:56	KC	Desktop)
Document	11/19/22 23:59	KC	(Rec: 11/20/22 02:31	KC	Desktop)
Document	11/20/22 02:00	KC	(Rec: 11/20/22 02:31	KC	Desktop)
Document	11/20/22 04:00	KC	(Rec: 11/20/22 04:47	KC	Desktop)
Document	11/20/22 06:00	KC	(Rec: 11/20/22 06:50	KC	Desktop)
Document	11/20/22 08:00	JMV	(Rec: 11/20/22 09:10	JMV	Desktop)
Document	11/20/22 10:00	JMV	(Rec: 11/20/22 10:30	JMV	Desktop)
Document	11/20/22 12:00	JMV	(Rec: 11/20/22 12:16	JMV	Desktop)
Document	11/20/22 14:00	JMV	(Rec: 11/20/22 14:07	JMV	Desktop)
Document	11/20/22 16:00	JMV	(Rec: 11/20/22 16:35	JMV	Desktop)
Document	11/20/22 18:00	JMV	(Rec: 11/20/22 18:20	JMV	Desktop)
Document	11/20/22 20:00	KC	(Rec: 11/20/22 21:19	KC	Desktop)
Document	11/20/22 22:00	KC	(Rec: 11/20/22 23:39	KC	Desktop)
Document	11/20/22 23:59	KC	(Rec: 11/21/22 01:09	KC	Desktop)
Document	11/21/22 02:00	KC	(Rec: 11/21/22 03:48	KC	Desktop)
Document	11/21/22 04:00	KC	(Rec: 11/21/22 04:25	KC	Desktop)
Document	11/21/22 06:00	KC	(Rec: 11/21/22 07:11	KC	Desktop)
Document	11/21/22 08:00	JMV	(Rec: 11/21/22 09:56	JMV	Desktop)
Document	11/21/22 10:00	JMV	(Rec: 11/21/22 10:05	JMV	Desktop)
Document	11/21/22 12:00	JMV	(Rec: 11/21/22 12:24	JMV	Desktop)
Document	11/21/22 14:00	JMV	(Rec: 11/21/22 14:17	JMV	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	11/21/22 16:00	JMV	(Rec: 11/21/22 16:14	JMV	Desktop)
Document	11/21/22 18:00	JMV	(Rec: 11/21/22 18:24	JMV	Desktop)
Document	11/21/22 20:00	KC	(Rec: 11/21/22 21:15	KC	Desktop)
Document	11/21/22 22:00	KC	(Rec: 11/21/22 22:23	KC	Desktop)
Document	11/21/22 23:59	KC	(Rec: 11/22/22 00:31	KC	Desktop)
Document	11/22/22 02:00	KC	(Rec: 11/22/22 02:19	KC	Desktop)
Document	11/22/22 04:00	KC	(Rec: 11/22/22 05:17	KC	Desktop)
Document	11/22/22 06:00	KC	(Rec: 11/22/22 07:00	KC	Desktop)
Document	11/22/22 08:00	JR	(Rec: 11/22/22 09:26	JR	Desktop)
Document	11/22/22 10:00	REG	(Rec: 11/22/22 10:55	REG	Desktop)
Document	11/22/22 12:00	REG	(Rec: 11/22/22 12:41	REG	Desktop)
Document	11/22/22 14:00	REG	(Rec: 11/22/22 14:37	REG	Desktop)
Document	11/22/22 16:00	REG	(Rec: 11/22/22 16:13	REG	Desktop)
Document	11/22/22 18:00	REG	(Rec: 11/22/22 18:18	REG	Desktop)
Document	11/22/22 20:00	JAB	(Rec: 11/22/22 22:56	JAB	Desktop)
Document	11/22/22 22:00	JAB	(Rec: 11/22/22 22:56	JAB	Desktop)
Document	11/22/22 23:59	JAB	(Rec: 11/23/22 01:21	JAB	Desktop)
Document	11/23/22 02:00	JAB	(Rec: 11/23/22 06:53	JAB	Desktop)
Document	11/23/22 04:00	JAB	(Rec: 11/23/22 06:53	JAB	Desktop)
Document	11/23/22 06:00	JAB	(Rec: 11/23/22 06:53	JAB	Desktop)
Document	11/23/22 10:00	JR	(Rec: 11/23/22 10:16	JR	Desktop)
Document	11/23/22 12:00	JR	(Rec: 11/23/22 12:26	JR	Desktop)
Document	11/23/22 14:00	JR	(Rec: 11/23/22 14:35	JR	Desktop)
Document	11/23/22 16:00	JR	(Rec: 11/23/22 16:35	JR	Desktop)
Document	11/23/22 18:00	JR	(Rec: 11/23/22 18:35	JR	Desktop)
Document	11/23/22 20:00	JAB	(Rec: 11/24/22 01:27	JAB	Desktop)
Document	11/23/22 22:00	JAB	(Rec: 11/24/22 01:27	JAB	Desktop)
Document	11/23/22 23:59	JAB	(Rec: 11/24/22 01:27	JAB	Desktop)
Document	11/24/22 02:00	JAB	(Rec: 11/24/22 02:27	JAB	Desktop)
Document	11/24/22 04:00	JAB	(Rec: 11/24/22 04:08	JAB	Desktop)
Document	11/24/22 05:20	JAB	(Rec: 11/24/22 05:20	JAB	Desktop)
Document	11/24/22 08:00	MT	(Rec: 11/24/22 09:24	MT	Desktop)
Document	11/24/22 10:00	MT	(Rec: 11/24/22 12:06	MT	Desktop)
Document	11/24/22 12:00	MT	(Rec: 11/24/22 12:26	MT	Desktop)
Document	11/24/22 14:00	MT	(Rec: 11/24/22 15:18	MT	Desktop)
Document	11/24/22 16:00	MT	(Rec: 11/24/22 16:43	MT	Desktop)
Document	11/24/22 18:00	MT	(Rec: 11/24/22 18:46	MT	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	11/24/22 20:00	LO	(Rec: 11/24/22 22:53	LO	Desktop)
Document	11/24/22 22:00	LO	(Rec: 11/25/22 01:31	LO	Desktop)
Document	11/24/22 23:59	LO	(Rec: 11/25/22 01:31	LO	Desktop)
Document	11/25/22 02:00	LO	(Rec: 11/25/22 06:22	LO	Desktop)
Document	11/25/22 04:00	LO	(Rec: 11/25/22 06:22	LO	Desktop)
Document	11/25/22 06:00	LO	(Rec: 11/25/22 06:22	LO	Desktop)
Document	11/25/22 08:00	SAV	(Rec: 11/25/22 17:51	SAV	Desktop)
Document	11/25/22 10:00	SAV	(Rec: 11/25/22 17:51	SAV	Desktop)
Document	11/25/22 12:00	SAV	(Rec: 11/25/22 17:51	SAV	Desktop)
Document	11/25/22 14:00	SAV	(Rec: 11/25/22 17:51	SAV	Desktop)
Document	11/25/22 16:00	SAV	(Rec: 11/25/22 17:51	SAV	Desktop)
Document	11/25/22 18:00	SAV	(Rec: 11/25/22 18:59	SAV	Desktop)
Document	11/25/22 20:00	LO	(Rec: 11/25/22 20:52	LO	Desktop)
Document	11/25/22 22:00	LO	(Rec: 11/25/22 22:18	LO	Desktop)
Document	11/25/22 23:59	LO	(Rec: 11/26/22 00:36	LO	Desktop)
Document	11/26/22 02:00	LO	(Rec: 11/26/22 03:09	LO	Desktop)
Document	11/26/22 04:00	LO	(Rec: 11/26/22 06:48	LO	Desktop)
Document	11/26/22 06:00	LO	(Rec: 11/26/22 06:48	LO	Desktop)
Document	11/26/22 08:00	LH	(Rec: 11/26/22 09:27	LH	Phone)
Document	11/26/22 10:00	LH	(Rec: 11/26/22 10:26	LH	Phone)
Document	11/26/22 12:00	LH	(Rec: 11/26/22 14:03	LH	Phone)
Document	11/26/22 14:00	LH	(Rec: 11/26/22 14:03	LH	Phone)
Document	11/26/22 16:00	LH	(Rec: 11/26/22 16:07	LH	Phone)
Document	11/26/22 18:00	LH	(Rec: 11/26/22 18:02	LH	Phone)
Document	11/26/22 20:00	LO	(Rec: 11/26/22 20:41	LO	Desktop)
Document	11/26/22 22:00	LO	(Rec: 11/26/22 22:42	LO	Desktop)
Document	11/26/22 23:59	LO	(Rec: 11/27/22 03:19	LO	Desktop)
Document	11/27/22 02:00	LO	(Rec: 11/27/22 03:19	LO	Desktop)
Document	11/27/22 04:00	LO	(Rec: 11/27/22 04:57	LO	Desktop)
Document	11/27/22 06:00	LO	(Rec: 11/27/22 07:23	LO	Desktop)
Document	11/27/22 08:00	LH	(Rec: 11/27/22 11:29	LH	Phone)
Document	11/27/22 10:00	LH	(Rec: 11/27/22 11:29	LH	Phone)
Document	11/27/22 12:00	LH	(Rec: 11/27/22 14:14	LH	Phone)
Document	11/27/22 14:00	LH	(Rec: 11/27/22 14:14	LH	Phone)
Document	11/27/22 16:00	LH	(Rec: 11/27/22 17:02	LH	Phone)
Document	11/27/22 18:00	LH	(Rec: 11/27/22 18:36	LH	Phone)
Document	11/27/22 20:00	JAB	(Rec: 11/27/22 20:39	JAB	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	11/27/22 23:00	JAB	(Rec: 11/28/22 02:41	JAB	Desktop)
Document	11/27/22 23:59	JAB	(Rec: 11/28/22 02:41	JAB	Desktop)
Document	11/28/22 02:00	JAB	(Rec: 11/28/22 02:41	JAB	Desktop)
Document	11/28/22 04:00	JAB	(Rec: 11/28/22 04:52	JAB	Desktop)
Document	11/28/22 06:00	JAB	(Rec: 11/28/22 06:24	JAB	Desktop)
Document	11/28/22 08:00	UG	(Rec: 11/28/22 16:34	UG	Desktop)
Document	11/28/22 10:00	UG	(Rec: 11/28/22 16:34	UG	Desktop)
Document	11/28/22 12:00	UG	(Rec: 11/28/22 16:34	UG	Desktop)
Document	11/28/22 14:00	UG	(Rec: 11/28/22 16:34	UG	Desktop)
Document	11/28/22 16:00	UG	(Rec: 11/28/22 16:34	UG	Desktop)
Document	11/28/22 18:00	UG	(Rec: 11/28/22 18:25	UG	Desktop)
Document	11/28/22 20:00	XD	(Rec: 11/28/22 21:02	XD	Desktop)
Document	11/28/22 22:00	XD	(Rec: 11/28/22 22:25	XD	Desktop)
Document	11/28/22 23:59	XD	(Rec: 11/29/22 01:21	XD	Desktop)
Document	11/29/22 02:00	XD	(Rec: 11/29/22 02:43	XD	Desktop)
Document	11/29/22 04:00	XD	(Rec: 11/29/22 05:04	XD	Desktop)
Document	11/29/22 06:00	XD	(Rec: 11/29/22 06:42	XD	Desktop)
Document	11/29/22 08:00	UG	(Rec: 11/29/22 09:56	UG	Desktop)
Document	11/29/22 10:00	UG	(Rec: 11/29/22 15:53	UG	Desktop)
Document	11/29/22 12:00	UG	(Rec: 11/29/22 15:53	UG	Desktop)
Document	11/29/22 14:00	UG	(Rec: 11/29/22 15:53	UG	Desktop)
Document	11/29/22 16:00	UG	(Rec: 11/29/22 17:15	UG	Desktop)
Document	11/29/22 18:00	UG	(Rec: 11/29/22 18:44	UG	Desktop)
Document	11/29/22 20:00	XD	(Rec: 11/29/22 20:13	XD	Desktop)
Document	11/29/22 22:00	XD	(Rec: 11/30/22 00:40	XD	Desktop)
Document	11/29/22 23:59	XD	(Rec: 11/30/22 00:40	XD	Desktop)
Document	11/30/22 02:00	XD	(Rec: 11/30/22 05:06	XD	Desktop)
Document	11/30/22 04:00	XD	(Rec: 11/30/22 05:06	XD	Desktop)
Document	11/30/22 06:00	XD	(Rec: 11/30/22 06:06	XD	Desktop)
Document	11/30/22 08:00	JM	(Rec: 11/30/22 09:45	JM	Desktop)
Document	11/30/22 10:00	JM	(Rec: 11/30/22 11:06	JM	Desktop)
Document	11/30/22 12:00	JM	(Rec: 11/30/22 12:09	JM	Desktop)
Document	11/30/22 14:00	JM	(Rec: 11/30/22 14:52	JM	Desktop)
Document	11/30/22 16:00	JM	(Rec: 11/30/22 16:06	JM	Desktop)
Document	11/30/22 18:00	JM	(Rec: 11/30/22 18:03	JM	Desktop)
Document	11/30/22 20:00	HL	(Rec: 12/01/22 00:00	HL	Desktop)
Document	11/30/22 22:00	HL	(Rec: 12/01/22 00:00	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

Document	11/30/22 23:59	HL	(Rec: 12/01/22 01:01	HL	Desktop)	
Document	12/01/22 02:00	HL	(Rec: 12/01/22 04:31	HL	Desktop)	
Document	12/01/22 04:00	HL	(Rec: 12/01/22 04:42	HL	Desktop)	
Document	12/01/22 06:00	HL	(Rec: 12/01/22 06:50	HL	Desktop)	
Document	12/01/22 08:00	JR	(Rec: 12/01/22 09:49	JR	Desktop)	
Document	12/01/22 10:00	JR	(Rec: 12/01/22 10:26	JR	Desktop)	
Document	12/01/22 12:00	JR	(Rec: 12/01/22 12:23	JR	Desktop)	
Document	12/01/22 14:00	JR	(Rec: 12/01/22 14:17	JR	Desktop)	
Document	12/01/22 16:00	JR	(Rec: 12/01/22 16:36	JR	Desktop)	
Document	12/01/22 18:00	JR	(Rec: 12/01/22 18:08	JR	Desktop)	
Document	12/01/22 20:00	HL	(Rec: 12/01/22 20:34	HL	Desktop)	
Document	12/01/22 22:00	HL	(Rec: 12/01/22 22:19	HL	Desktop)	
Document	12/01/22 23:59	HL	(Rec: 12/02/22 00:22	HL	Desktop)	
Document	12/02/22 02:00	HL	(Rec: 12/02/22 02:57	HL	Desktop)	
Document	12/02/22 04:00	HL	(Rec: 12/02/22 04:57	HL	Desktop)	

Provider Notification

Freq: PER POLICY

Protocol: APS.CV

Document 10/26/22 21:45 XD (Rec: 10/27/22 00:28 XD Desktop)

Reason For Notification

Critical Results

Results Received

Time Results Received

Lab Results Repeated Back

Provider Notification

Provider Name

Time Provider Notified

Number of Attempts to Reach Provider

New Orders Received

Provider Not Notified

Comment

Comment

Start: 10/26/22 21:20
 Status: Discharge
 CT Scan
 21:45
 CT TECH CALLED TO UPDATE MD ON CT SCAN RESULTS
 Ye,Donald
 21:45
 1
 No
 Provider Already Aware, Patient has Condition with Expected Result
 MD WAS BED SIDE WHEN CALLED AND NOTIFIED TO READ RESULTS. I PRESENTED THE CT RESULTS VIA PC MONITOR. MD READ

Lyons, Kathleen A

Facility: Queen of the Valley 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 23:30 XD (Rec: 10/27/22 00:21 XD Desktop)

THE RESULTS, NO ORDERS AT THIS TIME.

Provider Notification

Provider Name

Time Provider Notified

Number of Attempts to Reach Provider

New Orders Received

Provider Not Notified

Comment

Comment

Ye,Donald
 23:30
 1
 Yes
 Provider Already Aware, Patient Being Treated

MD CALLED AND UPDATED ON PT CONDITION OF WITHDRAWAL TO PAIN TO ALL EXTREMITES WITH SLIGHT POSTURING MOVEMENT. EVD LEVELED TO TRAGUS AND 0 CM H2O WITH CSF DRAINING OF 4-12ML OER HOUR, PINK TINGED AND ICP RANGING 3-9. RIGHT PUPIL 2MM BRINK WITH DOWNWARD GAZED REACTION TO THREAT AND LEFT EYE SLUGISH 5-6MM WITH NO REACTION TO THREAT. PT NOT FOLLOWING COMMANDS, BREATHING ABOVE THE VENTAT 21 BREATHED PER MINUTE NON LABORED. SBP NOT CONTROLLED ON MAX CARBENE PLUS PRN CLONIDINE GIVEN.
 NEW ORDERS OF LABETALOL 10 MG IV PUSH Q4H ORN FOR SBP >140. TO CONTINUE TO MONITOR CLOSELY AND OBTAIN CT SCAN IN THE MORNING. DECLINED TO PLACE PT ON STROKE PROTOCOL AT THIS TIME.

Document 10/27/22 02:09 XD (Rec: 10/27/22 02:10 XD Desktop)

Provider Notification

Reason For Notification

Critical Results

Provider Notification

Time Provider Paged

Provider Name

Other
 01:30
 Onyekwulije, Anne N

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

Time Provider Notified 01:30
 Number of Attempts to Reach Provider 1
 New Orders Received Yes

Comment
 ntimodipine 60 MG OGT Q4H SCHEDULED

Document 10/27/22 05:03 XD (Rec: 10/27/22 05:04 XD Desktop)

Provider Notification

Time Provider Paged 05:03
 Provider Name Onyekwulujie, Anne N
 Time Provider Notified 05:00

Number of Attempts to Reach Provider 1
 New Orders Received No

Comment
 MD STATED THAT SHE WILL PLACE MORE ORDERS FOR BLOOD PRESSURE CONTROL <140

Document 10/27/22 05:40 HM (Rec: 10/27/22 05:57 HM Desktop)

Provider Notification

Reason For Notification Blood Sugar
 Critical Results 05:24
 Results Received Yes

Time Results Received
 Lab Results Repeated Back

Provider Notification

Provider Paged Yes
 Time Provider Paged 05:37
 Provider Name Onyekwulujie, Anne N
 Time Provider Notified 05:40

Number of Attempts to Reach Provider 1
 New Orders Received Yes

Comment
 INFORMED MD BMP GLUCOSE 518, BEDSIDE ACCUCHECK 468, SLIDING SCALE > 400 NOTIFY MD, PER MD OK TO GIVE 10U REGULAR INSULIN

Document 11/24/22 07:40 MT (Rec: 11/24/22 17:19 MT Desktop)
 Provider Notification

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Reason For Notification
 Critical Results
 Results Received
 Time Results Received 07:40
 Lab Results Repeated Back Yes
 Provider Notification
 Provider Paged Yes
 Time Provider Paged 08:35
 Provider Name Geula, Arsalan
 Time Provider Notified 08:40
 Number of Attempts to Reach Provider 1
 New Orders Received Yes
 Provider Not Notified
 Provider Already Aware, Patient Being Treated, Patient has Condition with Expected Result

Document 11/28/22 19:34 UG (Rec: 11/28/22 19:37 UG Desktop)
 Provider Notification
 Reason For Notification
 Critical Results
 Results Received
 Time Results Received 19:07
 Lab Results Repeated Back Yes
 Provider Notification
 Provider Paged
 Provider Not Notified
 No: BEDSIDE BG 286 MG/DL
 Improved Result, Nurse Supervisor Notified

BEDSIDE BG 286 MG/DL, BLOOD WAS DRAWN FROM PICCLINE, BEFORE INSULIN ADMINISTRATION

Document 11/29/22 01:14 XD (Rec: 11/29/22 01:15 XD Desktop)
 Provider Notification
 Reason For Notification
 Critical Results
 Results Received
 Time Results Received 23:54
 Provider Notification
 Labs

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Provider Paged	Yes
Time Provider Paged	00:00
Provider Name	Gallego, Claudio H
Number of Attempts to Reach Provider	2
New Orders Received	No
Comment	no call back
Document 11/29/22 01:15 XD (Rec: 11/29/22 01:16 XD Desktop)	
Provider Notification	
Reason For Notification	Labs
Critical Results	
Results Received	23:54
Time Results Received	
Provider Notification	
Provider Paged	Yes
Time Provider Paged	01:00
Provider Name	Oyeyekwu, Anne N
Time Provider Notified	01:16
Number of Attempts to Reach Provider	1
New Orders Received	No
Provider Not Notified	Patient Being Treated
Comment	
Document 11/29/22 07:29 UG (Rec: 11/29/22 07:30 UG Desktop)	
Provider Notification	no new orders at this time.
Reason For Notification	
Critical Results	Labs
Results Received	
Time Results Received	07:16
Provider Notification	
Provider Paged	Yes
Time Provider Paged	07:35
Provider Name	DR. GILLEG
Time Provider Notified	07:55
Number of Attempts to Reach Provider	1
New Orders Received	Yes
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

Comment

Document 11/29/22 18:00 UG (Rec: 11/29/22 18:41 UG Desktop)

Provider Notification

Reason For Notification

Critical Results

Other Tests

Results Received

Time Results Received

Provider Notification

Provider Paged

Time Provider Paged

Provider Name

Time Provider Notified

Number of Attempts to Reach Provider

New Orders Received

Provider Not Notified

Comment

Comment

Document 11/29/22 18:51 UG (Rec: 11/29/22 18:55 UG Desktop)

Provider Notification

Reason For Notification

Critical Results

Results Received

Time Results Received

Lab Results Repeated Back

Provider Notification

Provider Paged

Time Provider Paged

Provider Name

Number of Attempts to Reach Provider

New Orders Received

Provider Not Notified

Comment

Comment

ORDERS CARRIED

Blood Sugar
 BEDSIDE BLOOD SUGAR

17:35

Yes

17:45

Geula, Arsalan

18:11

1

Yes

Patient Being Treated

NEW ORDERS RECEIVED TO HOLD NPH
 INSULIN WHEN TUBE FEED IS ON HOLD,
 DECREASED THE DOSE OF NPH INSULIN

Labs

16:45

Yes

Yes

17:05

Geula, Arsalan

2

No

Patient Being Treated

PAGED ONCALL DR. MOGUDHAM, TWICE, CALL
 AWAITING

Lyons, Kathleen A

Facility: Queen of the Valley 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 BEING TREATED WITH FREE WATER
 FLUSH, DESMOPRESSIN IVP

Document 11/29/22 19:39 XD (Rec: 11/29/22 19:41 XD Desktop)

Provider Notification

Provider Notification

Provider Name

Time Provider Notified

Number of Attempts to Reach Provider

New Orders Received

Comment

Comment

Document 11/30/22 07:45 JM (Rec: 11/30/22 07:48 JM Desktop)

Provider Notification

Reason For Notification

Critical Results

Results Received

Time Results Received

Lab Results Repeated Back

Provider Notification

Provider Paged

Time Provider Paged

Provider Name

Number of Attempts to Reach Provider

New Orders Received

Comment

Comment

Document 11/30/22 08:25 JM (Rec: 11/30/22 08:29 JM Desktop)

Provider Notification

Reason For Notification

Critical Results

Results Received

Time Results Received

Lab Results Repeated Back

Provider Notification

Provider Paged

Provider Name

Time Provider Notified

Awaiting MD to call back

FREE WATER FLUSHES 250 q4H

Labs

07:30

Yes

07:45

Moghadam,Mojtaba

1

No

Labs

07:30

Yes

No: MD is here

Lau, Tsang

08:25

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Attempts to Reach Provider
 New Orders Received

1
 No

Comment

No new order made. MD states serum sodium has been elevated, will wait what the nephrologist will say.

Document 11/30/22 14:57 JM (Rec: 11/30/22 14:58 JM Desktop)

Provider Notification
 Reason For Notification
 Critical Results
 Results Received

Labs

Time Results Received
 Lab Results Repeated Back
 Provider Notification

14:56
 Yes

Provider Paged
 New Orders Received
 Provider Not Notified

No
 No
 Patient Being Treated, Patient has Condition with Expected Result

RCD Ventilator Flow Sheet

Start: 10/26/22 20:36
 Status: Discharge

Protocol:

Document 10/26/22 20:22 SZC (Rec: 10/26/22 20:39 SZC Desktop)

Intubation

Intubation

ETT Inserted By

DR. CHAO, FU

Endotracheal Tube Insertion Site

Oral Endotracheal

ETT Insertion Date

10/26/22

ETT Insertion Time

16:30

Confirm Placement

Auscultation Bilateral Breath Sounds,

ETT/TRACH Tube Size (mm)

7.5

ETT at Lip (cm)

21

ETT Position at Lip

Right

Section 1

Equipment ID

Equipment ID Number

840

Vent Checks

Lyons, Kathleen A

Facility: Queen of the Valley 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 Checks

In-Line Catheter Changed, HME Changed,
 Ambu Bag/Mask at Bedside

Vent Usage Type

Initial Vent

Red Outlet (QVH Only)

Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode

VC+

Resp. Rate Setting (10-24 breaths/min)

16

Tidal Volume Setting (100-1000 ml)

500

PIO2 (%)

100

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

100

Pulse Rate (60-100 beats/min)

79

Blood Pressure (90/60-120/80 mmHg)

150/65 H

Respiratory Rate (12-20 breaths/min)

16

Exhaled Tidal Volume (ml)

478

Minute Ventilation (L/min)

7.8

PIP (cmH2O)

24

MAP (cmH2O)

11

I-Time (seconds)

1.0

Query Text: Range: 0.002-0.50

I:E Ratio

1:2.8

Alarm Settings

Alarms Verified

Yes

Alarm Set to Maximum

Yes

Apnea Settings Verified

Yes

Auscultation

Throughout

Clear

Breath Sounds

Clear

Sputum

Sputum Amount

Small

Sputum Color

White, Cream

Tolerance & Complications

Patient Tolerance of Vent

Tolerating Well

Action Taken

Airway Suctioned, HOB > 30 Degrees

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 10/26/22 21:25 SZC (Rec: 10/26/22 21:30 SZC Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ETT/TRACH Tube Size (mm)

ETT at Lip (cm)

ETT Position at Lip

Oral Endotracheal

7.5

21

Right

Section 1

Equipment ID

Equipment ID Number

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

VC+

16

500

50

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

I-Time (seconds)

Query Text:Range: 0.002-0.50

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

1:1.4

Yes

Yes

Yes

Tolerating Well

HOB > 30 Degrees

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 10/27/22 00:30 SZC (Rec: 10/27/22 00:43 SZC Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ETT/TRACH Tube Size (mm)

ETT at Lip (cm)

ETT Position at Lip

Oral Endotracheal

7.5

21

Center

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

840

VC+

16

500

50

5

100

101 H

151/58 H

23 H

536

12.5

12

8

1.0

1:1.5

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Yes

Yes

Yes

Yes

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

Auscultation			
Throughout			Inspiratory Crackles
Breath Sounds			
Sputum			Small
Sputum Amount			Clear, White
Sputum Color			
Tolerance & Complications			Tolerating Well
Patient Tolerance of Vent			Airway Suctioned, Oral Care Done, HOB >
Action Taken			30 Degrees
Document	10/27/22 02:00	SZC	(Rec: 10/27/22 02:12 SZC Desktop)
Intubation			
Intubation			Oral Endotracheal
Endotracheal Tube Insertion Site			7.5
ETT/TRACH Tube Size (mm)			21
ETT at Lip (cm)			Center
ETT Position at Lip			
Section 1			
Equipment ID		840	
Equipment ID Number			
Vent Checks			Ambu Bag/Mask at Bedside
Ventilator Checks			Yes
Red Outlet (QVH Only)			
Ventilator Settings			
Vent Settings			VC+
Ventilator Support Mode			16
Resp. Rate Setting (10-24 breaths/min)			500
Tidal Volume Setting (100-1000 ml)			40
FIO2 (%)			5
PEEP (3-10 cm H2O)			
Assessments			
Measured Patient Data			100
Pulse Oximetry (92-100 %)			103 H
Pulse Rate (60-100 beats/min)			146/53 H
Blood Pressure (90/60-120/80 mmHg)			21 H
Respiratory Rate (12-20 breaths/min)			560
Expired Tidal Volume (ml)			

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

Minute Ventilation (L/min)	11.7
PIP (cmH2O)	11
MAP (cmH2O)	8
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:19
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document 10/27/22 03:52 SZC (Rec: 10/27/22 04:07 SZC Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FTO2 (%)	40
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	112 H

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Blood Pressure (90/60-120/80 mmHg)	145/44 H
Respiratory Rate (12-20 breaths/min)	23 H
Exhaled Tidal Volume (ml)	610
Minute Ventilation (L/min)	12.5
PIP (cmH2O)	12
MAP (cmH2O)	9
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:1.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Inspiratory Crackles
Sputum	
Sputum Amount	Small
Sputum Color	Pink Tinged
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Always Suctioned,HOB > 30 Degrees
Document 10/27/22 05:40 GS (Rec: 10/27/22 06:23 GS Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	40
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	109 H
Blood Pressure (90/60-120/80 mmHg)	148/41 H
Respiratory Rate (12-20 breaths/min)	25 H
Exhaled Tidal Volume (ml)	508
Minute Ventilation (L/min)	11.8
PIP (cmH2O)	22
Plateau Pressure (cm H2O2)	21
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:1.9

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

Sputum

Sputum Amount

Sputum Color

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Inspiratory Crackles	
Scant	
Clear, White	
Tolerating Well	
Patient Medicated for Anxiety, Water in Tubing Emptied	

10/27/22 06:20 Respiratory Note by Salagan, George

Pt was transported to CTScan at 0555 and placed back on vent on same settings after 30mins stdby at CTScan and no complicated noted.

Initialized on 10/27/22 06:20 - END OF 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

Document 10/27/22 09:17 MC (Rec: 10/27/22 09:32 MC Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

ETT at Lip (cm)

ETT Position at Lip

Oral Endotracheal
 7.5
 21
 Left

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Vent Usage Type

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

I-Time (seconds)

Query Text:Range: 0.002-0.50

I:E Ratio

VC+ 100
 16 107 H
 500 138/51 H
 40 22 H
 5 519
 12.1
 11
 8
 1.0
 I:E Ratio 1:1.7

Ambu Bag/Mask at Bedside
 SUBVENT
 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

Alarm Settings	
Alarms Verified	Yes
Apnea Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Thoroughout	
Breath Sounds	Inspiratory Crackles
Sputum	
Sputum Amount	Scant
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document	10/27/22 11:06 MC (Rec: 10/27/22 11:11 MC Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FTO2 (%)	40
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	122 H

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Blood Pressure (90/60-120/80 mmHg)	148/43 H
Respiratory Rate (12-20 breaths/min)	25 H
Exhaled Tidal Volume (ml)	670
Minute Ventilation (L/min)	15.3
PIP (cmH2O)	12
MAP (cmH2O)	8
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range : 0.002-0.50	
I:E Ratio	1:1.6
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Scant
Sputum Color	Clear
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Oral Care Done, HOB >
Action Taken	30 Degrees
Document 10/27/22 13:35 MC (Rec: 10/27/22 17:12 MC Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	40
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	115 H
Blood Pressure (90/60-120/80 mmHg)	135/39 H
Respiratory Rate (12-20 breaths/min)	21 H
Exhaled Tidal Volume (ml)	554
Minute Ventilation (L/min)	11.1
PIP (cmH2O)	12
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:1.9

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

Sputum

Sputum Amount

Sputum Color

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Tolerating Well
 Airway Suctioned,water in Tubing
 Emptied,HOB > 30 Degrees

Document 10/27/22 15:11 MC (Rec: 10/27/22 17:16 MC Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

Oral Endotracheal
 7.5

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

ETT at Lip (cm) 21
 ETT Position at Lip Right

Section 1

Equipment ID 840
 Equipment ID Number

Vent Checks

Ventilator Checks Ambu Bag/Mask at Bedside
 Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode VC (Assist Control)
 Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 500
 FIO2 (%) 40
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 99
 Pulse Rate (60-100 beats/min) 102 H
 Blood Pressure (90/60-120/80 mmHg) 137/39 H
 Respiratory Rate (12-20 breaths/min) 21 H
 Exhaled Tidal Volume (ml) 512
 Minute Ventilation (L/min) 11.1
 PIP (cmH2O) 10
 MAP (cmH2O) 8
 Vent Sensitivity 3.0
 I-Time (seconds) 1.0
 Query Text:Range: 0.002-0.50

I:E Ratio 1:1.8

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Auscultation Yes

Throughout
 Breath Sounds

Sputum Fine Crackles

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 Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	

Document 10/27/22 17:05 MC (Rec: 10/27/22 17:16 MC Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Right

Section 1

Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	30
PEEP (3-10 cm H2O)	5

10/27/22 17:22 Respiratory Note by Castro, Maria
PT SAT 100%, FIO2 TITRATED DOWN FROM 40% TO 30%, WILL CONTINUE TO MONITOR, RN NOTIFIED.

Initialized on 10/27/22 17:22 - END OF NOTE

Assessments

Measured Patient Data	100
Pulse Oximetry (92-100 %)	107 H
Pulse Rate (60-100 beats/min)	121/40 H
Blood Pressure (90/60-120/80 mmHg)	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	21 H
Exhaled Tidal Volume (ml)	554
Minute Ventilation (L/min)	10.9
PIP (cmH2O)	16
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:1.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Fine Crackles
Sputum	
Sputum Amount	None
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 10/27/22 19:59 KGS (Rec: 10/27/22 20:34 KGS Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	30
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	98
Blood Pressure (90/60-120/80 mmHg)	112/39 L
Respiratory Rate (12-20 breaths/min)	21 H
Exhaled Tidal Volume (ml)	515
Minute Ventilation (L/min)	10.4
PIP (cmH2O)	21
MAP (cmH2O)	11
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text::Range: 0.002-0.50	
I:E Ratio	1:1.6

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation

Throughout Fine Crackles
 Breath Sounds

Sputum

Sputum Amount Small
 Sputum Color White

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned

Document 10/27/22 20:55 KGS (Rec: 10/27/22 22:34 KGS Desktop)
 Intubation

Intubation

Endotracheal Tube Insertion Site Oral Endotracheal
 ET/TRACH Tube Size (mm) 7.5

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

EFT at Lip (cm) 21
 EFT Position at Lip Center

Section 1

Equipment ID 840
 Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Plateau Pressure (cm H2O2)

Vent Sensitivity

I-Time (seconds)

Query Text::Range: 0.002-0.50

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

VC+ Ambu Bag/Mask at Bedside
 97 110 H
 134/40 H
 22 H
 509
 11.3
 15
 9
 19
 3.0
 1.0
 1:1.6
 Yes
 Yes
 Yes
 Fine Crackles

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

Sputum Amount
 Sputum Color

Small
 White

Tolerance & Complications
 Patient Tolerance of Vent

Tolerating Well

Action Taken

Document 10/27/22 22:55 KGS (Rec: 10/27/22 22:58 KGS Desktop) Airway Suctioned, HOB > 30 Degrees

Intubation

Intubation

Endotracheal Tube Insertion Site

Oral Endotracheal

ETT/TRACH Tube Size (mm)

7.5

ETT at Lip (cm)

21

ETT Position at Lip

Center

Section 1

Equipment ID

Equipment ID Number

840

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ambu Bag/Mask at Bedside
 Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode

VC+

Resp. Rate Setting (10-24 breaths/min)

16

Tidal Volume Setting (100-1000 ml)

500

FI02 (%)

30

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

97

Pulse Rate (60-100 beats/min)

97

Blood Pressure (90/60-120/80 mmHg)

121/37 H

End-Tidal CO2 (mmHg)

22

Respiratory Rate (12-20 breaths/min)

20

Exhaled Tidal Volume (ml)

517

Minute Ventilation (L/min)

9.9

PIP (cmH2O)

19

MAP (cmH2O)

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

Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Oral Care Done
Document 10/28/22 01:21 KGS (Rec: 10/28/22 01:43 KGS Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	

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 Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	88
Blood Pressure (90/60-120/80 mmHg)	135/44 H
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	535
Minute Ventilation (L/min)	8.8
PIP (cmH2O)	20
MAP (cmH2O)	11
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	None
Sputum Amount	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Always Suctioned
Action Taken	
Document 10/28/22 03:20 KGS (Rec: 10/28/22 03:23 KGS Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.5
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

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

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	30
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	93
Blood Pressure (90/60-120/80 mmHg)	124/38 H
End-Tidal CO2 (mmHg)	19
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	493
Minute Ventilation (L/min)	9.4
PIP (cmH2O)	21
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	

I:E Ratio

1:2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Sputum

Sputum Amount	Small
Sputum Color	White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned

Document 10/28/22 05:00 GGS (Rec: 10/28/22 05:23 GGS Desktop)

Intubation

Intubation	Oral Endotracheal
Endotracheal Tube Insertion Site	7.5
ETT/TRACH Tube Size (mm)	21
ETT at Lip (cm)	

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

ERT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	107 H
Blood Pressure (90/60-120/80 mmHg)	128/41 H
End-Tidal CO2 (mmHg)	18
Respiratory Rate (12-20 breaths/min)	25 H
Exhaled Tidal Volume (ml)	492
Minute Ventilation (L/min)	12.7
PIP (cmH2O)	11
MAP (cmH2O)	8
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text::Range: 0.002-0.50	
I:E Ratio	1:1.4
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned
Action Taken		
Document	10/28/22 07:32 QL (Rec: 10/28/22 07:41 QL Desktop)	
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Oral Endotracheal
ET/TRACH Tube Size (mm)		7.0
ETT at Lip (cm)		21
ETT Position at Lip		Center
Section 1		
Equipment ID		
Equipment ID Number		840
Vent Checks		
Ventilator Checks		Ambu Bag/Mask at Bedside
Vent Usage Type		SUBVENT
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		500
FI02 (%)		30
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		98
Pulse Rate (60-100 beats/min)		72
Blood Pressure (90/60-120/80 mmHg)		110/41 L
End-Tidal CO2 (mmHg)		15
Respiratory Rate (12-20 breaths/min)		18
Exhaled Tidal Volume (ml)		494
Minute Ventilation (L/min)		9.7
PIP (cmH2O)		23
MAP (cmH2O)		11
Plateau Pressure (cm H2O2)		19
Vent Sensitivity		3.0

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

I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.2
RSBI	56
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Left Lower Lobe	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Blood Streaked
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Tube Checked for Leak
Action Taken	, HOB > 30 Degrees
Readiness to Wean	
Protocol: RT.WEAN	
Spontaneous Breathing Trial	Yes
Ventilator Weaning Readiness/Signs & Symptoms	Vital Signs Within Normal Limits
Ventilator Weaning Duration in Minutes (mins)	5
Ventilator Weaning Tolerance	Fair
Query Text:Terminate weaning if any of the following apply: RR >35 for 5 min., SpO2 <90% for >2 min., new ectopy, HR change from 20% of baseline, accessory muscle use, increased anxiety/diaphoresis	
Document 10/28/22 11:00 QL (Rec: 10/28/22 11:11 QL Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment 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

Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	85
Blood Pressure (90/60-120/80 mmHg)	116/36 L
End-Tidal CO2 (mmHg)	18
Respiratory Rate (12-20 breaths/min)	20
Exhaled Tidal Volume (ml)	495
Minute Ventilation (L/min)	10.3
PIP (cmH2O)	22
MAP (cmH2O)	11
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Oral Care Done, HOB > 30 Degrees

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 10/28/22 15:15 QL (Rec: 10/28/22 15:29 QL Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left

Section 1

Equipment ID

Equipment ID Number

840

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

HME Changed, Ambu Bag/Mask at Bedside
 Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode VC+

Resp. Rate Setting (10-24 breaths/min) 16

Tidal Volume Setting (100-1000 ml) 500

FI02 (%) 30

PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	100
Blood Pressure (90/60-120/80 mmHg)	132/41 H
End-Tidal CO2 (mmHg)	17
Respiratory Rate (12-20 breaths/min)	23 H
Exhaled Tidal Volume (ml)	524
Minute Ventilation (L/min)	11.6
PIP (cmH2O)	20
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	19
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text::Range: 0.002-0.50	
I:E Ratio	1:1.7
Alarm Settings	

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

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	Blood Streaked
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Water in Tubing
Action Taken	Emptied, HOB > 30 Degrees
Document	10/28/22 19:40 JCB (Rec: 10/28/22 20:51 JCB Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	71
Blood Pressure (90/60-120/80 mmHg)	119/41 L
ETCO2 In Use - Night Shift	Yes
End-Tidal CO2 (mmHg)	21

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	504
Minute Ventilation (L/min)	8.3
PIP (cmH2O)	23
MAP (cmH2O)	9
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	Expiratory Rhonchi
Breath Sounds	Small
Sputum	Clear, White
Sputum Amount	
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Water in Tubing
Action Taken	Emptied, Tube Checked for Leak, HOB > 30 Degrees
Document 10/28/22 23:51 JCB (Rec: 10/29/22 00:02 JCB Desktop)	
Intubation	
Intubation	Oral Endotracheal
Endotracheal Tube Insertion Site	7.0
ETT/TRACH Tube Size (mm)	21
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Red Outlet (QVH Only)	Yes	
Ventilator Settings		
Vent Settings		
Ventilator Support Mode	VC+	
Resp. Rate Setting (10-24 breaths/min)	16	
Tidal Volume Setting (100-1000 ml)	500	
FTO2 (%)	30	
PEEP (3-10 cm H2O)	5	
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)	98	
Pulse Rate (60-100 beats/min)	73	
Blood Pressure (90/60-120/80 mmHg)	118/44 L	
End-Tidal CO2 (mmHg)	18	
Respiratory Rate (12-20 breaths/min)	18	
Exhaled Tidal Volume (ml)	507	
Minute Ventilation (L/min)	9.1	
PIP (cmH2O)	23	
MAP (cmH2O)	10	
Vent Sensitivity	3.0	
I-Time (seconds)	1.00	
Query Text:Range: 0.002-0.50		
I:E Ratio	1:2.3	
Alarm Settings		
Alarms Verified	Yes	
Alarm Set to Maximum	Yes	
Apnea Settings Verified	Yes	
Auscultation		
Throughout		
Breath Sounds	Clear	
Sputum		
Sputum Amount	Scant	
Sputum Color	Clear, White	
Tolerance & Complications		
Patient Tolerance of Vent	Tolerating Well	
Action Taken	Airway Suctioned, Water in Tubing Emptied, Tube Checked for Leak, Oral	

Lyons, Kathleen A

Facility: Queen of the Valley 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 10/29/22 03:53 JCB (Rec: 10/29/22 03:57 JCB Desktop) Care Done, HOB > 30 Degrees

Intubation

Intubation

Endotracheal Tube Insertion Site Oral Endotracheal
 ETT/TRACH Tube Size (mm) 7.0
 ETT at Lip (cm) 21
 ETT Position at Lip Center

Section 1

Equipment ID

Equipment ID Number 840

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI_{O2} (%)

PEEP (3-10 cm H₂O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO₂ (mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH₂O)

MAP (cmH₂O)

Vent Sensitivity

I-Time (seconds)

Query Text::Range: 0.002-0.50

I:E Ratio

Alarm Settings

1:2.4

99

71

135/48 H

14

17

504

8.8

22

11

3.0

1.00

1:2.4

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

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Tube Checked For Leak, HOB > 30 Degrees
Document 10/29/22 07:25 JT (Rec: 10/29/22 09:25 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	PB 840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	76
Blood Pressure (90/60-120/80 mmHg)	142/46 H
End-Tidal CO2 (mmHg)	16
Respiratory Rate (12-20 breaths/min)	19

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

Exhaled Tidal Volume (ml)	526
Minute Ventilation (L/min)	9.9
PIP (cmH2O)	28
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.8
Query Text:Range : 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,Water in Tubing Emptied,HOB > 30 Degrees
Document	
10/29/22 11:50 JT (Rec: 10/29/22 11:55 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

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

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	84
Blood Pressure (90/60-120/80 mmHg)	152/48 H
End-Tidal CO2 (mmHg)	21
Respiratory Rate (12-20 breaths/min)	24 H
Exhaled Tidal Volume (ml)	508
Minute Ventilation (L/min)	12.2
PIP (cmH2O)	24
MAP (cmH2O)	12
Vent Sensitivity	3.0
I-Time (seconds)	0.8
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.1
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Moderate
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent Action Taken	Tolerating Well
	Airway Suctioned, Oral Care Done, HOB > 30 Degrees
Document 10/29/22 15:18 JT (Rec: 10/29/22 15:22 JT Desktop)	
Intubation	
Intubation	Oral Endotracheal
Endotracheal Tube Insertion Site	7.0
ETT/TRACH Tube Size (mm)	21
ETT at Lip (cm)	

Lyons Kathleen 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

ERT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FIO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	66
Blood Pressure (90/60-120/80 mmHg)	132/46 H
End-Tidal CO2 (mmHg)	16
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	511
Minute Ventilation (L/min)	8.2
PIP (cmH2O)	26
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	0.8
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	

Lyons Kathleen A

Facility: Queen of the Valley 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 Tolerance of Vent Tolerating Well
 Action Taken HOB > 30 Degrees
 Document 10/29/22 19:53 LE (Rec: 10/29/22 19:55 LE Desktop)

Intubation

Intubation Oral Endotracheal
 Endotracheal Tube Insertion Site 7
 ET/TRACH Tube Size (mm) 21
 ETT at Lip (cm) Right
 ETT Position at Lip

Section 1

Equipment ID
 Equipment ID Number 840
 Vent Checks Yes
 Red Outlet (QVH Only)

Ventilator Settings

Vent Settings VC+
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 500
 Tidal Volume Setting (100-1000 ml) 30
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 99
 Pulse Rate (60-100 beats/min) 68
 Blood Pressure (90/60-120/80 mmHg) 132/44 H
 End-Tidal CO2 (mmHg) 25
 Respiratory Rate (12-20 breaths/min) 16
 Exhaled Tidal Volume (ml) 491
 Minute Ventilation (L/min) 7.9
 PIP (cmH2O) 28
 Vent Sensitivity 3
 I-Time (seconds) 0.8
 Query Text::Range: 0.002-0.50
 I:E Ratio 1:4
 Alarm Settings
 Alarms Verified 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

Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Document 10/29/22 23:58 LE (Rec: 10/30/22 00:01 LE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FTO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	88
Blood Pressure (90/60-120/80 mmHg)	131/49 H
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	18
Expired Tidal Volume (ml)	545

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Minute Ventilation (L/min)	9.8
PIP (cmH2O)	29
Vent Sensitivity	3
I-Time (seconds)	0.8
Query Text:Range: 0.002-0.50	
I:E Ratio	1:4
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Document 10/30/22 03:26 AA (Rec: 10/30/22 03:36 AA Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	30

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

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	72
Blood Pressure (90/60-120/80 mmHg)	129/49 H
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	502
Minute Ventilation (L/min)	8.0
PIP (cmH2O)	28
MAP (cmH2O)	10
Vent Sensitivity	3
I-Time (seconds)	0.80
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptyied, HOB > 30 Degrees
Document	
10/30/22 07:25 JT (Rec: 10/30/22 09:08 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	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

Section 1

Equipment ID		PB 840
Vent Checks		HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks		SUBVENT
Vent Usage Type		Yes
Red Outlet (QVH Only)		
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		500
FIO2 (%)		30
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		98
Pulse Rate (60-100 beats/min)		72
Blood Pressure (90/60-120/80 mmHg)		132/46 H
End-Tidal CO2 (mmHg)		31
Respiratory Rate (12-20 breaths/min)		16
Exhaled Tidal Volume (ml)		505
Minute Ventilation (L/min)		8.1
PIP (cmH2O)		32
MAP (cmH2O)		11
Vent Sensitivity		3.0
I-Time (seconds)		0.8
Query Text:Range: 0.002-0.50		
I:E Ratio		1:3.6
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		
Sputum		Diminished

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

Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 10/30/22 11:55 JT (Rec: 10/30/22 11:57 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FTO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	64
Blood Pressure (90/60-120/80 mmHg)	118/58 L
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	498
Minute Ventilation (L/min)	8.0
PIP (cmH2O)	28
MAP (cmH2O)	10
Vent Sensitivity	2.0

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

I-Time (seconds)	0.8
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned,Water in Tubing
Action Taken	Emptied,Oral Care Done,HOB > 30
	Degrees

Document 10/30/22 15:37 JT (Rec: 10/30/22 15:40 JT Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

ETT at Lip (cm)

ETT Position at Lip

Oral Endotracheal

7.0

21

Left

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

VC+

16

500

30

5

Assessments

Measured Patient Data

PB 840

Ambu Bag/Mask at Bedside

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

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	66
Blood Pressure (90/60-120/80 mmHg)	119/56 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	502
Minute Ventilation (L/min)	8.0
PIP (cmH2O)	32
MAP (cmH2O)	10
Vent Sensitivity	2.0
I-Time (seconds)	0.8
Query Text:Range : 0.002-0.50	
I:E Ratio	1:3.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	Clear
Sputum Color	
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,HOB > 30 Degrees
Document 10/30/22 19:30 GU (Rec: 10/31/22 04:05 GU Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	PB 840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	

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

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FI02 (%)	30
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	60
Blood Pressure (90/60-120/80 mmHg)	115/50 L
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	495
Minute Ventilation (L/min)	7.8
PIP (cmH2O)	29
MAP (cmH2O)	11
Vent Sensitivity	2.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	

I:E Ratio

1:2.9

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	Diminished
Breath Sounds	

Sputum

Sputum Amount	Small
Sputum Color	Clear,White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,HOB > 30 Degrees

Document 10/30/22 23:25 GU (Rec: 10/31/22 04:08 GU Desktop)

Intubation
 Intubation

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

Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left

Section 1

Equipment ID	PB 840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	500
Tidal Volume Setting (100-1000 ml)	30
FI02 (%)	30
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	74
Blood Pressure (90/60-120/80 mmHg)	116/47 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	493
Minute Ventilation (L/min)	7.9
PIP (cmH2O)	30
MAP (cmH2O)	11
Vent Sensitivity	2.0
I-Time (seconds)	0.90
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	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

Throughout			
Breath Sounds			Diminished
Sputum			Small
Sputum Amount			Clear
Sputum Color			
Tolerance & Complications			Tolerating Well
Patient Tolerance of Vent			Airway Suctioned, Oral Care Done, HOB >
Action Taken			30 Degrees
Document	10/31/22 03:00	GU (Rec: 10/31/22 04:11	GU Desktop)
Intubation			
Intubation			
Endotracheal Tube Insertion Site			Oral Endotracheal
ETT/TRACH Tube Size (mm)			7.0
ETT at Lip (cm)			21
ETT Position at Lip			Left
Section 1			
Equipment ID			PB 840
Equipment ID Number			
Vent Checks			Ambu Bag/Mask at Bedside
Ventilator Checks			Yes
Red Outlet (QVH Only)			
Ventilator Settings			
Vent Settings			
Ventilator Support Mode			VC+
Resp. Rate Setting (10-24 breaths/min)			16
Tidal Volume Setting (100-1000 ml)			500
FTO2 (%)			30
PEEP (3-10 cm H2O)			5
Assessments			
Measured Patient Data			
Pulse Oximetry (92-100 %)			99
Pulse Rate (60-100 beats/min)			67
Blood Pressure (90/60-120/80 mmHg)			126/52 H
End-Tidal CO2 (mmHg)			33
Respiratory Rate (12-20 breaths/min)			16
Expired Tidal Volume (ml)			503

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

Minute Ventilation (L/min)	8.0
PIP (cmH2O)	29
MAP (cmH2O)	11
Vent Sensitivity	2.0
I-Time (seconds)	0.90
Query Text:Range : 0.002-0.50	
I:E Ratio	1:2.9
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 10/31/22 08:06 TE (Rec: 10/31/22 11:09 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	500
FTO2 (%)	30
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	64
Blood Pressure (90/60-120/80 mmHg)	126/48 H
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	497
Minute Ventilation (L/min)	8
PIP (cmH2O)	28
MAP (cmH2O)	11
Vent Sensitivity	2.0
I-Time (seconds)	0.90

Query Text::Range: 0.002-0.50
 I:E Ratio 1:2.8

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	Diminished
Breath Sounds	

Sputum

Sputum Amount	Small
Sputum Color	Clear

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 10/31/22 11:50 TE (Rec: 10/31/22 12:38 TE Desktop)
 Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0

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

ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	69
End-Tidal CO2 (mmHg)	37
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	400
Minute Ventilation (L/min)	7
PIP (cmH2O)	22
MAP (cmH2O)	10
Vent Sensitivity	2.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	Yes
Throughout	
Breath Sounds	Diminished
Sputum	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Sputum Color	Clear
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 10/31/22 15:35 TE (Rec: 10/31/22 17:58 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	30
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	66
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	391
Minute Ventilation (L/min)	6
PIP (cmH2O)	21
MAP (cmH2O)	9
Vent Sensitivity	2.0
I-Time (seconds)	0.90

Lyons, Kathleen A

Facility: Queen of the Valley 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::Range: 0.002-0.50

I:E Ratio 1:2.5

Alarm Settings

Alarms Verified Yes

Alarm Set to Maximum Yes

Apnea Settings Verified Yes

Auscultation

Throughout

Breath Sounds Diminished

Sputum

Sputum Amount Small

Sputum Color Clear

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well

Action Taken Airway Suctioned, HOB > 30 Degrees

Document 10/31/22 17:05 TE (Rec: 10/31/22 17:58 TE Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site Oral Endotracheal

ET/TRACH Tube Size (mm) 7.0

ETT at Lip (cm) 21

ETT Position at Lip Left

Section 1

Equipment ID

Equipment ID Number 840

Vent Checks

Ventilator Checks Ambu Bag/Mask at Bedside

Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode VC+

Resp. Rate Setting (10-24 breaths/min) 16

Tidal Volume Setting (100-1000 ml) 400

FI02 (%) 30

PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Lyons Kathleen A

Facility: Queen of the Valley 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 Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	89
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	395
Minute Ventilation (L/min)	7
PIP (cmH2O)	20
MAP (cmH2O)	10
Vent Sensitivity	2.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Always Suctioned,HOB > 30 Degrees
Document 10/31/22 19:06 JV (Rec: 10/31/22 19:11 JV Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode VC+
 Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 400
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 69
 Blood Pressure (90/60-120/80 mmHg) 114/49 L
 End-Tidal CO2 (mmHg) 36
 Respiratory Rate (12-20 breaths/min) 17
 Exhaled Tidal Volume (ml) 411
 Minute Ventilation (L/min) 7
 PIP (cmH2O) 23
 MAP (cmH2O) 10
 Plateau Pressure (cm H2O2) 19
 Vent Sensitivity 3.0
 I-Time (seconds) 1.00
 Query Text:Range: 0.002-0.50

I:E Ratio 1:2.8
 Static Lung Compliance (ml/cmH2O) 29
 Alarm Settings Yes
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation
 Throughout
 Breath Sounds

Sputum
 Sputum Amount
 Sputum Color

Tolerance & Complications
 Patient Tolerance of Vent
 Action Taken

Document 10/31/22 23:58 JV (Rec: 10/31/22 23:59 JV Desktop)
 Intubation Tolerating Well
 Airway Suctioned,HOB > 30 Degrees

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center

Section 1

Equipment ID	840
Equipment ID Number	
Vent Checks	Yes
Red Outlet (QVH Only)	

Ventilator Settings

Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	70
Blood Pressure (90/60-120/80 mmHg)	144/64 H
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	403
Minute Ventilation (L/min)	6.9
PIP (cmH2O)	17
MAP (cmH2O)	9
Plateau Pressure (cm H2O2)	13
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.4
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	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

Auscultation	
Throughout	
Breath Sounds	Coarse Crackles
Sputum	Small
Sputum Amount	White, Cream
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document	11/01/22 03:11 KGS (Rec: 11/01/22 04:56 KGS Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FTO2 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	70
Blood Pressure (90/60-120/80 mmHg)	131/49 H
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	18
Expired Tidal Volume (ml)	404

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

Minute Ventilation (L/min)	7
PIP (cmH2O)	20
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range : 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	White,Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,HOB > 30 Degrees
Document 11/01/22 07:45 TE (Rec: 11/01/22 09:15 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	HME Changed,Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	70
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	398
Minute Ventilation (L/min)	7
PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Fine Crackles, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/01/22 11:39 TE (Rec: 11/01/22 16:49 TE Desktop)
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0

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

ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	73
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	417
Minute Ventilation (L/min)	7
PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	Yes
Throughout	
Breath Sounds	
Sputum	Fine Crackles, 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 Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Alrway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/01/22 15:55 TE (Rec: 11/01/22 16:49 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	79
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	396
Minute Ventilation (L/min)	6
PIP (cmH2O)	24
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.00

Lyons, Kathleen A

Facility: Queen of the Valley 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::Range: 0.002-0.50

I:E Ratio

1:2

Alarm Settings

Alarms Verified

Yes

Alarm Set to Maximum

Yes

Apnea Settings Verified

Yes

Auscultation

Throughout

Breath Sounds

Diminished

Tolerance & Complications

Patient Tolerance of Vent

Tolerating Well

Action Taken

HOB > 30 Degrees

Document 11/01/22 17:15 TE (Rec: 11/01/22 17:26 TE Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

Oral Endotracheal

ET/TRACH Tube Size (mm)

7.0

ETT at Lip (cm)

21

ETT Position at Lip

Center

Section 1

Equipment ID

840

Equipment ID Number

Vent Checks

Ambu Bag/Mask at Bedside

Ventilator Checks

Yes

Red Outlet (QVH Only)

Yes

Ventilator Settings

Vent Settings

VC+

Ventilator Support Mode

16

Resp. Rate Setting (10-24 breaths/min)

400

Tidal Volume Setting (100-1000 ml)

28

FTO2 (%)

5

PEEP (3-10 cm H2O)

99

Assessments

Measured Patient Data

80

Pulse Oximetry (92-100 %)

37

Pulse Rate (60-100 beats/min)

37

End-Tidal CO2 (mmHg)

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	397
Minute Ventilation (L/min)	6
PIP (cmH2O)	24
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Fine Crackles, Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Always Suctioned, HOB > 30 Degrees
Document 11/01/22 19:38 BG (Rec: 11/01/22 20:30 BG Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FiO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	77
Blood Pressure (90/60-120/80 mmHg)	141/46 H
End-Tidal CO2 (mmHg)	37
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	406
Minute Ventilation (L/min)	6.9
PIP (cmH2O)	21
MAP (cmH2O)	11
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.0

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	Fine Crackles
Breath Sounds	

Sputum

Sputum Amount	Small
Sputum Color	Clear,White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,Water in Tubing Emptied,HOB > 30 Degrees

Document 11/01/22 23:20 BG (Rec: 11/01/22 23:51 BG Desktop)
 Intubation
 Intubation

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

Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center

Section 1

Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	78
Blood Pressure (90/60-120/80 mmHg)	139/57 H
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	400
Minute Ventilation (L/min)	6.8
PIP (cmH2O)	21
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.2
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	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

Throughout	Fine Crackles
Breath Sounds	
Tolerance & Complications	Tolerating with Some Discomfort
Patient Tolerance of Vent	Oral Care Dome, HOB > 30 Degrees
Action Taken	
Document 11/02/22 03:22 BG (Rec: 11/02/22 03:24 BG Desktop)	
Intubation	
Intubation	Oral Endotracheal
Endotracheal Tube Insertion Site	7.0
ETT/TRACH Tube Size (mm)	21
ETT at Lip (cm)	Center
ETT Position at Lip	
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	77
Blood Pressure (90/60-120/80 mmHg)	136/52 H
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	404
Minute Ventilation (L/min)	7.1
PIP (cmH2O)	20
MAP (cmH2O)	9
Vent Sensitivity	3.0

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

I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.1
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Fine Crackles
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Water in Tubing Emptied,HOB > 30 Degrees
Document 11/02/22 06:57 QL (Rec: 11/02/22 07:03 QL Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	

Lyons Kathleen A

Facility: Queen of the Valley 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 Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	72
Blood Pressure (90/60-120/80 mmHg)	140/53 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	403
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	22
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.2

Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation
 Left Lower Lobe Diminished
 Breath Sounds

Sputum
 Sputum Amount Small
 Sputum Color White

Tolerance & Complications
 Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, Tube Checked for Leak
 , HOB > 30 Degrees

Document 11/02/22 10:25 QL (Rec: 11/02/22 10:27 QL Desktop)
 Intubation

Intubation
 Endotracheal Tube Insertion Site Oral Endotracheal
 ET/TRACH Tube Size (mm) 7.0
 ETT at Lip (cm) 21
 ETT Position at Lip Right

Section 1
 Equipment 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

Equipment ID Number	840	
Vent Checks		
Ventilator Checks		Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FI02 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		100
Pulse Rate (60-100 beats/min)		81
Blood Pressure (90/60-120/80 mmHg)		144/53 H
End-Tidal CO2 (mmHg)		36
Respiratory Rate (12-20 breaths/min)		19
Exhaled Tidal Volume (ml)		411
Minute Ventilation (L/min)		7.4
PIP (cmH2O)		21
MAP (cmH2O)		10
Vent Sensitivity		3.0
I-Time (seconds)		1.0
Query Text:Range: 0.002-0.50		
I:E Ratio		1:2.2
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Sputum		
Sputum Amount		Small
Sputum Color		White
Tolerance & Complications		
Patient Tolerance of Vent		Tolerating Well
Action Taken		Airway Suctioned, Oral Care Done, HOB > 30 Degrees

Lyons, Kathleen A

Facility: Queen of the Valley 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 11/02/22 14:56 QL (Rec: 11/02/22 14:59 QL Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right

Section 1

Equipment ID

Equipment ID Number

840

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

HME Changed, Ambu Bag/Mask at Bedside
 Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode VC+

Resp. Rate Setting (10-24 breaths/min) 16

Tidal Volume Setting (100-1000 ml) 400

FI02 (%) 28

PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	107 H
Blood Pressure (90/60-120/80 mmHg)	161/65 H
End-Tidal CO2 (mmHg)	37
Respiratory Rate (12-20 breaths/min)	24 H
Exhaled Tidal Volume (ml)	443
Minute Ventilation (L/min)	9.7
PIP (cmH2O)	12
MAP (cmH2O)	9
Plateau Pressure (cm H2O2)	20
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text::Range: 0.002-0.50	
I:E Ratio	1:1.6
Alarm Settings	

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

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/02/22 19:30 LE (Rec: 11/02/22 19:37 LE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI _O 2 (%)	28
PEEP (3-10 cm H ₂ O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	79
Blood Pressure (90/60-120/80 mmHg)	131/55 H
End-Tidal CO ₂ (mmHg)	39
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	398
Minute Ventilation (L/min)	6.8

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

PIP (cmH2O)	22
Vent Sensitivity	3
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Left Lower Lobe	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Document 11/02/22 23:15 LE (Rec: 11/03/22 05:18 LE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Measured Patient Data

Pulse Oximetry (92-100 %) 97
 Pulse Rate (60-100 beats/min) 79
 Blood Pressure (90/60-120/80 mmHg) 142/57 H
 End-Tidal CO2 (mmHg) 37
 Respiratory Rate (12-20 breaths/min) 16
 Exhaled Tidal Volume (ml) 403
 Minute Ventilation (L/min) 6.4
 PIP (cmH2O) 20
 Vent Sensitivity 3
 I-Time (seconds) 0.9
 Query Text:Range: 0.002-0.50
 I:E Ratio 1:3

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Sputum

Sputum Amount Small
 Sputum Color White

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well

Document 11/03/22 03:30 LE (Rec: 11/03/22 05:18 LE Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site Oral Endotracheal
 ETT/TRACH Tube Size (mm) 7
 ETT at Lip (cm) 21
 ETT Position at Lip Right

Section 1

Equipment ID

Equipment ID Number 840

Vent Checks

Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode VC+

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	74
Blood Pressure (90/60-120/80 mmHg)	129/53 H
End-Tidal CO2 (mmHg)	39
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	409
Minute Ventilation (L/min)	7.8
PIP (cmH2O)	22
Vent Sensitivity	3
I-Time (seconds)	0.9

Query Text: Range: 0.002-0.50
 I:E Ratio
 Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation
 Left Lower Lobe
 Breath Sounds
 Diminished

Sputum
 Sputum Amount
 Sputum Color
 Small
 White

Tolerance & Complications
 Patient Tolerance of Vent
 Document 11/03/22 07:39 MC (Rec: 11/03/22 07:44 MC Desktop)
 Tolerating Well

Intubation
 Endotracheal Tube Insertion Site
 Oral Endotracheal
 ETT/TRACH Tube Size (mm)
 7.0
 ETT at Lip (cm)
 21
 ETT Position at Lip
 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

Section 1

Equipment ID	840	
Vent Checks		
Ventilator Checks		
Vent Usage Type		Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)		SUBVENT
Ventilator Settings		Yes
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FIO2 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		97
Pulse Rate (60-100 beats/min)		75
Blood Pressure (90/60-120/80 mmHg)		128/59 H
End-Tidal CO2 (mmHg)		38
Respiratory Rate (12-20 breaths/min)		17
Exhaled Tidal Volume (ml)		406
Minute Ventilation (L/min)		6.8
PIP (cmH2O)		24
MAP (cmH2O)		10
Plateau Pressure (cm H2O2)		18
Vent Sensitivity		3.0
I-Time (seconds)		0.9
Query Text::Range: 0.002-0.50		
I:E Ratio		1:3.2
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		Yes
Left Lower Lobe		
Breath Sounds		Coarse Crackles

Lyons, Kathleen A

Facility: Queen of the Valley 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		
Sputum Amount		Large
Sputum Color		Clear, White
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned, HOB > 30 Degrees
Action Taken		
Document	11/03/22 11:22 MC (Rec: 11/03/22 11:25 MC Desktop)	
Intubation		
Intubation		
ETT/TRACH Tube Size (mm)		7.0
ETT at Lip (cm)		21
ETT Position at Lip		Right
Section 1		
Equipment ID		
Equipment ID Number		840
Vent Checks		
Ventilator Checks		Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FTO2 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		99
Pulse Rate (60-100 beats/min)		96
Blood Pressure (90/60-120/80 mmHg)		147/65 H
End-Tidal CO2 (mmHg)		39
Respiratory Rate (12-20 breaths/min)		20
Exhaled Tidal Volume (ml)		393
Minute Ventilation (L/min)		7.7
PIP (cmH2O)		26
MAP (cmH2O)		10
Plateau Pressure (cm H2O2)		18

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

Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Left Lower Lobe	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	Moderate
Sputum Color	White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Oral Care Done, HOB >
Action Taken	30 Degrees
Document	11/03/22 15:34 MC (Rec: 11/03/22 16:19 MC Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28

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

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	80
Blood Pressure (90/60-120/80 mmHg)	129/49 H
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	396
Minute Ventilation (L/min)	7.1
PIP (cmH2O)	19
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	16
Vent Sensitivity	3.0
Ventilatory Wave Form	Square
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Left Lower Lobe	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	
Sputum Color	Large
Tolerance & Complications	Yellow
Patient Tolerance of Vent	
Action Taken	Tolerating Well
Document 11/03/22 20:33 AC (Rec: 11/04/22 04:37 AC Desktop)	Airway Suctioned,HOB > 30 Degrees
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7
ETT at Lip (cm)	21

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

ERT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	82
Blood Pressure (90/60-120/80 mmHg)	132/52 H
End-Tidal CO2 (mmHg)	39
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	398
Minute Ventilation (L/min)	6.5
PIP (cmH2O)	25
MAP (cmH2O)	9
Vent Sensitivity	3
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	Yes
Left Lower Lobe	
Breath Sounds	
Sputum	Coarse Crackles

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 Amount				Large
Sputum Color				Yellow
Tolerance & Complications				Tolerating Well
Patient Tolerance of Vent				Alrway Suctioned,Water in Tubing
Action Taken				Emptied,Tube Checked for Leak,HOB > 30
				Degrees
Document	11/04/22 00:00	AC	(Rec: 11/04/22 04:37	AC Desktop)
Assessments				
Tolerance & Complications				Oral Care Done
Action Taken				
Document	11/04/22 00:40	AC	(Rec: 11/04/22 04:37	AC Desktop)
Intubation				
Intubation				
Endotracheal Tube Insertion Site				Oral Endotracheal
ETT/TRACH Tube Size (mm)				7
ETT at Lip (cm)				21
ETT Position at Lip				Right
Section 1				
Equipment ID				
Equipment ID Number				840
Vent Checks				
Ventilator Checks				Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)				Yes
Ventilator Settings				
Vent Settings				
Ventilator Support Mode				VC+
Resp. Rate Setting (10-24 breaths/min)				16
Tidal Volume Setting (100-1000 ml)				400
FIO2 (%)				28
PEEP (3-10 cm H2O)				5
Assessments				
Measured Patient Data				
Pulse Oximetry (92-100 %)				100
Pulse Rate (60-100 beats/min)				85
Blood Pressure (90/60-120/80 mmHg)				139/55 H
End-Tidal CO2 (mmHg)				38

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	419
Minute Ventilation (L/min)	6.8
PIP (cmH2O)	23
Vent Sensitivity	3
I-Time (seconds)	0.90
Query Text:Range : 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Left Lower Lobe	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	Moderate
Sputum Color	Yellow
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,Water in Tubing Emptied,Tube Checked for Leak,HOB > 30 Degrees
Document 11/04/22 04:00 AC (Rec: 11/04/22 04:37 AC Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed,Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	

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

Vent Settings

Ventilator Support Mode
 Resp. Rate Setting (10-24 breaths/min)
 Tidal Volume Setting (100-1000 ml)
 FIO2 (%)
 PEEP (3-10 cm H2O)

VC+
 16
 400
 28
 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)
 Pulse Rate (60-100 beats/min)
 Blood Pressure (90/60-120/80 mmHg)
 End-Tidal CO2 (mmHg)
 Respiratory Rate (12-20 breaths/min)
 Exhaled Tidal Volume (ml)
 Minute Ventilation (L/min)
 PIP (cmH2O)
 Vent Sensitivity
 I-Time (seconds)
 Query Text:Range: 0.002-0.50
 I:E Ratio

100
 86
 131/54 H
 39
 17
 343
 6.7
 22
 3
 0.90
 1:2.3

Alarm Settings

Alarms Verified
 Alarm Set to Maximum
 Apnea Settings Verified

Yes
 Yes
 Yes

Auscultation

Left Lower Lobe
 Breath Sounds

Coarse Crackles

Sputum

Sputum Amount
 Sputum Color

Moderate
 Yellow

Tolerance & Complications

Patient Tolerance of Vent
 Action Taken

Tolerating Well
 Airway Suctioned, Water in Tubing
 Emptied, Tube Checked for Leak, HOB > 30
 Degrees

Document 11/04/22 07:30 JT (Rec: 11/04/22 09:00 JT Desktop)
 Intubation

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center

Section 1

Equipment ID	PB 840
Equipment ID Number	

Vent Checks

Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	124/56 H
End-Tidal CO2 (mmHg)	40
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	399
Minute Ventilation (L/min)	6.4
PIP (cmH2O)	23
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.2
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	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

Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Expiratory Rhonchi
Sputum	Small
Sputum Amount	Yellow
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document	11/04/22 11:40 JT (Rec: 11/04/22 12:20 JT Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	88
Blood Pressure (90/60-120/80 mmHg)	118/48 L
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	17

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Exhaled Tidal Volume (ml)	412
Minute Ventilation (L/min)	6.9
PIP (cmH2O)	23
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Yellow
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Always Suctioned, Water in Tubing
Action Taken	Emptied, Oral Care Done, HOB > 30 Degrees
Document 11/04/22 15:53 JT (Rec: 11/04/22 15:57 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	94
Blood Pressure (90/60-120/80 mmHg)	116/46 L
End-Tidal CO2 (mmHg)	37
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	398
Minute Ventilation (L/min)	7.2
PIP (cmH2O)	22
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.4

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Sputum

Sputum Amount	Small
Sputum Color	Yellow

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 11/04/22 19:40 AZ (Rec: 11/04/22 19:42 AZ Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left

Section 1

Equipment 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

Equipment ID Number	PB980
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	94
Blood Pressure (90/60-120/80 mmHg)	120/48 L
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	7.2
PIP (cmH2O)	23
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text: Range: 0.002-0.50	
I:E Ratio	1:2.6
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Fine Crackles
Sputum	
Sputum Amount	Small
Sputum Color	Yellow
Tolerance & Complications	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, HOB > 30 Degrees

Document 11/04/22 23:18 AZ (Rec: 11/05/22 01:03 AZ Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

Oral Endotracheal

ET/TRACH Tube Size (mm)

7.0

ETT at Lip (cm)

21

ETT Position at Lip

Center

Section 1

Equipment ID

PB980

Equipment ID Number

Vent Checks

Ventilator Checks

Ambu Bag/Mask at Bedside

Red Outlet (QVH Only)

Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode

VC+

Resp. Rate Setting (10-24 breaths/min)

16

Tidal Volume Setting (100-1000 ml)

400

FI02 (%)

28

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

98

Pulse Rate (60-100 beats/min)

90

End-Tidal CO2 (mmHg)

37

Respiratory Rate (12-20 breaths/min)

20

Exhaled Tidal Volume (ml)

407

Minute Ventilation (L/min)

8.1

PIP (cmH2O)

25

MAP (cmH2O)

10

Vent Sensitivity

3.0

I-Time (seconds)

0.90

Query Text::Range: 0.002-0.50

I:E Ratio

1:2

Alarm Settings

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Scant
Sputum Amount	Yellow
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/05/22 03:23 AZ (Rec: 11/05/22 03:24 AZ Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Center
Section 1	
Equipment ID	PB980
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FTO2 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	102 H
Blood Pressure (90/60-120/80 mmHg)	131/52 H
End-Tidal CO2 (mmHg)	40
Respiratory Rate (12-20 breaths/min)	20
Exhaled Tidal Volume (ml)	411

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

Minute Ventilation (L/min)		8.1
PIP (cmH2O)		17
MAP (cmH2O)		8
Vent Sensitivity		3.0
I-Time (seconds)		0.90
Query Text:Range : 0.002-0.50		
I:E Ratio		1:2
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		Fine Crackles
Sputum		
Sputum Amount		Scant
Sputum Color		Cream, Yellow
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned, Oral Care Done, HOB >
Action Taken		30 Degrees
Document	11/05/22 07:34	QL (Rec: 11/05/22 07:40 QL Desktop)
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Oral Endotracheal
ETT/TRACH Tube Size (mm)		7.0
ETT at Lip (cm)		21
ETT Position at Lip		Center
Section 1		
Equipment ID		980
Equipment ID Number		
Vent Checks		Ambu Bag/Mask at Bedside
Ventilator Checks		SUBVENT
Vent Usage Type		Yes
Red Outlet (QVH Only)		
Ventilator Settings		
Vent Settings		

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	85
Blood Pressure (90/60-120/80 mmHg)	117/54 L
End-Tidal CO2 (mmHg)	41
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	397
Minute Ventilation (L/min)	6.4
PIP (cmH2O)	37
MAP (cmH2O)	12
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Inspiratory Crackles
Sputum	Moderate
Sputum Amount	White,Cream
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned,Tube Checked for Leak
Action Taken	,HOB > 30 Degrees
Document	11/05/22 11:16 QL (Rec: 11/05/22 11:18 QL Desktop)
Intubation	

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right

Section 1

Equipment ID	980
Equipment ID Number	

Vent Checks

Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	91
Blood Pressure (90/60-120/80 mmHg)	124/54 H
End-Tidal CO2 (mmHg)	39
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	381
Minute Ventilation (L/min)	7.9
PIP (cmH2O)	20
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.6
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	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

Sputum	Small
Sputum Amount	White
Sputum Color	Tolerating Well
Tolerance & Complications	Airway Suctioned, Oral Care Done, HOB >
Patient Tolerance of Vent	30 Degrees
Action Taken	
Readiness to Wean	No
Protocol: RT.WEAN	
Spontaneous Breathing Trial	
Document 11/05/22 15:00 QL (Rec: 11/05/22 15:19 QL Desktop)	
Intubation	
Intubation	Oral Endotracheal
Endotracheal Tube Insertion Site	7.0
ETT/TRACH Tube Size (mm)	21
ETT at Lip (cm)	Right
ETT Position at Lip	
Section 1	
Equipment ID	980
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FI02 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	113/48 L
End-Tidal CO2 (mmHg)	39
Respiratory Rate (12-20 breaths/min)	17

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Exhaled Tidal Volume (ml)	430
Minute Ventilation (L/min)	6.8
PIP (cmH2O)	22
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned,Water in Tubing
Action Taken	Emptied,HOB > 30 Degrees
Document 11/05/22 19:05 GS (Rec: 11/06/22 01:39 PST GS Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.2
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	HME Changed,Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	95
Blood Pressure (90/60-120/80 mmHg)	119/47 L
End-Tidal CO2 (mmHg)	40
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	426
Minute Ventilation (L/min)	7.2
PIP (cmH2O)	21
Plateau Pressure (cm H2O2)	16
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.4

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	Inspiratory Crackles
Breath Sounds	

Sputum

Sputum Amount	Large
Sputum Color	Cream, Yellow

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees

Document 11/05/22 23:10 GS (Rec: 11/06/22 01:39 PST GS Desktop)
 Intubation

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	8.1

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

EFT at Lip (cm) 21
 EFT Position at Lip Left

Section 1

Equipment ID 980
 Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min) 16

Tidal Volume Setting (100-1000 ml) 400

FI02 (%) 28

PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 97

Pulse Rate (60-100 beats/min) 99

Blood Pressure (90/60-120/80 mmHg) 124/48 H

End-Tidal CO2 (mmHg) 36

Respiratory Rate (12-20 breaths/min) 21 H

Exhaled Tidal Volume (ml) 406

Minute Ventilation (L/min) 8.1

PIP (cmH2O) 21

Plateau Pressure (cm H2O2) 18

Vent Sensitivity 3.0

I-Time (seconds) 0.90

Query Text:Range: 0.002-0.50

I:E Ratio 1:2.3

Alarm Settings

Alarms Verified Yes

Alarm Set to Maximum Yes

Apnea Settings Verified Yes

Auscultation

Throughout

Breath Sounds

Inspiratory Crackles

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
 Sputum Amount
 Sputum Color
 Tolerance & Complications
 Patient Tolerance of Vent
 Action Taken

Small
 Cream, Yellow
 Tolerating Well
 Airway Suctioned, Water in Tubing
 Emptied, Oral Care Done, HOB > 30
 Degrees

Document 11/06/22 03:10 GS (Rec: 11/06/22 04:46 GS Desktop)

Intubation

Intubation
 Endotracheal Tube Insertion Site
 ET/TRACH Tube Size (mm)
 ETT at Lip (cm)
 ETT Position at Lip

Oral Endotracheal
 7.1
 21
 Left

Section 1

Equipment ID
 Equipment ID Number
 Vent Checks
 Ventilator Checks
 Red Outlet (QVH Only)
 Ventilator Settings

980
 Ambu Bag/Mask at Bedside
 Yes

Vent Settings
 Ventilator Support Mode
 Resp. Rate Setting (10-24 breaths/min)
 Tidal Volume Setting (100-1000 ml)
 FIO2 (%)
 PEEP (3-10 cm H2O)

VC+
 16
 400
 28
 5

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %)
 Pulse Rate (60-100 beats/min)
 Blood Pressure (90/60-120/80 mmHg)
 End-Tidal CO2 (mmHg)
 Respiratory Rate (12-20 breaths/min)
 Exhaled Tidal Volume (ml)
 Minute Ventilation (L/min)

96
 97
 130/55 H
 39
 18
 425
 7.1

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

PIP (cmH2O)	21
Plateau Pressure (cm H2O2)	16
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.5
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Inspiratory Crackles
Sputum	Small
Sputum Amount	Cream, Yellow
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Water in Tubing
Action Taken	Emptied, HOB > 30 Degrees
Document 11/06/22 07:35 TE (Rec: 11/06/22 11:21 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+

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

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	91
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	411
Minute Ventilation (L/min)	7
PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.7

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

Sputum

Sputum Amount

Sputum Color

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Document 11/06/22 10:10 TE (Rec: 11/06/22 11:21 TE Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ETT/TRACH Tube Size (mm)

ETT at Lip (cm)

Oral Endotracheal
 7.0
 21

Tolerating Well
 Airway Suctioned,HOB > 30 Degrees

Small
 Cream

Coarse Crackles

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

Section 1	Left
EFT Position at Lip	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	93
End-Tidal CO2 (mmHg)	38
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	403
Minute Ventilation (L/min)	7
PIP (cmH2O)	18
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Coarse Crackles
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Action Taken HOB > 30 Degrees
 Document 11/06/22 12:55 TE (Rec: 11/06/22 17:21 TE Desktop)

Intubation

Intubation Oral Endotracheal
 Endotracheal Tube Insertion Site 7.0
 ETT/TRACH Tube Size (mm)
 ETT at Lip (cm) 21
 ETT Position at Lip Left

Section 1

Equipment ID 980
 Equipment ID Number
 Vent Checks Ambu Bag/Mask at Bedside
 Ventilator Checks Yes
 Red Outlet (QVH Only)

Ventilator Settings

Vent Settings VC+
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 92
 End-Tidal CO2 (mmHg) 38
 Respiratory Rate (12-20 breaths/min) 18
 Exhaled Tidal Volume (ml) 386
 Minute Ventilation (L/min) 7
 PIP (cmH2O) 20
 MAP (cmH2O) 9
 Vent Sensitivity 3.0
 I-Time (seconds) 0.90
 Query Text::Range: 0.002-0.50
 I:E Ratio 1:2.8
 Alarm Settings
 Alarms Verified 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

Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/06/22 16:40 TE (Rec: 11/06/22 17:21 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	In-Line Catheter Changed, HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	84
End-Tidal CO2 (mmHg)	34

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	20	
Exhaled Tidal Volume (ml)	423	
Minute Ventilation (L/min)	9	
PIP (cmH2O)	18	
MAP (cmH2O)	10	
Vent Sensitivity	3.0	
I-Time (seconds)	0.90	
Query Text:Range: 0.002-0.50		
I:E Ratio	1:2	
Alarm Settings		
Alarms Verified	Yes	
Alarm Set to Maximum	Yes	
Apnea Settings Verified	Yes	
Auscultation		
Throughout		
Breath Sounds		Coarse Crackles
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		HOB > 30 Degrees
Action Taken		Desktop)
Document 11/06/22 19:33 KIMHYEW (Rec: 11/06/22 22:43 KIMHYEW		Desktop)
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Oral Endotracheal
ETT/TRACH Tube Size (mm)		7.0
ETT at Lip (cm)		21
ETT Position at Lip		Right
Section 1		
Equipment ID		
Equipment ID Number	980	
Vent Checks		
Ventilator Checks		HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes	
Ventilator Settings		
Vent Settings		
Ventilator Support Mode	VC+	
Resp. Rate Setting (10-24 breaths/min)	16	
Tidal Volume Setting (100-1000 ml)	400	

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

FI02 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 89
 Blood Pressure (90/60-120/80 mmHg) 93/46 L
 End-Tidal CO2 (mmHg) 36
 Respiratory Rate (12-20 breaths/min) 20
 Exhaled Tidal Volume (ml) 428
 Minute Ventilation (L/min) 7.9
 PIP (cmH2O) 20
 MAP (cmH2O) 10
 Plateau Pressure (cm H2O2) 17
 Vent Sensitivity 3.0
 I-Time (seconds) 0.90
 Query Text:Range: 0.002-0.50
 I:E Ratio 1:2.6

Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Auscultation Yes
 Throughout
 Breath Sounds Diminished
 Sputum
 Sputum Amount Scant
 Sputum Color White
 Tolerance & Complications Tolerating Well
 Patient Tolerance of Vent Airway Suctioned,HOB > 30 Degrees
 Action Taken Document 11/06/22 23:18 KIMHYEW (Rec: 11/07/22 00:33 KIMHYEW Desktop)
 Intubation
 Intubation
 Endotracheal Tube Insertion Site Oral Endotracheal
 ET/ TRACH Tube Size (mm) 7.0
 ETT at Lip (cm) 21

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

ERT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	84
Blood Pressure (90/60-120/80 mmHg)	98/46 L
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	20
Exhaled Tidal Volume (ml)	399
Minute Ventilation (L/min)	8.3
PIP (cmH2O)	18
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.5
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	Yes
Throughout	
Breath Sounds	Diminished
Sputum	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Sputum Color	White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	Desktop)
Document	11/07/22 03:22 KIMHYEW (Rec: 11/07/22 04:40 KIMHYEW Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	77
Blood Pressure (90/60-120/80 mmHg)	116/43 L
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	18
Peak Inspiratory Flow (L/min)	65
Exhaled Tidal Volume (ml)	375
Minute Ventilation (L/min)	7.0
PIP (cmH2O)	22
MAP (cmH2O)	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

Vent Sensitivity		3.0
I:E Ratio		1:2.8
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		Diminished
Sputum		
Sputum Amount		Small
Sputum Color		White
Tolerance & Complications		
Patient Tolerance of Vent		Tolerating Well
Action Taken		Airway Suctioned, HOB > 30 Degrees
Document	11/07/22 07:39 BAC	(Rec: 11/07/22 07:44 BAC QWPCD5TH01)
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Oral Endotracheal
ETT/TRACH Tube Size (mm)		7.0
ETT at Lip (cm)		21
ETT Position at Lip		Right
Section 1		
Equipment ID		
Equipment ID Number		980
Vent Checks		
Ventilator Checks		Ambu Bag/Mask at Bedside
Vent Usage Type		SUBVENT
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC (Assist Control)
Tidal Volume Setting (100-1000 ml)		400
FI02 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		

Lyons Kathleen A

Facility: Queen of the Valley 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 Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	76
Blood Pressure (90/60-120/80 mmHg)	114/42 L
End-Tidal CO2 (mmHg)	37
Respiratory Rate (12-20 breaths/min)	17
Peak Inspiratory Flow (L/min)	65
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	7.0
PIP (cmH2O)	27
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/07/22 10:56 BAC (Rec: 11/07/22 10:58 BAC QWRCD5TH01)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/Tracheal Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	980
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside

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

Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings VC (Assist Control)

Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 85
 Blood Pressure (90/60-120/80 mmHg) 116/45 L
 End-Tidal CO2 (mmHg) 33
 Respiratory Rate (12-20 breaths/min) 20
 Peak Inspiratory Flow (L/min) 65
 Exhaled Tidal Volume (ml) 398
 Minute Ventilation (L/min) 8.3
 PIP (cmH2O) 29
 MAP (cmH2O) 9
 Vent Sensitivity 3.0
 I:E Ratio 1:2.8

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation

Throughout Diminished
 Breath Sounds

Sputum

Sputum Amount Scant
 Sputum Color White

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, HOB > 30 Degrees

Document 11/07/22 15:22 BAC (Rec: 11/07/22 15:25 BAC QMRCD5TH01)
 Intubation

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

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right

Section 1

Equipment ID	980
Equipment ID Number	

Vent Checks

Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FiO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	78
Blood Pressure (90/60-120/80 mmHg)	106/44 L
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	21 H
Peak Inspiratory Flow (L/min)	329
Exhaled Tidal Volume (ml)	8.5
Minute Ventilation (L/min)	30
PIP (cmH2O)	9
MAP (cmH2O)	3.0
Vent Sensitivity	1:2.8
I:E Ratio	
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	

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

Sputum

Sputum Amount

Sputum Color

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Diminished

Scant

White

Tolerating Well

Airway Suctioned, Water in Tubing

Emptied, Oral Care Done, HOB > 30

Degrees

Document 11/07/22 19:20 GU (Rec: 11/07/22 22:10 GU Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ETT/TRACH Tube Size (mm)

ETT at Lip (cm)

ETT Position at Lip

Oral Endotracheal

7.0

21

Right

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

VC (Assist Control)

16

400

28

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

100

83

103/50 L

36

18

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Peak Inspiratory Flow (L/min)	65
Exhaled Tidal Volume (ml)	402
Minute Ventilation (L/min)	7.6
PIP (cmH2O)	32
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:3.1
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/07/22 23:15 GU (Rec: 11/08/22 03:40 GU Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Right
Section 1	
Equipment ID	980
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16

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

Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	79
Blood Pressure (90/60-120/80 mmHg)	110/47 L
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	18
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	405
Minute Ventilation (L/min)	7.1
PIP (cmH2O)	30
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:3.3

Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Auscultation Yes
 Throughout
 Breath Sounds Diminished
 Sputum
 Sputum Amount Small
 Sputum Color White
 Tolerance & Complications Tolerating Well
 Patient Tolerance of Vent Airway Suctioned, Oral Care Done, HOB >
 Action Taken 30 Degrees

Document 11/08/22 03:50 GU (Rec: 11/08/22 04:57 GU Desktop)
 Intubation
 Intubation
 Endotracheal Tube Insertion Site Oral Endotracheal
 ET/ TRACH Tube Size (mm) 7.0
 ETT at Lip (cm) 1

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

ERT Position at Lip	Right
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	81
Blood Pressure (90/60-120/80 mmHg)	114/40 L
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	20
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	402
Minute Ventilation (L/min)	8.2
PIP (cmH2O)	30
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:2.9
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	Diminished
Breath Sounds	
Sputum	
Sputum Amount	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

Sputum Color

White

Tolerance & Complications

Patient Tolerance of Vent

Tolerating Well

Action Taken

Airway Suctioned, HOB > 30 Degrees

Document 11/08/22 07:15 JT (Rec: 11/08/22 09:40 JT Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

Oral Endotracheal

ETT/TRACH Tube Size (mm)

7.0

ETT at Lip (cm)

21

ETT Position at Lip

Left

Section 1

Equipment ID

PB 980

Equipment ID Number

Vent Checks

In-Line Catheter Changed, HME Changed,

Ventilator Checks

Ambu Bag/Mask at Bedside

Vent Usage Type

SUBVENT

Red Outlet (QVH Only)

Yes

Ventilator Settings

Vent Settings

VC (Assist Control)

Ventilator Support Mode

16

Resp. Rate Setting (10-24 breaths/min)

400

Tidal Volume Setting (100-1000 ml)

28

FI02 (%)

5

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

100

Pulse Rate (60-100 beats/min)

84

Blood Pressure (90/60-120/80 mmHg)

118/52 L

End-Tidal CO2 (mmHg)

33

Respiratory Rate (12-20 breaths/min)

20

Peak Inspiratory Flow (L/min)

60

Exhaled Tidal Volume (ml)

438

Minute Ventilation (L/min)

8.8

PIP (cmH2O)

31

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

MAP (cmH2O)		11
Vent Sensitivity		3.0
I:E Ratio		1:3.1
Alarm Settings		Yes
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		Diminished
Sputum		
Sputum Amount		Small
Sputum Color		Cream
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned, In-line Catheter
Action Taken		Changed, Water in Tubing Emptied, HOB >
		30 Degrees
Document	11/08/22 11:14 JT	(Rec: 11/08/22 11:17 JT Desktop)
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Oral Endotracheal
ETT/TRACH Tube Size (mm)		7.0
ETT at Lip (cm)		21
ETT Position at Lip		Left
Section 1		
Equipment ID		PB 980
Equipment ID Number		
Vent Checks		Ambu Bag/Mask at Bedside
Ventilator Checks		Yes
Red Outlet (QVH Only)		
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FIO2 (%)		28

Lyons Kathleen A

Facility: Queen of the Valley 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

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	86
Blood Pressure (90/60-120/80 mmHg)	132/56 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	18
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	404
Minute Ventilation (L/min)	7.3
PIP (cmH2O)	30
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:4
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	Cream
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Oral Care Done, HOB >
Action Taken	30 Degrees
Document	11/08/22 15:40 JT (Rec: 11/08/22 15:46 JT Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ETT/TPACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	PB 980
Vent Checks	

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

Ventilator Checks Ambu Bag/Mask at Bedside
 Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings VC (Assist Control)
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 99
 Pulse Rate (60-100 beats/min) 84
 Blood Pressure (90/60-120/80 mmHg) 124/52 H
 End-Tidal CO2 (mmHg) 34
 Respiratory Rate (12-20 breaths/min) 20
 Peak Inspiratory Flow (L/min) 60
 Exhaled Tidal Volume (ml) 398
 Minute Ventilation (L/min) 8.0
 PIP (cmH2O) 27
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I:E Ratio 1:3.2

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Sputum

Sputum Amount Small
 Sputum Color Cream

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, HOB > 30 Degrees

Document 11/08/22 19:20 GU (Rec: 11/08/22 20:48 GU Desktop)
 Intubation

Intubation Oral Endotracheal
 Endotracheal Tube Insertion Site

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

ETT/TRACH Tube Size (mm) 7.0
 ETT at Lip (cm) 21
 ETT Position at Lip Left

Section 1

Equipment ID PB 980
 Equipment ID Number
 Vent Checks Ambu Bag/Mask at Bedside
 Ventilator Checks Yes
 Red Outlet (QVH Only)
 Ventilator Settings

Vent Settings VC (Assist Control)
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 99
 Pulse Rate (60-100 beats/min) 87
 Blood Pressure (90/60-120/80 mmHg) 125/55 H
 End-Tidal CO2 (mmHg) 36
 Respiratory Rate (12-20 breaths/min) 17
 Peak Inspiratory Flow (L/min) 60
 Exhaled Tidal Volume (ml) 379
 Minute Ventilation (L/min) 6.5
 PIP (cmH2O) 30
 MAP (cmH2O) 9
 Vent Sensitivity 3.0
 I:E Ratio 1:3.1
 Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Auscultation
 Throughout
 Breath Sounds 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		Small
Sputum Amount		Cream
Sputum Color		
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned, HOB > 30 Degrees
Action Taken		
Document	11/09/22 00:15 GU (Rec: 11/09/22 00:44 GU Desktop)	
Intubation		
Intubation		Oral Endotracheal
Endotracheal Tube Insertion Site		7.0
ETT/TRACH Tube Size (mm)		21
ETT at Lip (cm)		Left
ETT Position at Lip		
Section 1		
Equipment ID		PB 980
Equipment ID Number		
Vent Checks		Ambu Bag/Mask at Bedside
Ventilator Checks		Yes
Red Outlet (QVH Only)		
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FI02 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		100
Pulse Rate (60-100 beats/min)		82
Blood Pressure (90/60-120/80 mmHg)		126/52 H
End-Tidal CO2 (mmHg)		35
Respiratory Rate (12-20 breaths/min)		18
Peak Inspiratory Flow (L/min)		60
Exhaled Tidal Volume (ml)		425
Minute Ventilation (L/min)		7.2
PIP (cmH2O)		30

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:3.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/09/22 03:45 GU (Rec: 11/09/22 04:24 GU Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Oral Endotracheal
ET/TRACH Tube Size (mm)	7.0
ETT at Lip (cm)	21
ETT Position at Lip	Left
Section 1	
Equipment ID	
Equipment ID Number	PB 980
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	76
Blood Pressure (90/60-120/80 mmHg)	137/57 H
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	19
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	394
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	29
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:3.5

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	
Breath Sounds	Diminished

Sputum

Sputum Amount	Small
Sputum Color	Cream

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Always Suctioned, HOB > 30 Degrees

Document 11/09/22 08:10 ES (Rec: 11/09/22 08:44 ES Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Oral Endotracheal
----------------------------------	-------------------

ETT/TRACH Tube Size (mm)

ETT at Lip (cm)	7.0
ETT Position at Lip	21
	Left

Section 1

Equipment ID

Equipment ID Number

Vent Checks

PB 980

Lyons Kathleen A

Facility: Queen of the Valley 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 Checks

Vent Usage Type

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Peak Inspiratory Flow (L/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Vent Sensitivity

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

Sputum

Sputum Amount

Sputum Color

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Ambu Bag/Mask at Bedside

SUBVENT

Yes

VC (Assist Control)

16

400

28

5

100

74

121/55 H

34

16

60

402

6

23

10

3.0

1:4.2

Yes

Yes

Yes

Diminished

Small

Cream

Tolerating Well

Airway Suctioned, Tube Checked for Leak

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 11/09/22 15:00 ES (Rec: 11/09/22 16:19 ES Desktop) , HOB > 30 Degrees

Intubation

Intubation

Endotracheal Tube Insertion Site Tracheostomy Tube
 ET/TRACH Tube Size (mm) 8
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Equipment ID

Equipment ID Number PB 980

Vent Checks

Ventilator Checks HME Changed, Ambu Bag/Mask at Bedside

Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode VC (Assist Control)
 Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 400
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 72
 Blood Pressure (90/60-120/80 mmHg) 121/50 H
 Respiratory Rate (12-20 breaths/min) 17
 Peak Inspiratory Flow (L/min) 60
 Exhaled Tidal Volume (ml) 436
 Minute Ventilation (L/min) 7
 PIP (cmH2O) 25
 MAP (cmH2O) 9
 Vent Sensitivity 3.0
 I:E Ratio 1:4.2
 Alarm Settings Yes
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified 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

Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	Small
Sputum Amount	Cream
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Tube Checked for Leak
Action Taken	, HOB > 30 Degrees
Document	11/09/22 19:13 TRUOLIN (Rec: 11/10/22 02:25 TRUOLIN Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	PB 840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	95
Pulse Rate (60-100 beats/min)	72
Blood Pressure (90/60-120/80 mmHg)	119/49 L
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	17

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

Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	390
Minute Ventilation (L/min)	6.5
PIP (cmH2O)	25
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:4.2
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document 11/09/22 23:42 TRUOLIN	(Rec: 11/09/22 23:44 TRUOLIN Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ETT/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	PB840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	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

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	71
Blood Pressure (90/60-120/80 mmHg)	118/54 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	394
Minute Ventilation (L/min)	6.4
PIP (cmH2O)	22
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:3.6

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	Diminished
Breath Sounds	

Sputum

Sputum Amount	Small
Sputum Color	Clear

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 11/10/22 04:16 TRUOLIN (Rec: 11/10/22 04:18 TRUOLIN Desktop)

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	PB840
Equipment ID Number	

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

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Peak Inspiratory Flow (L/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Vent Sensitivity

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Document 11/10/22 07:55 BIE (Rec: 11/10/22 10:40 BIE Desktop)

Intubation

Intubation

Ambu Bag/Mask at Bedside

Yes

VC (Assist Control)

16

400

28

5

100

86

125/72 H

31

20

60

398

7.6

21

9

3.0

1:2.7

Yes

Yes

Yes

Diminished

Tolerating Well

HOB > 30 Degrees

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

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	PB840
Equipment ID Number	
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	88
Blood Pressure (90/60-120/80 mmHg)	124/52 H
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	396
Minute Ventilation (L/min)	6.3
PIP (cmH2O)	20
MAP (cmH2O)	9
Plateau Pressure (cm H2O2)	16
Vent Sensitivity	3.0
I:E Ratio	1:2.4
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	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

Throughout	Diminished
Breath Sounds	
Sputum	None
Sputum Amount	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	

11/10/22 07:55 (created 11/10/22 10:38) Respiratory Note by Enriquez, Brenda I
Received patient on vent settings AC-16, VT-400, 28%, Peep-5, tolerating at this time , trach intact and secure. Will cont to monitor.

Initialized on 11/10/22 10:38 - END OF NOTE

Document	11/10/22 12:15	BIE	(Rec: 11/10/22 16:52	BIE	Desktop)
Intubation					
Intubation					
Endotracheal Tube Insertion Site					Tracheostomy Tube
ET/TRACH Tube Size (mm)					8
Trach Tube Type					Plastic (Shiley), Cuffed
Section 1					
Equipment ID					PB840
Equipment ID Number					
Vent Checks					Ambu Bag/Mask at Bedside
Ventilator Checks					Yes
Red Outlet (QVH Only)					
Ventilator Settings					
Vent Settings					
Ventilator Support Mode					VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)					16
Tidal Volume Setting (100-1000 ml)					400
FI02 (%)					28
PEEP (3-10 cm H2O)					5
Assessments					
Measured Patient Data					
Pulse Oximetry (92-100 %)					99

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (60-100 beats/min)		103 H
Blood Pressure (90/60-120/80 mmHg)		119/47 L
End-Tidal CO2 (mmHg)		32
Respiratory Rate (12-20 breaths/min)		22 H
Peak Inspiratory Flow (L/min)		60
Exhaled Tidal Volume (ml)		409
Minute Ventilation (L/min)		9
PIP (cmH2O)		20
MAP (cmH2O)		9
Plateau Pressure (cm H2O2)		16
Vent Sensitivity		3.0
I:E Ratio		1:3.3
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Sputum		
Sputum Amount		Scant
Sputum Color		Clear, White
Tolerance & Complications		
Patient Tolerance of Vent		Tolerating Well
Action Taken		Always Suctioned, Oral Care Done, HOB > 30 Degrees
Document	11/10/22 16:05 BIE	(Rec: 11/10/22 16:52 BIE Desktop)
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Tracheostomy Tube
ET/TRACH Tube Size (mm)		8
Trach Tube Type		Plastic (Shiley), Cuffed
Section 1		
Equipment ID		
Equipment ID Number		PB840
Vent Checks		
Ventilator Checks		Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	118 H
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	20
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	437
Minute Ventilation (L/min)	8.7
PIP (cmH2O)	20
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:2.5

Alarm Settings

Alarms Verified

Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Tolerance & Complications	Yes

Patient Tolerance of Vent

Action Taken

Document	11/10/22 19:24	KIMHYEW	(Rec: 11/10/22 21:43	KIMHYEW	Tolerating Well
					HOB > 30 Degrees
					Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	840	HME Changed, Ambu Bag/Mask at Bedside
Equipment ID Number		
Vent Checks		Yes
Ventilator Checks		
Red Outlet (QVH Only)		

Lyons Kathleen A

Facility: Queen of the Valley 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 Settings

Vent Settings

Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	97
Blood Pressure (90/60-120/80 mmHg)	119/53 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	19
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	400
Minute Ventilation (L/min)	7.7
PIP (cmH2O)	25
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	13
Vent Sensitivity	3.0
I:E Ratio	1:3.2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	
Breath Sounds	Coarse Crackles

Sputum

Sputum Amount	Moderate
Sputum Color	White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 11/10/22 23:00 KIMHYEW (Rec: 11/11/22 02:16 KIMHYEW Desktop)
 Intubation

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	104 H
Blood Pressure (90/60-120/80 mmHg)	131/49 H
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	21 H
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	402
Minute Ventilation (L/min)	8.2
PiP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:3.6
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	

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	Coarse Crackles
Sputum	Small
Sputum Amount	White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/11/22 03:54 RCD (Rec: 11/11/22 03:57 RCD Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	106 H
Blood Pressure (90/60-120/80 mmHg)	151/60 H
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	20
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	404
Minute Ventilation (L/min)	8.3
PIP (cmH2O)	23

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Plateau Pressure (cm H2O2)	9
Vent Sensitivity	3.0
I:E Ratio	1:2.9
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Thoroughout	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/11/22 07:14 QL (Rec: 11/11/22 08:41 QL Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	SUBVENT
Vent Usage Type	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Measured Patient Data

Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	102 H
Blood Pressure (90/60-120/80 mmHg)	129/61 H
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	20
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	8.1
PIP (cmH2O)	23
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	16
Vent Sensitivity	3.0
I:E Ratio	1:3
RSBI	138

Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation
 Left Lower Lobe Diminished
 Breath Sounds

Sputum
 Sputum Amount Small
 Sputum Color White

Tolerance & Complications
 Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, HOB > 30 Degrees
 Readiness to Wean

Protocol: RT.WEAN

Spontaneous Breathing Trial Yes
 Ventilator Weaning Readiness/Signs & Symptoms Vital Signs within Normal Limits
 Ventilator Weaning Duration in Minutes (mins) 3
 Ventilator Weaning Tolerance Poor

Query Text: Terminate weaning if any of the following apply:
 RR >35 for 5 min., SpO2 <90% for >2 min., new ectopy, HR
 change from 20% of baseline, accessory muscle use, increased

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

anxiety/diaphoresis
 Document 11/11/22 11:05 QL (Rec: 11/11/22 11:36 QL Desktop)

Intubation

Intubation
 Endotracheal Tube Insertion Site Tracheostomy Tube
 ET/TRACH Tube Size (mm) 8.0
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Equipment ID
 Equipment ID Number 840

Vent Checks
 Ventilator Checks Ambu Bag/Mask at Bedside
 Red Outlet (QVH Only) Yes
 Ventilator Settings Yes

Vent Settings

Ventilator Support Mode VC (Assist Control)
 Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 400
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 94
 Blood Pressure (90/60-120/80 mmHg) 129/56 H
 End-Tidal CO2 (mmHg) 32
 Respiratory Rate (12-20 breaths/min) 21 H
 Peak Inspiratory Flow (L/min) 60
 Exhaled Tidal Volume (ml) 402
 Minute Ventilation (L/min) 8.4
 PIP (cmH2O) 21
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I:E Ratio 1:3.4
 Alarm Settings Yes
 Alarms Verified Yes
 Alarm Set to Maximum 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

Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	White
Sputum Color	White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Oral Care Done, HOB >
Action Taken	30 Degrees
Document	11/11/22 14:55 QL (Rec: 11/11/22 15:40 QL Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	98
Blood Pressure (90/60-120/80 mmHg)	128/52 H
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	22 H
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	394
Minute Ventilation (L/min)	9.0

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

PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:2
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Tolerance & Complications	Yes
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document	11/11/22 19:33 SMF (Rec: 11/11/22 19:35 SMF Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	89
Blood Pressure (90/60-120/80 mmHg)	126/53 H
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	21 H

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	8.6
PIP (cmH2O)	20
MAP (cmH2O)	8
Vent Sensitivity	3.0
I:E Ratio	1:2.8
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	Clear, White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Patient Medicated for Anxiety, HOB > 30
Action Taken	Degrees
Document	11/11/22 22:56 JLC (Rec: 11/12/22 01:02 JLC Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	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

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	80
Blood Pressure (90/60-120/80 mmHg)	125/50 H
End-Tidal CO2 (mmHg)	40
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	397
Minute Ventilation (L/min)	6.3
PIP (cmH2O)	27
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:2.8

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Tolerance & Complications Yes
 Patient Tolerance of Vent Yes

Action Taken

Document 11/12/22 02:55 JLC (Rec: 11/12/22 04:45 JLC Desktop) Tolerating Well
 Airway Suctioned, HOB > 30 Degrees

Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
EF/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC (Assist Control)
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tidal Volume Setting (100-1000 ml)	400
FiO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	75
Blood Pressure (90/60-120/80 mmHg)	123/52 H
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	444
Minute Ventilation (L/min)	6.2
PIP (cmH2O)	27
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:4.2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Tolerance & Complications	Yes

Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees

Document 11/12/22 07:21 ES (Rec: 11/12/22 09:52 ES Desktop)
 Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	840
Equipment ID Number	Ambu Bag/Mask at Bedside
Vent Checks	SUBVENT
Ventilator Checks	Yes
Vent Usage Type	
Red Outlet (QVH Only)	

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

Ventilator Settings

Vent Settings

Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	69
Blood Pressure (90/60-120/80 mmHg)	115/47 L
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	394
Minute Ventilation (L/min)	6
PIP (cmH2O)	26
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:4.2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Sputum

Sputum Amount	Small
Sputum Color	Clear, White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees

Document 11/12/22 11:29 ES (Rec: 11/12/22 12:18 ES Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	70
Blood Pressure (90/60-120/80 mmHg)	117/60
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	17
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	411
Minute Ventilation (L/min)	6
PIP (cmH2O)	29
MAP (cmH2O)	9
Vent Sensitivity	3.0
I:E Ratio	1:3.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees

Lyons, Kathleen A

Facility: Queen of the Valley 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 11/12/22 15:25 ES (Rec: 11/12/22 16:13 ES Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

Trach Tube Type

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FIO2 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Peak Inspiratory Flow (L/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Vent Sensitivity

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Tracheostomy Tube
 8.0
 Plastic (Shiley), Cuffed

840

Ambu Bag/Mask at Bedside
 Yes

VC (Assist Control)

16

400

28

5

100

67

110/67

36

17

60

399

6

24

9

3.0

1:3.7

Yes

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

Sputum		Scant
Sputum Amount		Clear, White
Sputum Color		
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned, Water in Tubing
Action Taken		Emptied, HOB > 30 Degrees
Document	11/12/22 19:40 LE (Rec: 11/12/22 20:03 LE Desktop)	
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Tracheostomy Tube
ET/TRACH Tube Size (mm)		8
Trach Tube Type		Plastic (Shiley)
Section 1		
Equipment ID		
Equipment ID Number		840
Vent Checks		
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FTO2 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		100
Pulse Rate (60-100 beats/min)		68
Blood Pressure (90/60-120/80 mmHg)		117/51 L
End-Tidal CO2 (mmHg)		32
Respiratory Rate (12-20 breaths/min)		17
Peak Inspiratory Flow (L/min)		60
Exhaled Tidal Volume (ml)		404
Minute Ventilation (L/min)		6.9
PIP (cmH2O)		24
Vent Sensitivity		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

I:E Ratio	1:4
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Document	11/12/22 23:51 LE (Rec: 11/12/22 23:53 LE Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley)
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	65
Blood Pressure (90/60-120/80 mmHg)	113/51 L
End-Tidal CO2 (mmHg)	33

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	16	
Peak Inspiratory Flow (L/min)	60	
Exhaled Tidal Volume (ml)	444	
Minute Ventilation (L/min)	7.1	
PIP (cmH2O)	25	
Vent Sensitivity	3	
I:E Ratio	1:4	
Alarm Settings		
Alarms Verified	Yes	
Alarm Set to Maximum	Yes	
Apnea Settings Verified	Yes	
Auscultation		
Throughout		
Breath Sounds	Diminished	
Sputum		
Sputum Amount	Small	
Sputum Color	Clear, White	
Tolerance & Complications		
Patient Tolerance of Vent	Tolerating Well	
Document	11/13/22 03:48 LE	(Rec: 11/13/22 03:50 LE Desktop)
Intubation		
Intubation		
Endotracheal Tube Insertion Site	Tracheostomy Tube	
ET/TRACH Tube Size (mm)	8	
Trach Tube Type	Plastic (Shiley)	
Section 1		
Equipment ID		
Equipment ID Number	840	
Vent Checks		
Red Outlet (QVH Only)	Yes	
Ventilator Settings		
Vent Settings		
Ventilator Support Mode	VC (Assist Control)	
Resp. Rate Setting (10-24 breaths/min)	16	
Tidal Volume Setting (100-1000 ml)	400	
FTO2 (%)	28	
PEEP (3-10 cm H2O)	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

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	70
Blood Pressure (90/60-120/80 mmHg)	113/52 L
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	400
Minute Ventilation (L/min)	6.4
PIP (cmH2O)	25
Vent Sensitivity	3
I:E Ratio	1:4

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Sputum

Sputum Amount	Small
Sputum Color	Clear, White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
---------------------------	-----------------

Document 11/13/22 07:20 JT (Rec: 11/13/22 09:24 JT Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID

Equipment ID Number	PB 840
---------------------	--------

Vent Checks

Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	66
Blood Pressure (90/60-120/80 mmHg)	106/54 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	18
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	404
Minute Ventilation (L/min)	6.5
PIP (cmH2O)	24
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:4.2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	Diminished
Breath Sounds	
Sputum	
Sputum Amount	Moderate
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees
Document	11/13/22 11:15 JT (Rec: 11/13/22 11:40 JT Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube

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

ET/TRACH Tube Size (mm) 8.0
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Vent Checks Ambu Bag/Mask at Bedside
 Ventilator Checks Yes
 Red Outlet (QVH Only)

Ventilator Settings

Vent Settings VC (Assist Control)
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 74
 Blood Pressure (90/60-120/80 mmHg) 132/62 H
 End-Tidal CO2 (mmHg) 32
 Respiratory Rate (12-20 breaths/min) 17
 Peak Inspiratory Flow (L/min) 60
 Exhaled Tidal Volume (ml) 407
 Minute Ventilation (L/min) 7.0
 PIP (cmH2O) 22
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I:E Ratio 1:4.3
 Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Sputum
 Sputum Amount Small
 Sputum Color Cream
 Tolerance & Complications
 Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, Oral Care Done, HOB >

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 11/13/22 15:45 JT (Rec: 11/13/22 16:15 JT Desktop)

30 Degrees

Intubation

Intubation

Endotracheal Tube Insertion Site
 ET/TRACH Tube Size (mm)
 Trach Tube Type

Tracheostomy Tube
 8.0
 Plastic (Shiley), Cuffed

Section 1

Vent Checks

Ventilator Checks
 Red Outlet (QVH Only)

Ambu Bag/Mask at Bedside
 Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode

VC (Assist Control)

Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 400
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 98
 Pulse Rate (60-100 beats/min) 86
 Blood Pressure (90/60-120/80 mmHg) 124/64 H
 End-Tidal CO2 (mmHg) 34
 Respiratory Rate (12-20 breaths/min) 22 H
 Peak Inspiratory Flow (L/min) 60
 Exhaled Tidal Volume (ml) 411
 Minute Ventilation (L/min) 8.8
 PIP (cmH2O) 26
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I:E Ratio 1:3.8
 Alarm Settings Yes
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Sputum 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

Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document	11/13/22 19:00 CSD (Rec: 11/13/22 20:17 CSD Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TPACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	83
Blood Pressure (90/60-120/80 mmHg)	117/48 L
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	19
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	403
Minute Ventilation (L/min)	7.7
PIP (cmH2O)	26
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:2.9
Alarm Settings	

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

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	White, Cream
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/13/22 23:25 CSD (Rec: 11/14/22 00:39 CSD Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	95
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	116/50 L
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	20
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	406
Minute Ventilation (L/min)	8.2
PIP (cmH2O)	27

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

MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:3.5
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	White, Cream
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Oral Care Done, HOB >
Action Taken	30 Degrees
Document 11/14/22 03:00 CSD (Rec: 11/14/22 05:11 CSD Desktop)	
Intubation	
Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8.0
ETT/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	
Section 1	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC (Assist Control)
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FI02 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	97
Pulse Oximetry (92-100 %)	85
Pulse Rate (60-100 beats/min)	122/55 H
Blood Pressure (90/60-120/80 mmHg)	32
End-Tidal CO2 (mmHg)	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	19
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	412
Minute Ventilation (L/min)	9.1
PIP (cmH2O)	24
MAP (cmH2O)	11
Vent Sensitivity	3.0
I:E Ratio	1:2.6
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White,Cream
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent Action Taken	Always Suctioned,HOB > 30 Degrees
Document	11/14/22 07:25 JT (Rec: 11/14/22 11:54 JT Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	86
Blood Pressure (90/60-120/80 mmHg)	120/54 L
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	18
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	415
Minute Ventilation (L/min)	7.4
PIP (cmH2O)	25
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:4
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees
Document	
11/14/22 11:55 JT (Rec: 11/14/22 11:59 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment 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

Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	132/64 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	399
Minute Ventilation (L/min)	6.4
PIP (cmH2O)	22
MAP (cmH2O)	11
Vent Sensitivity	3.0
I:E Ratio	1:4.2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Oral Care Done, HOB > 30 Degrees
Document	11/14/22 16:36 JT (Rec: 11/14/22 16:41 JT 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

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

Trach Tube Type

Section 1

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Peak Inspiratory Flow (L/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Vent Sensitivity

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Sputum

Sputum Amount

Sputum Color

Small
Cream

Tracheostomy Tube

8.0

Plastic (Shiley), Cuffed

Ambu Bag/Mask at Bedside

Yes

VC (Assist Control)

16

400

28

5

98

94

116/62

34

17

60

408

7.0

24

10

3.0

1:3.8

Yes

Yes

Yes

Small

Cream

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tolerance & Complications
 Patient Tolerance of Vent
 Action Taken

Tolerating Well
 Patient Medicated for Anxiety, HOB > 30
 Degrees

Document 11/14/22 19:40 GU (Rec: 11/14/22 21:06 GU Desktop)

Intubation

Intubation
 Endotracheal Tube Insertion Site
 ET/TRACH Tube Size (mm)
 Trach Tube Type

Tracheostomy Tube
 8.0
 Plastic (Shiley), Cuffed

Section 1

Equipment ID
 Equipment ID Number

PB 840

Vent Checks

Ventilator Checks
 Red Outlet (QVH Only)

Ambu Bag/Mask at Bedside
 Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode
 Resp. Rate Setting (10-24 breaths/min)
 Tidal Volume Setting (100-1000 ml)
 FIO2 (%)
 PEEP (3-10 cm H2O)

VC (Assist Control)

16
 400
 28
 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)
 Pulse Rate (60-100 beats/min)
 Blood Pressure (90/60-120/80 mmHg)
 End-Tidal CO2 (mmHg)
 Respiratory Rate (12-20 breaths/min)
 Peak Inspiratory Flow (L/min)
 Exhaled Tidal Volume (ml)
 Minute Ventilation (L/min)
 PIP (cmH2O)
 MAP (cmH2O)
 Vent Sensitivity
 I:E Ratio

96
 89
 121/52 H
 33
 16
 60
 401
 6.4
 27
 10
 3.0
 1:3.6

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

Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,HOB > 30 Degrees
Document	11/14/22 23:15 GU (Rec: 11/15/22 04:34 GU Desktop)
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	PB 840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	90
Blood Pressure (90/60-120/80 mmHg)	126/56 H
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60

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

Exhaled Tidal Volume (ml)	428
Minute Ventilation (L/min)	7.0
PIP (cmH2O)	22
MAP (cmH2O)	11
Vent Sensitivity	3.0
I:E Ratio	1:3.2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/15/22 03:50 GU (Rec: 11/15/22 04:37 GU Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffless
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	

Lyons Kathleen A

Facility: Queen of the Valley 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 Oximetry (92-100 %)	96
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	120/57 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	60
Exhaled Tidal Volume (ml)	402
Minute Ventilation (L/min)	7.3
PIP (cmH2O)	22
MAP (cmH2O)	10
Vent Sensitivity	3.0
I:E Ratio	1:3.1
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small Cream
Sputum Amount	
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Always Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/15/22 07:07 QL (Rec: 11/15/22 08:25 QL Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	107 H
Blood Pressure (90/60-120/80 mmHg)	114/54 L
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	18
Peak Inspiratory Flow (L/min)	50
Exhaled Tidal Volume (ml)	404
Minute Ventilation (L/min)	7.2
PIP (cmH2O)	21
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	16
Vent Sensitivity	3.0
I:E Ratio	1:2.8

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Sputum

Sputum Amount	Small
Sputum Color	White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 11/15/22 11:15 QL (Rec: 11/15/22 11:34 QL Desktop)

Intubation

Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8.0
ETT/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	

Section 1

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Equipment ID	840	
Equipment ID Number		
Vent Checks		
Ventilator Checks	Ambu Bag/Mask at Bedside	
Red Outlet (QVH Only)	Yes	
Ventilator Settings		
Vent Settings		
Ventilator Support Mode	VC (Assist Control)	
Resp. Rate Setting (10-24 breaths/min)	16	
Tidal Volume Setting (100-1000 ml)	400	
FI02 (%)	28	
PEEP (3-10 cm H2O)	5	
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)	98	
Pulse Rate (60-100 beats/min)	107 H	
Blood Pressure (90/60-120/80 mmHg)	116/52 L	
End-Tidal CO2 (mmHg)	37	
Respiratory Rate (12-20 breaths/min)	17	
Peak Inspiratory Flow (L/min)	50	
Exhaled Tidal Volume (ml)	401	
Minute Ventilation (L/min)	7.0	
PIP (cmH2O)	23	
MAP (cmH2O)	10	
Vent Sensitivity	3.0	
I:E Ratio	1:2.8	
Alarm Settings		
Alarms Verified	Yes	
Alarm Set to Maximum	Yes	
Apnea Settings Verified	Yes	
Tolerance & Complications		
Patient Tolerance of Vent	Tolerating Well	
Action Taken	HOB > 30 Degrees	
Document	11/15/22 14:50 QL (Rec: 11/15/22 14:52 QL Desktop)	
Intubation		
Intubation		
Endotracheal Tube Insertion Site	Tracheostomy 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

EF/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	118 H
Blood Pressure (90/60-120/80 mmHg)	133/68 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	26 H
Peak Inspiratory Flow (L/min)	55
Exhaled Tidal Volume (ml)	452
Minute Ventilation (L/min)	10.8
PIP (cmH2O)	17
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White, Cream

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

Tolerance & Complications
 Patient Tolerance of Vent
 Action Taken

Tolerating Well
 Airway Suctioned, Water in Tubing
 Emptied, Oral Care Done, HOB > 30
 Degrees

Document 11/15/22 19:50 GU (Rec: 11/16/22 02:17 GU Desktop)

Intubation

Intubation
 Endotracheal Tube Insertion Site
 ETY/TRACH Tube Size (mm)
 Trach Tube Type

Tracheostomy Tube
 8.0
 Plastic (Shiley), Cuffed

Section 1

Equipment ID
 Equipment ID Number
 Vent Checks
 Ventilator Checks
 Red Outlet (QVH Only)
 Ventilator Settings

840
 Ambu Bag/Mask at Bedside
 Yes

Vent Settings

Ventilator Support Mode
 Resp. Rate Setting (10-24 breaths/min)
 Tidal Volume Setting (100-1000 ml)
 FIO2 (%)
 PEEP (3-10 cm H2O)

VC (Assist Control)

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %)
 Pulse Rate (60-100 beats/min)
 Blood Pressure (90/60-120/80 mmHg)
 End-Tidal CO2 (mmHg)
 Respiratory Rate (12-20 breaths/min)
 Peak Inspiratory Flow (L/min)
 Exhaled Tidal Volume (ml)
 Minute Ventilation (L/min)
 PIP (cmH2O)
 MAP (cmH2O)
 Plateau Pressure (cm H2O2)

98
 98
 123/58 H
 34
 19
 50
 403
 7.5
 22
 10
 18

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

Vent Sensitivity	3.0
I:E Ratio	1:2.1
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/16/22 00:00 GU (Rec: 11/16/22 02:20 GU Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	84
Blood Pressure (90/60-120/80 mmHg)	132/57 H
End-Tidal CO2 (mmHg)	36

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 Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	50
Exhaled Tidal Volume (ml)	412
Minute Ventilation (L/min)	7.8
PIP (cmH2O)	23
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I:E Ratio	1:2.3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/16/22 03:45 GU (Rec: 11/16/22 04:49 GU Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC (Assist Control)
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	90
Blood Pressure (90/60-120/80 mmHg)	116/86 H
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Peak Inspiratory Flow (L/min)	50
Exhaled Tidal Volume (ml)	415
Minute Ventilation (L/min)	7.6
PIP (cmH2O)	22
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I:E Ratio	1:2.4
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	Small
Sputum Amount	White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent Action Taken	Always Suctioned, HOB > 30 Degrees
Document	11/16/22 07:05 JAM (Rec: 11/16/22 08:00 JAM Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	

Lyons Kathleen A

Facility: Queen of the Valley 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 Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	76
Blood Pressure (90/60-120/80 mmHg)	125/62 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	398
Minute Ventilation (L/min)	6.4
PIP (cmH2O)	27
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Action Taken 11/16/22 11:00 JAM (Rec: 11/16/22 11:02 JAM Desktop) Airway Suctioned,HOB > 30 Degrees

Intubation

Intubation Endotracheal Tube Insertion Site Tracheostomy Tube
 Confirm Placement Auscultation Bilateral Breath Sounds
 ET/TRACH Tube Size (mm) 8
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Equipment ID 840
 Equipment ID Number
 Vent Checks
 Ventilator Checks Ambu Bag/Mask at Bedside
 Red Outlet (QVH Only) Yes
 Ventilator Settings

Vent Settings VC+
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 99
 Pulse Rate (60-100 beats/min) 76
 Blood Pressure (90/60-120/80 mmHg) 116/58 L
 End-Tidal CO2 (mmHg) 37
 Respiratory Rate (12-20 breaths/min) 16
 Exhaled Tidal Volume (ml) 396
 Minute Ventilation (L/min) 6.3
 PIP (cmH2O) 19
 MAP (cmH2O) 9
 Vent Sensitivity 3.0
 I-Time (seconds) 1.0
 Query Text::Range: 0.002-0.50
 I:E Ratio 1:2.8
 Alarm Settings

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

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Oral Care Done, HOB > 30 Degrees
Document 11/16/22 13:52 JAM (Rec: 11/16/22 13:54 JAM Desktop)	
Intubation	
Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	Auscultation Bilateral Breath Sounds
Confirm Placement	8
ET/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FIO2 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	100
Pulse Oximetry (92-100 %)	73
Pulse Rate (60-100 beats/min)	

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Blood Pressure (90/60-120/80 mmHg)	105/49 L
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	395
Minute Ventilation (L/min)	6.3
PIP (cmH2O)	20
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document 11/16/22 15:42 JAM (Rec: 11/16/22 15:43 JAM Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	69
Blood Pressure (90/60-120/80 mmHg)	117/51 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	405
Minute Ventilation (L/min)	6.3
PIP (cmH2O)	20
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0

Query Text::Range: 0.002-0.50

I:E Ratio 1:2.8

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation

Throughout Clear, Diminished
 Breath Sounds

Sputum

Sputum Amount Scant
 Sputum Color Clear, White

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, HOB > 30 Degrees

Document 11/16/22 17:52 JAM (Rec: 11/16/22 17:54 JAM Desktop)
 Intubation

Intubation Tracheostomy Tube
 Endotracheal Tube Insertion Site Auscultation Bilateral Breath Sounds
 Confirm 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

EF/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	75
Blood Pressure (90/60-120/80 mmHg)	119/52 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	423
Minute Ventilation (L/min)	6.2
PIP (cmH2O)	23
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.6
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	Yes
Throughout	
Breath Sounds	Clear, Diminished

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

Sputum					
Sputum Amount					Scant
Sputum Color					Clear, White
Tolerance & Complications					
Patient Tolerance of Vent					Tolerating Well
Action Taken					Airway Suctioned, HOB > 30 Degrees
Document	11/16/22 19:10	SMF	(Rec: 11/16/22 19:45	SMF	Desktop)
Intubation					
Intubation					
Endotracheal Tube Insertion Site					Tracheostomy Tube
Confirm Placement					Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)					8
Trach Tube Type					Plastic (Shiley), Cuffed
Section 1					
Equipment ID					
Equipment ID Number					840
Vent Checks					
Ventilator Checks					Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)					Yes
Ventilator Settings					
Vent Settings					
Ventilator Support Mode					VC+
Resp. Rate Setting (10-24 breaths/min)					16
Tidal Volume Setting (100-1000 ml)					400
FI02 (%)					28
PEEP (3-10 cm H2O)					5
Assessments					
Measured Patient Data					
Pulse Oximetry (92-100 %)					100
Pulse Rate (60-100 beats/min)					69
Blood Pressure (90/60-120/80 mmHg)					123/57 H
End-Tidal CO2 (mmHg)					34
Respiratory Rate (12-20 breaths/min)					16
Exhaled Tidal Volume (ml)					349
Minute Ventilation (L/min)					6.3
PIP (cmH2O)					21
MAP (cmH2O)					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

Vent Sensitivity		3.0
I-Time (seconds)		1.0
Query Text:Range: 0.002-0.50		
I:E Ratio		1:2.8
Alarm Settings		Yes
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		Clear, Diminished
Tolerance & Complications		
Patient Tolerance of Vent		Tolerating Well
Action Taken		HOB > 30 Degrees
Document	11/16/22 23:30 SME (Rec: 11/16/22 23:32 SME Desktop)	
Intubation		
Intubation		Tracheostomy Tube
Endotracheal Tube Insertion Site		Auscultation Bilateral Breath Sounds
Confirm Placement		8
ET/TRACH Tube Size (mm)		Plastic (Shiley), Cuffed
Trach Tube Type		
Section 1		
Equipment ID		
Equipment ID Number		840
Vent Checks		
Ventilator Checks		Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FI02 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		100

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (60-100 beats/min)	62
Blood Pressure (90/60-120/80 mmHg)	117/52 L
End-Tidal CO2 (mmHg)	27
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	385
Minute Ventilation (L/min)	6.1
PIP (cmH2O)	21
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range : 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Oral Care Done, HOB > 30 Degrees
Document 11/17/22 03:44 SMF	(Rec: 11/17/22 03:46 SMF Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FiO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	58 L
Blood Pressure (90/60-120/80 mmHg)	113/52 L
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	389
Minute Ventilation (L/min)	6.2
PIP (cmH2O)	22
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.8

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees

Document 11/17/22 07:46 ES (Rec: 11/17/22 08:40 ES Desktop)

Intubation

Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8
ETT/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	

Section 1

Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside

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

Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	56 L
Blood Pressure (90/60-120/80 mmHg)	100/55 L
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	388
Minute Ventilation (L/min)	6
PIP (cmH2O)	21
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Lyons Kathleen A

Facility: Queen of the Valley 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 11/17/22 11:15 ES (Rec: 11/17/22 11:56 ES Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site
 ET/TRACH Tube Size (mm)

Tracheostomy Tube

Trach Tube Type

Plastic (Shiley), Cuffed

Section 1

Equipment ID

Equipment ID Number

840

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

HME Changed, Ambu Bag/Mask at Bedside

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

VC+

Tidal Volume Setting (100-1000 ml)

16

FIO2 (%)

400

PEEP (3-10 cm H2O)

28

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

100

Pulse Rate (60-100 beats/min)

56 L

Blood Pressure (90/60-120/80 mmHg)

100/53 L

End-Tidal CO2 (mmHg)

30

Respiratory Rate (12-20 breaths/min)

16

Exhaled Tidal Volume (ml)

390

Minute Ventilation (L/min)

6

PIP (cmH2O)

21

MAP (cmH2O)

8

Vent Sensitivity

3.0

I-Time (seconds)

1.0

Query Text: Range: 0.002-0.50

I:E Ratio

1:2.8

Alarm Settings

Alarms Verified

Yes

Alarm Set to Maximum

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

Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	Scant
Sputum Amount	Clear, White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/17/22 15:25 ES (Rec: 11/17/22 15:56 ES Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	59 L
Blood Pressure (90/60-120/80 mmHg)	106/55 L
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	391

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Minute Ventilation (L/min)	6
PIP (cmH2O)	20
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range : 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/17/22 19:05 AC (Rec: 11/18/22 04:49 AC Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400

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

FI02 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	59 L
Blood Pressure (90/60-120/80 mmHg)	96/52 L
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	388
Minute Ventilation (L/min)	6.1
PIP (cmH2O)	20
MAP (cmH2O)	9
Vent Sensitivity	3
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Sputum	
Sputum Amount	Scant
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/17/22 22:55 AC (Rec: 11/18/22 04:49 AC Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment 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

Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	58 L
Blood Pressure (90/60-120/80 mmHg)	101/53 L
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	385
Minute Ventilation (L/min)	6.1
PIP (cmH2O)	21
MAP (cmH2O)	9
Vent Sensitivity	3
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Sputum	
Sputum Amount	Scant
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well

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

Action Taken 11/18/22 03:05 AC (Rec: 11/18/22 04:49 AC Desktop) Airway Suctioned, HOB > 30 Degrees

Intubation

Intubation Tracheostomy Tube
 Endotracheal Tube Insertion Site 8
 ET/TRACH Tube Size (mm)
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Equipment ID 840
 Equipment ID Number

Vent Checks Ambu Bag/Mask at Bedside
 Ventilator Checks Yes
 Red Outlet (QVH Only)

Ventilator Settings

Vent Settings VC+
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 100
 Pulse Rate (60-100 beats/min) 64
 Blood Pressure (90/60-120/80 mmHg) 97/53 L
 End-Tidal CO2 (mmHg) 32
 Respiratory Rate (12-20 breaths/min) 16
 Exhaled Tidal Volume (ml) 386
 Minute Ventilation (L/min) 6.3
 PIP (cmH2O) 21
 MAP (cmH2O) 9
 Vent Sensitivity 3
 I-Time (seconds) 1.0
 Query Text::Range: 0.002-0.50
 I:E Ratio 1:2.8
 Alarm Settings
 Alarms Verified 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

Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear
Sputum	
Sputum Amount	Scant
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/18/22 07:51 JAM (Rec: 11/18/22 07:53 JAM Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	62
Blood Pressure (90/60-120/80 mmHg)	107/60
End-Tidal CO2 (mmHg)	30

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	397
Minute Ventilation (L/min)	6.6
PIP (cmH2O)	24
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Always Suctioned, HOB > 30 Degrees
Document 11/18/22 11:10 JAM (Rec: 11/18/22 11:11 JAM Desktop)	
Intubation	
Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	Auscultation Bilateral Breath Sounds
Confirm Placement	8
ET/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	71
Blood Pressure (90/60-120/80 mmHg)	105/56 L
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	413
Minute Ventilation (L/min)	7.6
PIP (cmH2O)	23
MAP (cmH2O)	11
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:1.6
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/18/22 14:19 JAM (Rec: 11/18/22 14:21 JAM Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube

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

Confirm Placement
 ET/TRACH Tube Size (mm) 8 Auscultation Bilateral Breath Sounds
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Equipment ID
 Equipment ID Number 840

Vent Checks

Ventilator Checks Ambu Bag/Mask at Bedside
 Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings
 Ventilator Support Mode VC+
 Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 400
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 98
 Pulse Rate (60-100 beats/min) 86
 Blood Pressure (90/60-120/80 mmHg) 116/53 L
 End-Tidal CO2 (mmHg) 30
 Respiratory Rate (12-20 breaths/min) 20
 Exhaled Tidal Volume (ml) 390
 Minute Ventilation (L/min) 8.7
 PIP (cmH2O) 18
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I-Time (seconds) 1.0
 Query Text:Range: 0.002-0.50
 I:E Ratio 1:1.7
 Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Auscultation Yes
 Throughout

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	Clear, Diminished
Sputum	Small
Sputum Amount	Clear, White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document 11/18/22 17:20 JAM (Rec: 11/18/22 18:22 JAM Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
Confirm Placement	Auscultation Bilateral Breath Sounds
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	93
Blood Pressure (90/60-120/80 mmHg)	112/51 L
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	394
Minute Ventilation (L/min)	7.3
PIP (cmH2O)	23

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.1
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/18/22 19:58 KGS (Rec: 11/18/22 20:16 KGS Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	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

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	87
Blood Pressure (90/60-120/80 mmHg)	113/56 L
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	9
PIP (cmH2O)	21
MAP (cmH2O)	9
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	Diminished
Breath Sounds	

Sputum

Sputum Amount	Scant
Sputum Color	White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees

Document 11/18/22 23:21 GGS (Rec: 11/18/22 23:24 GGS Desktop)

Intubation

Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8
ETT/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	

Section 1

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	87
Blood Pressure (90/60-120/80 mmHg)	115/52 L
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	18
Expired Tidal Volume (ml)	404
Minute Ventilation (L/min)	7.1
PIP (cmH2O)	19
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	Diminished
Breath Sounds	
Sputum	
Sputum Amount	Scant

Lyons, Kathleen A

Facility: Queen of the Valley 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

Clear

Tolerance & Complications

Tolerating Well

Patient Tolerance of Vent

Oral Care Done

Action Taken

Document 11/19/22 03:28 KGS (Rec: 11/19/22 03:31 KGS Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

Tracheostomy Tube

ET/TRACH Tube Size (mm)

8

Trach Tube Type

Plastic (Shiley), Cuffed

Section 1

Equipment ID

840

Equipment ID Number

Vent Checks

HME Changed

Ventilator Checks

Yes

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

VC+

Resp. Rate Setting (10-24 breaths/min)

16

Tidal Volume Setting (100-1000 ml)

400

FI02 (%)

28

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

100

Pulse Rate (60-100 beats/min)

91

Blood Pressure (90/60-120/80 mmHg)

114/51 L

End-Tidal CO2 (mmHg)

33

Respiratory Rate (12-20 breaths/min)

21 H

Exhaled Tidal Volume (ml)

422

Minute Ventilation (L/min)

8.8

PIP (cmH2O)

19

MAP (cmH2O)

10

Vent Sensitivity

3.0

I-Time (seconds)

1.0

Query Text: Range: 0.002-0.50

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

I:E Ratio	1:1.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Diminished
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document	11/19/22 08:05 TE (Rec: 11/19/22 12:59 TE Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	94
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	19

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Exhaled Tidal Volume (ml)	405
Minute Ventilation (L/min)	7
PIP (cmH2O)	22
MAP (cmH2O)	11
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range : 0.002-0.50	
I:E Ratio	1:2
Alarm Settings	
Alarms Verified	Yes
Apnea Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Fine Crackles
Sputum	
Sputum Amount	Scant
Sputum Color	Clear
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/19/22 11:30 TE (Rec: 11/19/22 12:59 TE Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16

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

Tidal Volume Setting (100-1000 ml)	400
FiO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	93
End-Tidal CO2 (mmHg)	31
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	397
Minute Ventilation (L/min)	7
PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	
Breath Sounds	Fine Crackles
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	HOB > 30 Degrees

Action Taken
 Document 11/19/22 15:33 TE (Rec: 11/19/22 16:29 TE Desktop)

Intubation

Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	
Equipment ID Number	840
Vent Checks	

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

Ventilator Checks Ambu Bag/Mask at Bedside
 Red Outlet (QVH Only) Yes

Ventilator Settings

Vent Settings VC+
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %) 97
 Pulse Rate (60-100 beats/min) 100
 End-Tidal CO2 (mmHg) 31
 Respiratory Rate (12-20 breaths/min) 19
 Exhaled Tidal Volume (ml) 433
 Minute Ventilation (L/min) 7
 PIP (cmH2O) 20
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I-Time (seconds) 1.0
 Query Text::Range: 0.002-0.50

I:E Ratio

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation

Throughout Clear, Diminished
 Breath Sounds

Sputum

Sputum Amount None

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned, HOB > 30 Degrees

Document 11/19/22 17:35 TE (Rec: 11/19/22 18:07 TE Desktop)

Intubation

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

Intubation		Tracheostomy Tube
Endotracheal Tube Insertion Site		8
ET/TRACH Tube Size (mm)		Plastic (Shiley), Cuffed
Trach Tube Type		
Section 1		
Equipment ID	840	
Equipment ID Number		
Vent Checks		Ambu Bag/Mask at Bedside
Ventilator Checks		Yes
Red Outlet (QVH Only)		
Ventilator Settings		
Vent Settings		
Ventilator Support Mode	VC+	
Resp. Rate Setting (10-24 breaths/min)	16	
Tidal Volume Setting (100-1000 ml)	400	
FI02 (%)	28	
PEEP (3-10 cm H2O)	5	
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)	97	
Pulse Rate (60-100 beats/min)	93	
End-Tidal CO2 (mmHg)	32	
Respiratory Rate (12-20 breaths/min)	19	
Exhaled Tidal Volume (ml)	443	
Minute Ventilation (L/min)	7	
PIP (cmH2O)	20	
MAP (cmH2O)	10	
Vent Sensitivity	3.0	
I-Time (seconds)	1.0	
Query Text:Range: 0.002-0.50		
I:E Ratio	1:2	
Alarm Settings		
Alarms Verified	Yes	
Alarm Set to Maximum	Yes	
Apnea Settings Verified	Yes	
Sputum		
Sputum Amount	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

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Document 11/19/22 20:04 KIMHYEW (Rec: 11/19/22 20:05 KIMHYEW Desktop) Tolerating Well
 Airway Suctioned, HOB > 30 Degrees

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

Trach Tube Type

Tracheostomy Tube
 8.0
 Plastic (Shiley), Cuffed

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

VC+
 16
 400
 28
 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Plateau Pressure (cm H2O2)

Vent Sensitivity

I-Time (seconds)

Query Text: Range: 0.002-0.50

7.2
 19
 10
 18
 3.0
 1.00

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

I:E Ratio	1:2:1
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document	11/19/22 23:29 KIMHYEW (Rec: 11/20/22 00:08 KIMHYEW Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ETT/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	97

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Blood Pressure (90/60-120/80 mmHg)	129/55 H
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	399
Minute Ventilation (L/min)	7.7
PIP (cmH2O)	20
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.1
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	Clear, Diminished
Breath Sounds	
Sputum	
Sputum Amount	Scant
Sputum Color	Clear, White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/20/22 03:41 KIMHYEW	(Rec: 11/20/22 05:36 KIMHYEW Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	

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

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	96
Blood Pressure (90/60-120/80 mmHg)	137/55 H
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	19
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	1.00
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	
Breath Sounds	Clear, Diminished

Sputum

Sputum Amount	Small
Sputum Color	Clear, White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 11/20/22 07:35 QL (Rec: 11/20/22 09:11 QL Desktop)

Intubation
 Intubation

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FI02 (%)	5
PEEP (3-10 cm H2O)	

Assessments

Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	94
Blood Pressure (90/60-120/80 mmHg)	126/56 H
End-Tidal CO2 (mmHg)	34
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	400
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	19
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	20
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text::Range: 0.002-0.50	
I:E Ratio	1:2.1
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	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

Auscultation	
Left Lower Lobe	Diminished
Breath Sounds	
Sputum	Small
Sputum Amount	White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, HOB > 30 Degrees
Action Taken	
Document	11/20/22 10:40 QL (Rec: 11/20/22 11:35 QL Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	100
Pulse Rate (60-100 beats/min)	98
Blood Pressure (90/60-120/80 mmHg)	129/53 H
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	388
Minute Ventilation (L/min)	7.5

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

PIP (cmH2O)	19
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees
Document 11/20/22 14:40 QL (Rec: 11/20/22 14:54 QL Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Settings	Yes
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	

Lyons, Kathleen A

Facility: Queen of the Valley 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 Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	100
Blood Pressure (90/60-120/80 mmHg)	121/56 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	18
Exhaled Tidal Volume (ml)	403
Minute Ventilation (L/min)	7.2
PIP (cmH2O)	21
MAP (cmH2O)	9
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.7
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees
Document	11/20/22 20:08 KGS (Rec: 11/21/22 00:05 KGS Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	

Lyons Kathleen A

Facility: Queen of the Valley 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 Settings

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	94
Blood Pressure (90/60-120/80 mmHg)	132/57 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	411
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	20
MAP (cmH2O)	10
Plateau Pressure (cm H2O2)	18
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	
Breath Sounds	Clear, Diminished

Sputum

Sputum Amount	Small
Sputum Color	White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, HOB > 30 Degrees

Document 11/20/22 23:22 KGS (Rec: 11/21/22 00:05 KGS 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

Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Equipment ID	840
Equipment ID Number	

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	95
Blood Pressure (90/60-120/80 mmHg)	135/57 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	19
Exhaled Tidal Volume (ml)	400
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	21
MAP (cmH2O)	11
Plateau Pressure (cm H2O2)	19
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text: Range: 0.002-0.50	1:2.1
I:E Ratio	
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	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

Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	Small
Sputum Amount	White
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Oral Care Done
Action Taken	
Document	11/21/22 03:22 KGS (Rec: 11/21/22 04:17 KGS Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FTO2 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	90
Blood Pressure (90/60-120/80 mmHg)	129/60 H
End-Tidal CO2 (mmHg)	35
Respiratory Rate (12-20 breaths/min)	20
Exhaled Tidal Volume (ml)	367

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Minute Ventilation (L/min)	7.7
PIP (cmH2O)	21
MAP (cmH2O)	11
Vent Sensitivity	3.0
I-Time (seconds)	1.0
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.1
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Clear, Diminished
Sputum	
Sputum Amount	Small
Sputum Color	White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	HOB > 30 Degrees
Action Taken	
Document 11/21/22 07:10 JT (Rec: 11/21/22 09:49 JT Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	PB 840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	96
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	132/66 H
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	20
Exhaled Tidal Volume (ml)	434
Minute Ventilation (L/min)	8.7
PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.6

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Auscultation

Throughout	
Breath Sounds	Clear, Diminished

Sputum

Sputum Amount	Small
Sputum Color	White

Tolerance & Complications

Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, water in Tubing Emptied, HOB > 30 Degrees

Document 11/21/22 13:45 JT (Rec: 11/21/22 13:47 JT Desktop)
 Intubation

Intubation		Tracheostomy Tube
Endotracheal Tube Insertion Site		
ET/TRACH Tube Size (mm)		8.0

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

Trach Tube Type

Plastic (shiley), Cuffed

Section 1

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ambu Bag/Mask at Bedside
 Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

VC+
 16
 400
 28
 5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Expired Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Vent Sensitivity

I-Time (seconds)

Query Text::Range: 0.002-0.50

I:E Ratio

97
 80
 92/74
 35
 18
 402
 7.2
 19
 9
 3.0
 0.9
 1:3.2

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Tolerating Well
 HOB > 30 Degrees

Document 11/21/22 16:00 JT (Rec: 11/21/22 16:05 JT Desktop)

Intubation

Intubation

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

Endotracheal Tube Insertion Site Tracheostomy Tube
 ET/TRACH Tube Size (mm) 8.0
 Trach Tube Type Plastic (Shiley), Cuffed

Section 1

Vent Checks HME Changed, Ambu Bag/Mask at Bedside
 Ventilator Checks Yes
 Red Outlet (QVH Only)
 Ventilator Settings
 Vent Settings

Ventilator Support Mode VC+
 Resp. Rate Setting (10-24 breaths/min) 16
 Tidal Volume Setting (100-1000 ml) 400
 FIO2 (%) 28
 PEEP (3-10 cm H2O) 5

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 98
 Pulse Rate (60-100 beats/min) 86
 Blood Pressure (90/60-120/80 mmHg) 132/58 H
 End-Tidal CO2 (mmHg) 34
 Respiratory Rate (12-20 breaths/min) 21 H
 Exhaled Tidal Volume (ml) 408
 Minute Ventilation (L/min) 8.6
 PIP (cmH2O) 18
 MAP (cmH2O) 10
 Vent Sensitivity 3.0
 I-Time (seconds) 0.9
 Query Text:Range: 0.002-0.50
 I:E Ratio 1:2.3

Alarm Settings
 Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes
 Sputum Small
 Sputum Amount Small
 Sputum Color White
 Tolerance & Complications

Lyons Kathleen A

Facility: Queen of the Valley 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 Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned,HOB > 30 Degrees
 Document 11/21/22 19:45 MCC (Rec: 11/21/22 22:01 MCC Desktop)

Intubation

Intubation 8
 ETT/TRACH Tube Size (mm) 25
 ETT Cuff Pressure Plastic (Shiley), Cuffed, Other
 Trach Tube Type

Section 1

Equipment ID PB 840
 Equipment ID Number
 Vent Checks Ambu Bag/Mask at Bedside
 Ventilator Checks Yes
 Red Outlet (QVH Only)

Ventilator Settings

Vent Settings VC+
 Ventilator Support Mode 16
 Resp. Rate Setting (10-24 breaths/min) 400
 Tidal Volume Setting (100-1000 ml) 28
 FIO2 (%) 5
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data
 Pulse Oximetry (92-100 %) 97
 Pulse Rate (60-100 beats/min) 80
 Blood Pressure (90/60-120/80 mmHg) 117/58 L
 End-Tidal CO2 (mmHg) 36
 Respiratory Rate (12-20 breaths/min) 17
 Exhaled Tidal Volume (ml) 401
 Minute Ventilation (L/min) 6.8
 PIP (cmH2O) 20
 MAP (cmH2O) 9
 Plateau Pressure (cm H2O2) 17
 I-Time (seconds) 0.90
 Query Text::Range: 0.002-0.50
 I:E Ratio 1:3.1
 Static Lung Compliance (ml/cmH2O) 33

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Alarm Settings		
Alarms Verified		Yes
Apnea Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		Coarse Crackles
Sputum		
Sputum Amount		Moderate
Sputum Color		White,Green
Tolerance & Complications		
Patient Tolerance of Vent		Tolerating Well
Action Taken		Airway Suctioned
Document	11/21/22 23:14 MCC	(Rec: 11/22/22 01:24 MCC Desktop)
Intubation		
Intubation		
ET/TRACH Tube Size (mm)		8
ETT Cuff Pressure		25
Trach Tube Type		Plastic (Shiley), Cuffed, Other
Section 1		
Equipment ID		
Equipment ID Number		PB 840
Vent Checks		
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FIO2 (%)		28
PEEP (3-10 cm H2O)		5
Assessments		
Measured Patient Data		
Pulse Oximetry (92-100 %)		97
Pulse Rate (60-100 beats/min)		100
Blood Pressure (90/60-120/80 mmHg)		143/60 H
End-Tidal CO2 (mmHg)		31

Lyons, Kathleen A

Facility: Queen of the Valley 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 Rate (12-20 breaths/min)	28	H
Exhaled Tidal Volume (ml)	396	
Minute Ventilation (L/min)	11.0	
PIP (cmH2O)	19	
MAP (cmH2O)	11	
I-Time (seconds)	0.90	
Query Text:Range: 0.002-0.50		
I:E Ratio	1:1.4	
Alarm Settings		
Alarms Verified	Yes	
Alarm Set to Maximum	Yes	
Apnea Settings Verified	Yes	
Auscultation		
Throughout		
Breath Sounds		Coarse Crackles
Sputum		
Sputum Amount		Small
Sputum Color		White,Green
Tolerance & Complications		
Patient Tolerance of Vent		Tolerating Well
Action Taken		Airway Suctioned,Oral Care Done
Document 11/22/22 03:17 MCC (Rec: 11/22/22 04:31 MCC Desktop)		
Intubation		
Intubation		
ET/TRACH Tube Size (mm)	8	
ETT Cuff Pressure	25	
Trach Tube Type		Plastic (Shiley),Silicon (Portex), Other
Section 1		
Equipment ID		
Equipment ID Number	PB 840	
Vent Checks		
Ventilator Checks		HME Changed
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+

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

Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	90
Blood Pressure (90/60-120/80 mmHg)	115/51 L
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	395
Minute Ventilation (L/min)	6.3
PIP (cmH2O)	20
MAP (cmH2O)	9
I-Time (seconds)	0.90

Query Text: Range: 0.002-0.50
 I:E Ratio 1:3.2

Alarm Settings

Alarms Verified Yes
 Alarm Set to Maximum Yes
 Apnea Settings Verified Yes

Auscultation

Throughout
 Breath Sounds Coarse Crackles

Sputum

Sputum Amount Scant
 Sputum Color Green

Tolerance & Complications

Patient Tolerance of Vent Tolerating Well
 Action Taken Airway Suctioned

Document 11/22/22 07:40 JT (Rec: 11/22/22 10:44 JT Desktop)

Intubation

Intubation Tracheostomy Tube
 Endotracheal Tube Insertion Site 8.0
 ET/TRACH Tube Size (mm) Plastic (Shiley), Cuffed
 Trach Tube 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

Section 1

Equipment ID	PB 840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	86
Blood Pressure (90/60-120/80 mmHg)	132/56 H
End-Tidal CO2 (mmHg)	37
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	433
Minute Ventilation (L/min)	7.2
PIP (cmH2O)	20
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Expiratory Rhonchi
Sputum	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Sputum Color	Cream
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Water in Tubing
Action Taken	Emptied, HOB > 30 Degrees
Document 11/22/22 11:50 JT (Rec: 11/22/22 13:37 JT Desktop)	
Intubation	
Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8.0
ET/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	
Section 1	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	99
Pulse Oximetry (92-100 %)	88
Pulse Rate (60-100 beats/min)	124/54 H
Blood Pressure (90/60-120/80 mmHg)	36
End-Tidal CO2 (mmHg)	18
Respiratory Rate (12-20 breaths/min)	424
Exhaled Tidal Volume (ml)	7.6
Minute Ventilation (L/min)	18
PIP (cmH2O)	18
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text: Range: 0.002-0.50	

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

I:E Ratio	1:2.8
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Oral Care Done, HOB > 30 Degrees
Document	11/22/22 15:45 JT (Rec: 11/22/22 16:28 JT Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI _{O2} (%)	28
PEEP (3-10 cm H ₂ O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	98
Pulse Rate (60-100 beats/min)	82
Blood Pressure (90/60-120/80 mmHg)	114/56 L
End-Tidal CO ₂ (mmHg)	35
Respiratory Rate (12-20 breaths/min)	17
Expired Tidal Volume (ml)	426

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Minute Ventilation (L/min)	7.2
PIP (cmH2O)	21
MAP (cmH2O)	10
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document 11/22/22 19:40 GS (Rec: 11/23/22 06:04 GS Desktop)	
Intubation	
Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8.0
ETT/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	
Section 1	
Equipment ID	980
Equipment ID Number	
Vent Checks	HME Changed, Ambu Bag/Mask at Bedside
Ventilator Checks	Yes
Red Outlet (QVH Only)	
Ventilator Settings	
Vent Settings	VC+
Ventilator Support Mode	16
Resp. Rate Setting (10-24 breaths/min)	400
Tidal Volume Setting (100-1000 ml)	28
FTO2 (%)	5
PEEP (3-10 cm H2O)	
Assessments	
Measured Patient Data	98
Pulse Oximetry (92-100 %)	88
Pulse Rate (60-100 beats/min)	

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

Blood Pressure (90/60-120/80 mmHg)	117/54 L
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	20
Exhaled Tidal Volume (ml)	401
Minute Ventilation (L/min)	8.0
PIP (cmH2O)	23
Plateau Pressure (cm H2O2)	19
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:2.8
Alarm Settings	Yes
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Water in Tubing Emptied, HOB > 30 Degrees
Document 11/22/22 23:35 GS (Rec: 11/23/22 06:04 GS Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	980
Equipment ID Number	
Vent Checks	
Ventilator Checks	
Red Outlet (QVH Only)	Ambu Bag/Mask at Bedside 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 Settings

Vent Settings

Ventilator Support Mode
 Resp. Rate Setting (10-24 breaths/min)
 Tidal Volume Setting (100-1000 ml)
 FIO2 (%)
 PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)
 Pulse Rate (60-100 beats/min)
 Blood Pressure (90/60-120/80 mmHg)
 End-Tidal CO2 (mmHg)
 Respiratory Rate (12-20 breaths/min)
 Exhaled Tidal Volume (ml)
 Minute Ventilation (L/min)
 PIP (cmH2O)
 Plateau Pressure (cm H2O2)
 Vent Sensitivity
 I-Time (seconds)
 Query Text:Range: 0.002-0.50
 I:E Ratio

Alarm Settings

Alarms Verified
 Alarm Set to Maximum
 Apnea Settings Verified

Auscultation

Throughout
 Breath Sounds

Sputum

Sputum Amount
 Sputum Color

Tolerance & Complications
 Patient Tolerance of Vent
 Action Taken

VC+

16

400

28

5

100

88

132/52 H

34

18

403

7.5

19

16

3.0

0.90

1:3.2

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Auscultation

Throughout

Breath Sounds

Sputum

Sputum Amount

Sputum Color

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Coarse Crackles

Scant

Cream

Tolerating Well

Airway Suctioned,Water in Tubing

Emptied,Oral Care Done,HOB > 30

Degrees

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 11/23/22 02:50 GS (Rec: 11/23/22 06:04 GS Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

Trach Tube Type

Section 1

Equipment ID

Equipment ID Number

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FIO2 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

Plateau Pressure (cm H2O2)

Vent Sensitivity

I-Time (seconds)

Query Text: Range: 0.002-0.50

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

980

Tracheostomy Tube
 8.0
 Plastic (Shiley), Cuffed

Ambu Bag/Mask at Bedside
 Yes

VC+
 16
 400
 28
 5

99
 89
 125/59 H
 39
 89 H
 402
 6.4
 19
 16
 3.0
 0.90
 1:3.2
 Yes
 Yes
 Yes

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

Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Coarse Crackles
Sputum	Scant Cream
Sputum Amount	
Sputum Color	
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, water in Tubing
Action Taken	Emptied, HOB > 30 Degrees
Document 11/23/22 07:15 EM (Rec: 11/23/22 11:16 EM Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	HME Changed, Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	99
Pulse Rate (60-100 beats/min)	88
End-Tidal CO2 (mmHg)	36
Respiratory Rate (12-20 breaths/min)	18

Lyons, Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Exhaled Tidal Volume (ml)	402
Minute Ventilation (L/min)	7.5
PIP (cmH2O)	19
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	
Breath Sounds	Coarse Crackles
Sputum	
Sputum Amount	Small
Sputum Color	Clear,White,Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned,Water in Tubing Emptied,HOB > 30 Degrees
Document 11/23/22 12:10 EM (Rec: 11/23/22 12:47 EM Desktop)	
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley),Cuffed
Section 1	
Equipment ID	
Equipment ID Number	980
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tidal Volume Setting (100-1000 ml)	400
FiO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	91
Blood Pressure (90/60-120/80 mmHg)	122/67 H
End-Tidal CO2 (mmHg)	33
Respiratory Rate (12-20 breaths/min)	19
Expired Tidal Volume (ml)	391
Minute Ventilation (L/min)	7.4
PIP (cmH2O)	19
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text:Range : 0.002-0.50	
I:E Ratio	1:2.0

Alarm Settings

Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes

Sputum

Sputum Amount	Small
Sputum Color	Clear, White
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Oral Care Done, HOB >
Action Taken	30 Degrees

Document 11/23/22 15:36 EM (Rec: 11/23/22 15:38 EM Desktop)

Intubation

Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8.0
ET/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	

Section 1

Equipment ID	980
Equipment ID Number	980

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

Vent Checks

Ventilator Checks

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

Resp. Rate Setting (10-24 breaths/min)

Tidal Volume Setting (100-1000 ml)

FI02 (%)

PEEP (3-10 cm H2O)

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

Pulse Rate (60-100 beats/min)

Blood Pressure (90/60-120/80 mmHg)

End-Tidal CO2 (mmHg)

Respiratory Rate (12-20 breaths/min)

Exhaled Tidal Volume (ml)

Minute Ventilation (L/min)

PIP (cmH2O)

MAP (cmH2O)

Vent Sensitivity

I-Time (seconds)

Query Text:Range: 0.002-0.50

I:E Ratio

Alarm Settings

Alarms Verified

Alarm Set to Maximum

Apnea Settings Verified

Tolerance & Complications

Patient Tolerance of Vent

Action Taken

Document 11/23/22 19:54 HR(2) (Rec: 11/23/22 20:01 HR(2) Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

ET/TRACH Tube Size (mm)

Ambu Bag/Mask at Bedside

Yes

VC+

16

400

28

5

96

90

125/66 H

28

21 H

399

8.4

22

11

3.0

0.90

1:2.1

Yes

Yes

Yes

Tolerating Well

HOB > 30 Degrees

Desktop)

Tracheostomy Tube

8.0

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

Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Equipment ID	840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	96
Pulse Rate (60-100 beats/min)	65
Blood Pressure (90/60-120/80 mmHg)	143/52 H
ETCO2 In Use - Night Shift	Yes
End-Tidal CO2 (mmHg)	28
Respiratory Rate (12-20 breaths/min)	24 H
Exhaled Tidal Volume (ml)	430
Minute Ventilation (L/min)	10.4
PIP (cmH2O)	11
MAP (cmH2O)	7
Plateau Pressure (cm H2O2)	17
Vent Sensitivity	3.0
I-Time (seconds)	0.90
Query Text::Range: 0.002-0.50	
I:E Ratio	1:1.9
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	
Throughout	

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

Diminished

Sputum

Sputum Amount

Small

Sputum Color

Clear, White

Tolerance & Complications

Patient Tolerance of Vent

Tolerating Well

Action Taken

Airway Suctioned, Water in Tubing
 Emptied, HOB > 30 Degrees

Document 11/23/22 23:34 HR(2) (Rec: 11/23/22 23:57 HR(2) Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

Tracheostomy Tube

ET/TRACH Tube Size (mm)

8.0

Trach Tube Type

Plastic (Shiley), Cuffed

Section 1

Equipment ID

840

Equipment ID Number

Vent Checks

Ambu Bag/Mask at Bedside

Ventilator Checks

Yes

Red Outlet (QVH Only)

Ventilator Settings

Vent Settings

Ventilator Support Mode

VC+

Resp. Rate Setting (10-24 breaths/min)

16

Tidal Volume Setting (100-1000 ml)

400

FIO2 (%)

28

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

100

Pulse Rate (60-100 beats/min)

122 H

Blood Pressure (90/60-120/80 mmHg)

128/55 H

End-Tidal CO2 (mmHg)

30

Respiratory Rate (12-20 breaths/min)

33 H

Exhaled Tidal Volume (ml)

458

Minute Ventilation (L/min)

15

PIP (cmH2O)

13

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

MAP (cmH2O)		8
Vent Sensitivity		3.0
I-Time (seconds)		0.90
Query Text:Range: 0.002-0.50		
I:E Ratio		1:1.2
Alarm Settings		
Alarms Verified		Yes
Alarm Set to Maximum		Yes
Apnea Settings Verified		Yes
Auscultation		
Throughout		
Breath Sounds		Diminished
Sputum		None
Sputum Amount		
Tolerance & Complications		Tolerating Well
Patient Tolerance of Vent		Airway Suctioned, Water in Tubing
Action Taken		Emptied, HOB > 30 Degrees
Document	11/24/22 03:29 HR(2)	(Rec: 11/24/22 03:45 HR(2) Desktop)
Intubation		
Intubation		
Endotracheal Tube Insertion Site		Tracheostomy Tube
ETT/TRACH Tube Size (mm)		8.0
Trach Tube Type		Plastic (Shiley), Cuffed
Section 1		
Equipment ID		840
Equipment ID Number		
Vent Checks		In-Line Catheter Changed, HME Changed,
Ventilator Checks		Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)		Yes
Ventilator Settings		
Vent Settings		
Ventilator Support Mode		VC+
Resp. Rate Setting (10-24 breaths/min)		16
Tidal Volume Setting (100-1000 ml)		400
FIO2 (%)		28

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

PEEP (3-10 cm H2O)

5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)

96

Pulse Rate (60-100 beats/min)

105 H

Blood Pressure (90/60-120/80 mmHg)

106/56 L

End-Tidal CO2 (mmHg)

35

Respiratory Rate (12-20 breaths/min)

18

Exhaled Tidal Volume (ml)

441

Minute Ventilation (L/min)

8

PIP (cmH2O)

16

MAP (cmH2O)

8

Vent Sensitivity

3.0

I-Time (seconds)

0.90

Query Text:Range: 0.002-0.50

I:E Ratio

1:2.3

Alarm Settings

Alarms Verified

Yes

Alarm Set to Maximum

Yes

Apnea Settings Verified

Yes

Auscultation

Throughout

Clear

Breath Sounds

Clear

Sputum

Sputum Amount

Scant

Sputum Color

Clear,White

Tolerance & Complications

Patient Tolerance of Vent

Tolerating Well

Action Taken

Airway Suctioned, In-Line Catheter
 Changed, Water in Tubing Emptied, Oral
 Care Done, HOB > 30 Degrees

Document 11/24/22 07:35 JT (Rec: 11/24/22 07:52 JT Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site

Tracheostomy Tube

ET/TRACH Tube Size (mm)

8.0

Trach Tube Type

Plastic (Shiley), Cuffed

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Section 1

Equipment ID	PB 840
Equipment ID Number	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Vent Usage Type	SUBVENT
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FI02 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	78
Blood Pressure (90/60-120/80 mmHg)	118/55 L
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	404
Minute Ventilation (L/min)	6.5
PIP (cmH2O)	18
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Auscultation	Yes
Throughout	
Breath Sounds	Diminished
Sputum	

Lyons, Kathleen A

Facility: Queen of the Valley 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	Small
Sputum Color	Cream
Tolerance & Complications	Tolerating Well
Patient Tolerance of Vent	Airway Suctioned, Water in Tubing
Action Taken	Emptied, HOB > 30 Degrees

Document 11/24/22 11:50 JT (Rec: 11/24/22 13:04 JT Desktop)

Intubation

Intubation

Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed

Section 1

Vent Checks

Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes

Ventilator Settings

Vent Settings

Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FIO2 (%)	28
PEEP (3-10 cm H2O)	5

Assessments

Measured Patient Data

Pulse Oximetry (92-100 %)	96
Pulse Rate (60-100 beats/min)	98
Blood Pressure (90/60-120/80 mmHg)	116/64
End-Tidal CO2 (mmHg)	32
Respiratory Rate (12-20 breaths/min)	17
Exhaled Tidal Volume (ml)	398
Minute Ventilation (L/min)	6.8
PIP (cmH2O)	18
MAP (cmH2O)	8
Vent Sensitivity	3.0
I-Time (seconds)	0.9

Query Text: Range: 0.002-0.50

Lyons Kathleen A

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

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

I:E Ratio	1:3
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Sputum	
Sputum Amount	Small
Sputum Color	Cream
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	Airway Suctioned, Oral Care Done, HOB > 30 Degrees
Document	11/24/22 15:55 JT (Rec: 11/24/22 16:33 JT Desktop)
Intubation	
Intubation	
Endotracheal Tube Insertion Site	Tracheostomy Tube
ET/TRACH Tube Size (mm)	8.0
Trach Tube Type	Plastic (Shiley), Cuffed
Section 1	
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	97
Pulse Rate (60-100 beats/min)	92
Blood Pressure (90/60-120/80 mmHg)	118/63
End-Tidal CO2 (mmHg)	30
Respiratory Rate (12-20 breaths/min)	16
Exhaled Tidal Volume (ml)	386

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

Minute Ventilation (L/min)	6.4
PIP (cmH2O)	19
MAP (cmH2O)	9
Vent Sensitivity	3.0
I-Time (seconds)	0.9
Query Text:Range: 0.002-0.50	
I:E Ratio	1:3.2
Alarm Settings	
Alarms Verified	Yes
Alarm Set to Maximum	Yes
Apnea Settings Verified	Yes
Tolerance & Complications	
Patient Tolerance of Vent	Tolerating Well
Action Taken	HOB > 30 Degrees
Document 11/24/22 19:40 SME (Rec: 11/24/22 19:57 SME Desktop)	
Intubation	
Intubation	Tracheostomy Tube
Endotracheal Tube Insertion Site	8.0
ETT/TRACH Tube Size (mm)	Plastic (Shiley), Cuffed
Trach Tube Type	
Section 1	
Equipment ID	
Equipment ID Number	840
Vent Checks	
Ventilator Checks	Ambu Bag/Mask at Bedside
Red Outlet (QVH Only)	Yes
Ventilator Settings	
Vent Settings	
Ventilator Support Mode	VC+
Resp. Rate Setting (10-24 breaths/min)	16
Tidal Volume Setting (100-1000 ml)	400
FTO2 (%)	28
PEEP (3-10 cm H2O)	5
Assessments	
Measured Patient Data	
Pulse Oximetry (92-100 %)	96
Pulse Rate (60-100 beats/min)	69