

Airway

ETT / Tracheostomy	<i>Please circle</i>
Size	
Type of tube	
Length at lip	
Grade of Intubation	
Date of intubation	
Date last tube change	

Disability

Pre sedation GCS	
Sedated	
Rass Score	
CAM ICU	
Pupil Size / Reaction	
Pain score	
Blood Sugar	
Insulin Sliding Scale	
Wounds	

Breathing

Ventilation Mode	
Rate	
Oxygen	
PEEP	
Pressure	
Tidal Volume	
Target SaO2	
Secretions	
Nebulisers	

Exposure

Temperature	
Enteral / Parental (Type of feed)	
Rate of feed	
Bowels Last Opened	
Type of stool	
Skin assessment	

Circulation

Heart Rate / Rhythm	
Blood Pressure	
MAP Aim	
Inotropes	
Urine Output	
RRT	

Comments :

Indwelling Devices

Device	Date of insertion	Site	Comments
Arterial Line			
CVC			
Vascular Catheter			
Peripheral Cannula 1			
Peripheral Cannula 2			
NG/NJ			
Urinary Catheter			
Faecal Management			
Drain 1			
Drain 2			

Nurse Completing

Nurse Handing Over

Nurse Accepting Patient

Signature

Date:

Signature

Date:

Signature

Date: