

Patient Label

PICU DAILY GOAL SHEET

DATE:

HISTORY:

CONSULTANTS:

System	AM Plans/Goals	PM Plans/Goals	Additional Quality Control Measures
PULM	Vent wean: Goal pH: _____ Goal SpO2: _____ HOB at 30 deg? <input type="checkbox"/> IS? <input type="checkbox"/> OOB? <input type="checkbox"/>		Events or deviations including near misses? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, complete incident report Weight: Dosing weight entered? Y <input type="checkbox"/> Adult dosing for > 40 kg? Y <input type="checkbox"/> N <input type="checkbox"/>
CV	Goal SBP/MAP: _____		Isolation required? Y <input type="checkbox"/> N <input type="checkbox"/> Reason: _____ Restraints renewed? Y <input type="checkbox"/> N/A <input type="checkbox"/>
FEN/GI RENAL	Nutrition: _____ I/O goal: _____ Bowel regimen: _____ Gastritis ppx: Y <input type="checkbox"/> N/A <input type="checkbox"/>		PT/OT/Rehab Consult? Y <input type="checkbox"/> N/A <input type="checkbox"/> Staff concerns addressed? Y <input type="checkbox"/> Pressure injury? Y <input type="checkbox"/> N <input type="checkbox"/> Location: _____
HEME/ENDO	DVT ppx: _____		Order Read back? Y <input type="checkbox"/>
ID	Abx Indication: _____ N/A <input type="checkbox"/> Can you narrow? Y <input type="checkbox"/> N <input type="checkbox"/> End date set: _____ Abx levels due: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Fungal ppx needed: Y <input type="checkbox"/> N <input type="checkbox"/>	Shallow Dive? Y <input type="checkbox"/> N/A <input type="checkbox"/>	Miscellaneous: <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
NEURO/SEDATION	RASS goal: _____ Paralytic holiday: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
LINES/TUBES	CVL Indication: _____ Foley _____ A-line _____ Can anything be removed? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
SOCIAL	Updating physician: _____ Last update given on: _____ Family Mtg: _____		
TRANSFER/D/C	Avoidable Delay?: _____	Avoidable Delay?: _____	
LABS/CXR	Lab Schedule: _____ AM CXR: _____		AM: MD _____ RN _____ RT _____ PM: MD _____ RN _____ RT _____