PROVIDER STROKE INITIAL ASSESSMENT

PROVIDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONSULTANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ER ARRIVAL TIME\_\_\_\_\_\_\_\_\_\_\_\_ LAST KNOWN WELL (date/time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Focal Neuro Deficit on Arrival\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GCS Eye\_\_\_\_ Verbal\_\_\_\_\_ Motor\_\_\_\_\_=\_\_\_\_\_ Total

INITIAL VS T\_\_\_\_\_ P\_\_\_\_\_ R\_\_\_\_\_ B/P\_\_\_\_\_ O2 SAT%\_\_\_\_\_\_

**TELESTROKE # 877-252-9954 TELESTROKE INITIATION TIME\_\_\_\_\_\_\_**

PAST MEDICAL HISTORY

Oral Anticoagulants **Y N** Name/Dose if known\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes **Y N** Type I Type II

Hx of: HTN Seizures Trauma Cardiac Arrhythmias Recent Surgery (type/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Stroke or TIA (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hemorrhage (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy to Contrast Dye **Y N RXN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT MEDICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROS**

**HEADACHE VISION CHANGE DIZZINESS PHOTOPHOBIA SEIZURE ACTIVITY**

**FATIGUE SYNCOPE N/V SWALLOW DEFICIT TREMOR**

**MENTAL STATUS CHANGE WEAKNESS RUE LUE RLE LLE**

**FACIAL DROOP R L**

**NIH STROKE SCALE INITIAL \_\_\_\_\_\_\_ 30 MIN \_\_\_\_\_\_\_ 60 MIN \_\_\_\_\_\_ 90 MIN \_\_\_\_\_\_\_**

**Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDER STROKE ORDER SET**

* Cardiac Monitor
* NPO
* EKG
* Foley Catheter
* O2 per nasal canula for sats <90% and to titrate to keep sats 90-94%
* Vitals Q 15 minutes
* Elevate HOB 30 Degrees
* Saline lock x 2
* Normal Saline 1000ml @ 75cc/hr
* Fingerstick Glucose (goal 140-180 SS Novolog to achieve goal)

LAB:

* CBC, CMP, PT/INR, Troponin, Lipid Panel, UA reflex to Culture, ABG

RADIOLOGY:

* Chest X-ray
* CT Head without Contrast
* CTA Head

MEDICATIONS:

* Labetalol 10 mg IVP over 1-2 minutes
* Labetalol 20 mg IVP over 1-2 minutes
* Nicardipine 5mg/hr IVPB
* Alteplase per protocol

SPECIAL INSTRUCTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDER NOTES**

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PROVIDER SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDER STROKE**

**QUICK REFERENCE**

**RAPID INITIAL ASSESSMENT**

**INCLUDING ABCD, GCS**

**TALK TO PATIENT/FAMILY ABOUT TELESTROKE AND CONNECT WITH CONSULTANT ON THE CART**

**CALL TELESTROKE**

**PLACE ORDER**

**SET**

**FACILITATE NEURO CONSULTANT EXAM AND RECORD NIHSS. REPEAT EVERY 30 MINUTES**

**REVIEW CT RESULTS W/CONSULTANT AND DETERMINE IF CTA IS INDICATED**

COORDINATE LOCAL CONSULT, TRANSFER AND HAND OFF TO ADMITTING PROVIDER

**FORMULATE TREATMENT PLAN. ALTEPLASE IF INDICATED**

**POTENTIAL APPROACHES TO ARTERIAL HYPERTENSION IN PATIENTS WITH ACUTE ISCHEMIC STROKE WHO ARE CANDIDATES FOR ACUTE REPERFUSION THERAPY**

|  |
| --- |
| **Patient otherwise eligible for acute reperfusion therapy except that blood pressure is >185/110 mmHg** |
| Labetalol 10 to 20 mg intravenously over 1-2 minutes, may repeat x1; **OR** |
| Nicardipine 5 mg/hour IV, titrate up by 2.5 mg/hour every 5-15 minutes, maximum 15mg/hr; when desired B/P reached, adjust to maintain proper blood pressure limits; **OR** |
| Other agents (hydralazine, enalaprilate, etc.) may be considered when appropriate |
| \*\*\*If blood pressure is not maintained at or below 185/110 mmHg, do **NOT** administer rtPA |

|  |
| --- |
| **Management to maintain B/P at or below 180/105 mmHg during and after acute reperfusion therapy** |
| Monitor B/P every 15 min for 2 hours from the start of rtPA therapy, then every 30 minutes for 6 hours, and then every hour for 16 hours |
| If Systolic blood pressure is >180 to 230 mmHg or diastolic is >105 to 120 mmHg: |
| -Labetalol 10 mg IV followed by continuous infusion 2-8 mg/min: **OR** |
| -Nicardipine 5 mg IV, titrate up to desired effect by 2.5 mg/hr every 5-15 min, to a maximum of 15 mg/hr |
| \*\*If blood pressure is not controlled or diastolic blood pressure >140 mmHg, consider IV sodium nitroprusside |

\*Stroke. 2013: 44:870-947 American Heart Association, INC.

RN STROKE WORKSHEET

* WEIGH PATIENT ON GURNEY \_\_\_\_\_\_\_\_\_LBS \_\_\_\_\_\_\_ KG
* MOVE PATIENT TO CT
* START 2 LARGE BORE IV, DRAW BLOOD FOR LAB AND START NS @ 75ML/HR
* FINGERSTICK BLOOD GLUCOSE \_\_\_\_\_\_\_\_
* O2 FOR SATS <90%, TITRATE TO MAINTAIN SATS 90-94%
* ACCOMPANY PROVIDER FOR DISCUSSION ABOUT TELESTROKE
* ONCE BACK ON GURNEY, ELEVATE HOB 30 DEGREES, FOLEY IF INDICATED
* ASSIST WITH CONSULT/PROVIDER EXAM

Initial Assessment:

Time of onset of Sx\_\_\_\_\_\_\_\_

Deficits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GCS Eye\_\_\_\_\_ Verbal \_\_\_\_\_\_ Motor \_\_\_\_\_\_ =\_\_\_\_\_\_\_total score

IV:

Peripheral IO Central PICC Sub Q Port

#1 Gauge\_\_\_\_\_\_\_ Site \_\_\_\_\_\_\_ # of attempts\_\_\_\_\_\_\_\_

Peripheral IO Central PICC Sub Q Port

#2 Gauge \_\_\_\_\_\_ Site \_\_\_\_\_\_\_\_ # of attempts \_\_\_\_\_\_\_\_

Oxygen:

Initial Saturation: \_\_\_\_\_% RA

O2 applied at \_\_\_l/min via NRB NC Mask

% with O2\_\_\_\_\_\_\_% Intubated Y N

Foley:

Time inserted: \_\_\_\_\_ Size \_\_\_FR

Urine Returned Y N Amount \_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_

Sample to lab Y N Culture indicated Y N

Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF PATIENT IS A CANDIDATE FOR rtPA THERAPY REFER TO ALTEPLASE ADMINISTRATION WORKSHEET

RN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN STROKE WORKSHEET

PATIENT DISPOSITION-

Admit MCH\_\_\_\_\_\_\_\_\_\_ Transfer\_\_\_\_\_\_\_\_\_ Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Belongings Returned to family? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, location of belongings) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Expired\_\_\_\_\_\_ Time\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNA/NA STROKE WORKSHEET

-If patient is coming by EMS attempt to find out name, if not register as Alberton Stroke(date). This will allow the provider to get orders in quickly. If you register the patient as an Alberton Stroke, do NOT update the information. Just collect identification and put in the patient packet. You are not responsible for updating this information.

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Assist with getting patient undressed and weighed FIRST
* Assist moving the patient to CT
* Get vitals, repeat every 10 minutes. Must report vitals to RN.

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| Time | T | P | R | B/P | O2sat | Notes |
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RN Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorder Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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