

Nursing notes

Date / time	Notes
4/4 20 30	Admitted to ward via A and E at 1800 hours. Admission for investigation into confusion with a history of confusion 1-2 years. Usually mobile with a stick. Patient not for resuscitation – discussed with family and documented in notes. Lives in hostel normally independent but recently more confused and aggressive. Full assistance required with ADL's on admission. Requires incontinence aids. Catheter inserted in A and E – patient removed balloon intact. Some bleeding as a result. Patient given Haloperidol and Diazepam on admission to ward – reasonably settled at time of report. Charted for PRN meds for agitation overnight. For psych review in a.m. Encourage diet and fluid. Attended Head CT – NAD. Temp 37.2.
5/4/ 0510	Patient settled overnight. Incontinent. Special in place no episodes of aggression so far this shift. Small amount of bleeding from penis following self removal of catheter in A and E. Obs satisfactory continue special.
5/4 1255	Patient found of floor at commencement of shift. Had climbed out of bed and hit head. Assisted back to bed. Obs stable. Cut above right eye – steri strips in place. Dr attended and sutured x3 to laceration on scalp. Very drowsy, unable to take meds due to drowsiness. Very poor fluid intake. ?may require IV therapy? However, may not tolerate same.
6/4 1455	Requiring full assistance with ADL's. Incontinent of urine. Sat out of bed but complaining of being tired – returned to bed at 11a.m. Complaining of pain (? Lower leg?) Dr informed. Paracetamol given with good effect. Temp 38.
7/4 2130	Patient restless this shift obs stable, full assist with ADL's. Haloperidol given as charted.
8/4 0230	Woke up panicking temp 37. Unable to measure BP Patient looked confused. Paracetamol and Haloperidol given as charted.
8/4 0700	Patient very erratic. Trying to get out of bed. Medication given as per chart no effect. Dr informed and larger dose of haloperidol given. Settled for a while now getting agitated again. Temp 38 managed to take Paracetamol but refused antibiotic.
8/4 1900	Refusing most diet and fluid. Small sips of water only. Urine remains blood stained. Only passing small amounts. Refusing medication. Discussed antibiotics with team will require does this a.m. Very drowsy. Contact daughter if condition changes.
9/4 1450	Much improved this am. Alert and orientated at times. Taking good diet and fluid. Incontinent still. Small bowel action will require laxative tonight. Still sleepy. Daughter visited.

Scalp Narrative Nursing Notes Examples

Marcel A. Müller



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Table of Contents Scalp Narrative Nursing Notes Examples

1. Understanding the eBook Scalp Narrative Nursing Notes Examples
 - The Rise of Digital Reading Scalp Narrative Nursing Notes Examples
 - Advantages of eBooks Over Traditional Books
2. Identifying Scalp Narrative Nursing Notes Examples
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Scalp Narrative Nursing Notes Examples
 - User-Friendly Interface
4. Exploring eBook Recommendations from Scalp Narrative Nursing Notes Examples
 - Personalized Recommendations
 - Scalp Narrative Nursing Notes Examples User Reviews and Ratings
 - Scalp Narrative Nursing Notes Examples and Bestseller Lists
5. Accessing Scalp Narrative Nursing Notes Examples Free and Paid eBooks

- Scalp Narrative Nursing Notes Examples Public Domain eBooks
- Scalp Narrative Nursing Notes Examples eBook Subscription Services
- Scalp Narrative Nursing Notes Examples Budget-Friendly Options
- 6. Navigating Scalp Narrative Nursing Notes Examples eBook Formats
 - ePub, PDF, MOBI, and More
 - Scalp Narrative Nursing Notes Examples Compatibility with Devices
 - Scalp Narrative Nursing Notes Examples Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Scalp Narrative Nursing Notes Examples
 - Highlighting and Note-Taking Scalp Narrative Nursing Notes Examples
 - Interactive Elements Scalp Narrative Nursing Notes Examples
- 8. Staying Engaged with Scalp Narrative Nursing Notes Examples
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Scalp Narrative Nursing Notes Examples
- 9. Balancing eBooks and Physical Books Scalp Narrative Nursing Notes Examples
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Scalp Narrative Nursing Notes Examples
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Scalp Narrative Nursing Notes Examples
 - Setting Reading Goals Scalp Narrative Nursing Notes Examples
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Scalp Narrative Nursing Notes Examples
 - Fact-Checking eBook Content of Scalp Narrative Nursing Notes Examples
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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