

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.

Samples Of Ventilator Nursing Progress Notes

David C. Shelledy, Jay I. Peters



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Table of Contents Samples Of Ventilator Nursing Progress Notes

1. Understanding the eBook Samples Of Ventilator Nursing Progress Notes
 - The Rise of Digital Reading Samples Of Ventilator Nursing Progress Notes
 - Advantages of eBooks Over Traditional Books
2. Identifying Samples Of Ventilator Nursing Progress Notes
 - 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 Samples Of Ventilator Nursing Progress Notes
 - User-Friendly Interface
4. Exploring eBook Recommendations from Samples Of Ventilator Nursing Progress Notes
 - Personalized Recommendations
 - Samples Of Ventilator Nursing Progress Notes User Reviews and Ratings
 - Samples Of Ventilator Nursing Progress Notes and Bestseller Lists
5. Accessing Samples Of Ventilator Nursing Progress Notes Free and Paid eBooks

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