SICU Patient Daily Goals Sheet

Why is the Patient here?	No	Plan : Morning	Revisions: Afternoon	Night
Appropriate level of sedation?				
Appropriate level of pain control?				
HOB elevated 30 degrees?				
Weaning/extubation assessment performed?				
Current vent support needed RWP candidate?				
Tissue perfusion adequate?				
Arrythmias treated/controlled?				
Optimal BP control?				
Volume status appropriate?				
IV fluids appropriate?				
Adequate nutritional support?				
Bowels regular?				
PUD prophylaxis?				
Electrolytes WNL?				
Glucose controlled?				
H/H appropriate?				
Coags appropriate?				
DVT prophylaxis?				
Cultures checked?				
Wounds checked?				
Skin intact?				
Antibiotic appropriate?				
Lines/tubes necessary?				
Tests /procedures ordered?				
Tests read/reviewed?				
Δ meds PO, adjust dosing?				
Consults ordered/contacted?				
Patient mobilized, OT/PT/ST?				
Primary service/consults contacted, plan discussed?				
Team aware of end of life plan?				
Family feels informed?				
Cont. Care/ Soc. Serv involved?				

RN ____ MLP ____ MD ____ RN ____ MLP ____ MD ____ RN___MLP___MD___

Source: Hartford (CT) Hospital.