

Date : \_\_\_\_\_  
 Day in ICU / Postop Day : \_\_\_\_\_  
 Diagnosis : \_\_\_\_\_

Name : \_\_\_\_\_  
 R/N : \_\_\_\_\_ Sex : \_\_\_\_\_ Male / Female  
 Age : \_\_\_\_\_ Weight : \_\_\_\_\_ kg BMI : \_\_\_\_\_  
 I/C : \_\_\_\_\_ Height : \_\_\_\_\_ cm IBW : \_\_\_\_\_

# INTENSIVE CARE CHART

## HOSPITAL \_\_\_\_\_

### KEMENTERIAN KESIHATAN MALAYSIA



**ALLERGY**

Referring Unit : \_\_\_\_\_  
 Staff-in-charge : morning : \_\_\_\_\_  
 afternoon : \_\_\_\_\_  
 night : \_\_\_\_\_

	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	
HAEMODYNAMICS	EVENTS																								
	Values above scale																								
	<b>mmHg</b>																								
	180																								
	160																								
	140																								
	120																								
	100																								
	80																								
	60																								
	40																								
	Values below scale																								
	CVP																								
	CO / CI																								
	SVR / SVRI																								
Temperature °C																									
RESPIRATORY	Ventilator model / Ventilatory mode																								
	FiO <sub>2</sub> / Oxygen flowrate																								
	RR / Frequency	Set																							
	Total																								
	I : E ratio	T <sub>H</sub> : T <sub>L</sub>																							
	Volume	Set																							
	Expiratory																								
	Pressure	Set																							
	Peak																								
	Plateau																								
	PEEP / CPAP																								
	Pressure Support																								
	IPAP / EPAP (PEEP <sub>H</sub> : PEEP <sub>L</sub> )																								
	SpO <sub>2</sub> / E <sub>T</sub> CO <sub>2</sub>																								
	ABG	Suction	Amount																						
Colour																									
Nebuliser / MDI																									
pH		cK <sup>+</sup>																							
pCO <sub>2</sub>		cNa <sup>+</sup>																							
pO <sub>2</sub>		cCa <sup>2+</sup>																							
HCO <sub>3</sub> (Actual)		cC <sup>-</sup>																							
BE (B)	P/F																								
Lactate																									
Glucometer																									
NEUROLOGICAL	Glasgow coma score (total score)																								
	Eye opening / Verbal response / Motor response																								
	Pupils	R size ±	L Size ±																						
	Limb Movements	RUL	LUL																						
		RLL	LLL																						
	Intracranial pressure / CPP (mmHg)																								
	Sedation score																								
CAM-ICU																									
Pain score																									
FLUIDS IN	Drip	1 (Arterial line / CVL)																							
		2																							
		3																							
	Infusion 1																								
	Infusion 2																								
	Infusion 3																								
	Infusion 4																								
	Infusion 5																								
	Infusion 6																								
	Infusion 7																								
Infusion 8																									
FLUIDS OUT	Oral / Enteral																								
	Stat medication	Route																							
	TOTAL																								
	CRRT / HD																								
	Drain 1																								
	Drain 2																								
	Drain 3																								
Gastric aspirate	Nature/Volume																								
Bowel movement	Nature																								
Urine																									
TOTAL																									
HOURLY FLUID BALANCE																									
CUMULATIVE FLUID BALANCE																									
MISCELLANEOUS	Mouth care / Eye care																								
	Positioning																								

#### ETT or Tracheostomy

	Morning	Afternoon	Night
Size (mm)			
Level (cm)			
Cuff pressure (mmHg)			

#### Examination of Catheter Insertion Site

Write eg - Clear - Pus  
 - Oozing - Swollen  
 - Inflamed/ Red - Hematoma

	Morning	Afternoon	Night
Arterial line			
Central venous catheter			
Dialysis catheter			
Peripheral catheter			
1			
2			

#### Insertion & Removal of Catheter

Indwelling Catheter	Site	Date & Time of Insertion	Date & Time of Removal
Arterial line			
Central venous catheter			
Dialysis catheter			
Peripheral catheter			
1			
2			
Nasogastric tube			
Urinary catheter			
ICP monitor catheter			
Drain			
1			
2			
3			

#### Monitoring of Pressure Ulcer

		Morning	Afternoon	Night
if yes	YES / NO			
	Site	1		
		2		
		3		
	Size	1		
		2		
		3		
	Stage	1		
		2		
3				

#### Visitors

	Morning	Afternoon	Night
YES / NO			
If yes, Visited by			

In	Out
----	-----

Balance for the day : \_\_\_\_\_  
 Cumulative balance since ICU admission : \_\_\_\_\_