**Required Items in the Clinical Organizer/Prelab Worksheet**

**Instructions:**

* Each student will develop a “one page brain”/clinical organizer to be used during prelab preparation and clinical.
  + The required elements for the organizer are listed below. These are the ***MINIMUM*** items. You can include others if desired.
  + The “one page brain” is unique to each student. There is no “right way” to do it. It is expected that the student will continue to develop the organizer through NURS 230 and 235.
  + The information for each patient must be contained on a piece of paper.
* ***Each student will attach this same “one page brain” to the completed Nursing Care Plan.*** It becomes the **first page** of the NCP.
  + Consult with your clinical instructor with questions.

**Required Items:**

* student's full name
* date of care
* pt's admitting diagnosis
* surgical procedures this admission and date(s)
* pt's other medical problems & med history
* pt's doctor(s) or surgeon
* code status
* allergies
* precautions and isolation (type)
* activity and diet/NPO
* pt's shift goals [nursing problems] & outcomes met
* problems to discuss with MD/team & at shift change
* vital signs: BP, HR, RR, O2 sat, pain level, EKG rhythm
* lab values trends: abnormal or therapeutic levels
* IVs, infusions, and central lines
* medications (scheduled) & times
* pain & PRN meds & times given
* RT treatments
* scheduled procedures today
* things to remember today

“One Page Brain – Example”

RN/Cell #: CNA/Cell #:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Room: | | | | Dx: | | Vital Signs | | | | | | | | | | Labs | | | |
| Time | | T | RR | HR | B/P | | O2  **sat** | | P | Lab | | Range | Pt. |
| Age:  M F | Wt. lbs.  Kg. | | |  | |  |  |  |  | |  | |  | K+ | |  |  |
| Na+ | |  |  |
| Admit Date: | | | | IV: | |  | |  |  |  |  | |  | |  | Cl- | |  |  |
| Allergies: | | | | Ca+ | |  |  |
|  | |  |  |  |  | |  | |  | Mg+ | |  |  |
| Lines/Tubes: | | Hgb | |  |  |
| Code Status: | | | |  | |  |  |  |  | |  | |  | Hct | |  |  |
| Diet: | | | | Rbc’s | |  |  |
| Activity: | | | | Foley: | | Meds  07 08 09 10 11 12 13 14 15 16 17 18 19  20 21 22 23 24 01 02 03 04 05 06 | | | | | | | | | | Plt. | |  |  |
| Wbc | |  |  |
| O2 Therapy: | | | | I: O: | | Ptt | |  |  |
| Last BM: | | PRN Meds: | | | | | | | | | | Pt | |  |  |
| MD: | | | | RT/OT/PT: | | INR | |  |  |
| Dressings: | | | | BNP | |  |  |
| CK/Troponin | |  |  |
| B. S Checks: | | | | B.S. Coverage: | |  | |  |  |
|  | |  |  |
| Monitor Rhythm: | | | | | | | | | | | | | | | | | | | |
| Neuro: | | Resp: | | | GI: | | GU: | | | | | Int: | | | | | CV: | | |
| Nsg. Note: | | | Procedures: | | | | Call MD: | | | | | | | Pt. Plan: | | | | | |
| Orders: | | | | | | |

Medications (Scheduled and PRN):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Dose: | Time: Frequency | Reason: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Comments: | | | |