Pt/ Dx / Procedure	24 hour events	Vital Signs	I/O	Exam	Labs	Plan		www.mdm24x7.com/surgery.html
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					
		T: BP: HR: R: O2:	I: PO: O: U:					

Patient:

PSH:

HPI:

Procedures:

PMH / Home Meds / Current Meds

Neuro:
-Pain meds:

Resp:

CV:

FEN:
-IVF:
-Nutrition:

GI:
-Bowel care:

GU:
-Foley/void

MSK:

Heme:

ID:
-ABX (indication, duration):

Endo:

PPX:
-DVT:
-GI:

DISPO:
-Discharge planning needs:

Patient:

PSH:

HPI:

Procedures:

PMH / Home Meds / Current Meds

Neuro:
-Pain meds:

Resp:

CV:

FEN:
-IVF:
-Nutrition:

GI:
-Bowel care:

GU:
-Foley/void

MSK:

Heme:

ID:
-ABX (indication, duration):

Endo:

PPX:
-DVT:
-GI:

DISPO:
-Discharge planning needs:

Patient: Mrs. Smith

PSH: Lap appy
TAH/BSO

HPI: 8/1/16: 70 yo woman with SBO

Procedures: 8/3/16: Small bowel resection, lysis of adhesions

PMH / Home Meds / Current Meds

Neuro:
-Pain meds: Norco 5

Resp:
Asthma – [ ]Singulair, [x] Advair

CV:
HTN – [] Furosemide, [x]Metoprolol

FEN:
-IVF: D5 ½ NS + 20meq/L KCl @ 100ml/hr
-Nutrition: NPO, NG tube

GI:
-Bowel care: miralax

GU:
-Foley/void: Foley (8/3/16)

MSK:

Heme:

ID:
-ABX (indication, duration):

Endo:
Diabetes – []Lantus 15 units qhs, insulin sliding scale

PPX:
-DVT: Enoxaparin
-GI:

DISPO:
-Discharge planning needs: SNF vs home PT

How I use this sheet

The top of the sheet gives me a quick summary of the patient, including relevant dates (admit date, OR date) and past surgical history. The rest of the sheet gives me a summary of the patient's past medical history and their home meds. I place an empty box next to any meds the patient is on at home. This reminds me to restart the medication. When it is restarted, I put an "X" in the box. This method not only allows me to keep track of the home medications I started, but also track the new meds the patient is given (no empty box next to those).

For example, this patient was written for norco, miralax, an insulin sliding scale, and enoxaparin as new medications. She is also on singulair, furosemide, and lantus at home, but these are currently held. Her other home meds include advair and metoprolol, which she is receiving currently.

I print out a blank template like this for every patient on my service. Then, I write on these sheets using erasable pens (the Pilot Frixion pens are game changing!) so I can easily make updates every evening. When the patient is discharged, I save their sheet until I'm done with the current rotation, because roughly 10% of all surgery patients get readmitted. And the more complex the patient, the more time this system will save you. It's all about being efficient.