



Highland Critical Care Team  
ICU Daily Sheet

Patient details / sticker

Name .....

DOB .....

CHI no. ....

DATE: .....

Intubation Grade.....

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6ml/kg=

Admitting Consultant Intensivist:.....Referring Specialty Consultant:.....

Presenting Complaint: .....

History of Presenting Complaint:  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**PMHx:**  
1. ....  
2. ....  
3. ....  
4. ....  
5. ....  
6. ....  
7. ....  
8. ....

**DHx:**  
1. ....  
2. ....  
3. ....  
4. ....  
5. ....  
6. ....  
7. ....  
8. ....

**Allergies:**

**Family/Social Hx:**  
.....  
.....  
.....  
.....

**Pre-Morbid Functional status:**  
.....  
.....  
.....  
.....

**Examination**

HR: Rhythm: H.Sounds:  
BP: Oedema: Hb:  
CRT: Lactate: Plt:  
**Cardioactive drugs:** PT/PTT:  
1. ....mcg/kg/min  
2. ....mcg/kg/min  
3. ....  
4. ....

**Anticoagulation/Antiplatelet drugs:**  
1. .... 3. ....  
2. .... 4. ....

ETT  Trachy  NIV  HFNC  Mask  NP  Nil

RR: .....  
FiO2: .....  
PEEP: .....  
SpO2: .....  
pH: .....  
PaO2: .....  
PaCO2: .....  
HCO3-: .....  
BE: .....

Vent Mode: .....  
Vt: .....  
Peak/PlatP: .....  
Pinsp: .....  
ASB: .....

Name \_\_\_\_\_

DOB \_\_\_\_\_

CHI no. \_\_\_\_\_



Bil: .....  
AlkP: .....  
ALT: .....  
Alb: .....

RASS: ..... Delirium: Y / N

Pupils:

**Sedation:**

Prop:.....

Midaz:.....

Alf:.....

Morph:.....

Dexmet:.....

Other:.....

**Tone:**

**Sensation:**

**Power:**

**CN:**

**Pre-sedation GCS: E...V...M... BM: .....**

**Drains:**

- 1. .... /24hr
- 2. .... /24hr
- 3. .... /24hr

Nutrition: PO  NG  NJ  PEG  PEJ  TPN

Laxatives: 1. .... 2. ....

Prokinetics: 1. .... 2. ....

Temp: ..... 24hr High: ..... WCC: ..... CRP: .....

**Antimicrobials:**

Day

- 1. .... Day ..... A-line: .....
- 2. .... Day ..... CVL: .....
- 3. .... Day ..... Vascath: .....

Relevant microbiology results: PVC: .....

Urine Output: .....ml/hr

24 hour Fluid Balance: .....ml

Fluid Balance Since Admission: .....ml

Hypovolaemic  Euvolaemic  Overloaded

Dependent on RRT: Y / N

Na<sup>+</sup>: ..... K<sup>+</sup>: ..... Ca<sup>2+</sup>(a): ..... Mg<sup>2+</sup>: .....

Urea: ..... Creat: ..... PO<sub>4</sub><sup>3-</sup>: .....

**Radiology/ Microbiology Results:**

**Impression:**

**Problem List:**

**Plan:**

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....
- 7. ....
- 8. ....

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....
- 7. ....
- 8. ....
- 9. ....
- 10. ....

**F L A T H U G S**

(Signed)

(Print Name, Grade, GMC number)