



Ward round reviewed by.....Consultant-in-charge:.....

Small Sticker

Name\_\_\_\_\_

DOB\_\_\_\_\_

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

**Problem List**

**Plan for the day:**

- Feeding
- Analgesia
- Sedation
- Thromboprophylaxis
- Head Elevation
- Ulcer Prophylaxis
- Glycaemic control
- Spontaneous breathing trial
- Bowel regimen
- Indwelling catheter removal
- De-escalation of antibiotics

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Print name, date and time)

**Critical Care Daily Goals**

Sedation break Yes/No

Sedation target Score.....by.....hrs

Ventilation/Resp goals documented Yes/No

ARDS? Yes/No

VAP? Yes/No

CXR  ↓ gas exchange  >38° C

Sputum  WCC <4 or >12

CVS Plan/goals documented? Yes/No

Fluid balance target.....ml by.....hrs

Can use diuretic? Yes/No

Mobilisation Dangle/Chair/Walk/N/A

Any lines put in outside ICU? Yes/No

Ask team—Anything else we should be doing?

Verbal handover of goals Yes/No

**Evening Review** Time.....Initial.....

Daytime plan/goals achieved? Yes/No

Ventilation/resp goals documented? Yes/No

CVS Plan/goals documented? Yes/No

Fluid balance target.....ml by.....hrs

Can use diuretic? Yes/No

Suitable for sedation break at 8am? Yes/No

**Microbiology Review – Consultant.....**

New results:

Recommendation: Micro/Parent Team

Stop Antibiotics

Continue Current

Change to: