DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(****Night Shift Completes for Days; Days reviews & updates as needed before SIBR)***

\* Problem focused (don’t report normals) \* Research key SIBR information before SIBR begins (be prepared) \* Update for change of shift & prior to rounds \* Be brief & to the point; don’t repeat info already covered \*Help family prepare for SIBR – give brochure, help refine/prioritize their goals & questions

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|  | **Patient:** |
| **Previous Shift/Current Events**\*(not already discussed) |  |
| **Vitals/Advanced Monitoring** (abnormals) |  |
| **Pain control, anxiety**\*(Are pain & anxiety controlled? Pain Goal?)  |  |
| **Nutrition** |  |
| **Urine (ml/kg/hr) & Bowel (regimen)****24 hour I & O balance** |  |
| **Fluids & Continuous Infusions** (should we be NPO for procedure/extubation?) |  |
| **Central Lines (PICC Lines)**\*(# days? Do you need it? Adequate access?) | Day #:\_\_\_ |
| **Foley Catheter**\*(# days? Do you need it?) | Day #:\_\_\_ |
| **Lab Frequency / Tests** (list all ordered labs/tests) |  |
| **Pressure Ulcer/Wound Surveillance** |  |
| **PT/OT/Speech Consults** |  |
| **Safety & Other Concerns** (Restraints, planned procedures, sleep patterns) |  |
| **Nursing/Parent Goals** |  |
| **Orders** (needed, clarified, cleaned up) **Transfer/discharge needs** |  |

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