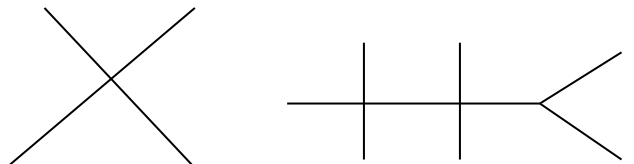


CLINICAL RESEARCH FORM

Initials/Age/Gender	Diagnosis:	Adm date:	Vital Signs: <i>Is it within baseline? Y N – if not highlight it.</i>	
		Code:	___:___ T ___ HR ___ RR ___ BP ___ / ___ O ₂ sat ___ ___:___ T ___ HR ___ RR ___ BP ___ / ___ O ₂ sat ___ ___:___ T ___ HR ___ RR ___ BP ___ / ___ O ₂ sat ___	
PMH:	Meds:	Specialty consult:	Supplemental O₂	
			Type:	Flow:
			Pain:	
			Allergies:	
			IV access/ IV Fluid order:	
			Precautions:	
			Activity:	
			Diet:	
BGT:				
Tubes (NG-tube, catheters, JP) and wounds:				
Abnormal Labs: <i>Is it within baseline? Y N – if not highlight it.</i>				
				
Imaging/Tests:				

Physical Assessment Findings

Neuro:

Cardiovascular:

Respiratory:

GI:

GU:

Musculoskeletal:

Integumentary:

REPORT IMMEDIATELY

- ! SPB <100 or >150
- ! DBP <60 or >90
- ! HR <60 or >100
- ! RR <12 or >22
- ! O₂ Sat <94%
- ! Temp >100°
- ! Urine Output <30ml/h
- ! Bleeding
- ! Critical lab results
- ! Equipment alarm
- ! ABNORMAL head-to-toe assessment finding

Injections

- SQ:**
45°-90° | Pinch | <1ml
25-31 gauge, 3/8-5/8"
- IM:**
90° | Z-track | <3ml
18-27 gauge, 1-1½"
- Deltoid exceptions:**
<2ml; No Z-track not

Notes:

Time Management & Clinical Judgement

