### ICU Daily Goals Checklist and Plan of Care

**Patient Name:**

**Bed #**

**Today’s Date:**

<table>
<thead>
<tr>
<th>Routine Practices</th>
<th>Pre-round (RN and team)</th>
<th>Round (MD and team)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RN initials:</strong></td>
<td></td>
<td><strong>Resident/MD initials:</strong></td>
</tr>
</tbody>
</table>

#### COMFORT, SEDATION, SAFETY & PROPHYLAXIS
- On continuous sedation? □ Yes □ No
  - Maintain same sedation
  - Decrease Sedation by ____%
  - Increase Sedation by ____%
- Sedation interruption/reduction? □ Yes □ No
  - Maintain same analgesia
  - Decrease Analgesia by ____%
  - Increase Analgesia by ____%
- Are physical restraints required? □ Yes □ No
  - Above changes to target:
    - RASS 0–2 □ RASS ______
    - Mobility plans reviewed? □ Yes □ No
- VTE Prophylaxis? □ Yes □ No
  - If no, □ new central line site
  - Central line present? □ Yes □ No
  - If no, □ peripheral catheter
- GI Prophylaxis? □ Yes □ No
- Skin or wound issues? □ Yes □ No
  - PICC
  - Blood consent on chart? □ Yes □ No
  - Other tests reviewed?
  - Blood work?
  - Chest x-ray today to review?

#### FLUID STATUS
- Does patient void? □ Yes □ No
  - Goal: Negative _____ L today
  - Goal: Positive _____ L today
- Adequate urine output? □ Yes □ No
- Hemodialysis? □ Yes □ No
- Continuous renal replacement? □ Yes □ No
  - Goal: Euvolemia □ CVP _____ □ TFI _____ ml/h
  - Change CRRT orders? □ Yes □ No
  - If no, □ new central line site
  - Central line present?
  - If no, □ peripheral catheter

#### INFECTION PREVENTION & CONTROL
- Any new culture results? □ Yes □ No
  - Cultures to be drawn today? □ Yes □ No
  - Culture results pending? □ Yes □ No
  - Sputum □ Blood □ Urine □ Wound □ Other
  - Re-assess need for isolation?
  - Antibiotics reviewed?
- Hemodialysis? □ Yes □ No
  - Target SpO2: _____

#### VENTILATION & WEANING
- VAP bundle in use? □ Yes □ No
  - PSV Wean as tolerated
  - Spontaneous breathing trial today? □ Yes □ No
- Oral care protocol q 6h? □ Yes □ No
- Is HOB elevated > 30 ? □ Yes □ No
  - Target SpO2: _____
  - Exhume today? □ Yes □ No
  - Any reasons not to do SBT?

#### NUTRITION
- Enteral or oral nutrition? □ Yes □ No
  - Breakfast, Lunch, Dinner
  - Target feeds met?
  - Target feeds at _____ ml/h
  - Continue motility agent? □ Yes □ No □ NA

#### LABS, TESTS & PROCEDURES
- Lab results reviewed? □ Yes □ No
  - Morning blood work?
  - Chest x-ray today to review?
  - Target SpO2: _____
  - Blood work? □ Yes □ No
  - Blood work for later today? □ Yes □ No
  - Other procedures or tests:

#### MEDICATIONS
- Medications to be re-assessed? □ Yes □ No
  - Discontinue some medications
  - Decrease some doses
  - No changes
  - Increase some medications
  - Start new medications
  - Restart some held medications
  - Change medications from:
    - IV to PO □ PO to IV
- Can meds be changed to PO? □ Yes □ No
  - Outdated medications for reorder? □ Yes □ No
  - Continue medication regimen?

#### PSYCHOSOCIAL CONCERNS
- Code status documented? □ Yes □ No
  - Code status readdressed? □ Yes □ No
  - Code status changed?
  - Code status challenged?
- Status update: □ family called □ family present
- Family meeting planned?
- Spiritual care/Social work/Ethics

#### RESEARCH STUDIES
- □ No □ Yes, Studies:

#### CONSULTATIONS
- Services to follow-up with today:
  - New physician consults? □ No □ Yes;
  - Surgery □ Nephro □ Resp □ Thoracics □ I.D. □ Other
  - Allied health: □ Dietitian □ OT □ SLP □ APS □ Other

#### OTHER GOALS
- Orders required? □ Yes □ No
- Transfer out of ICU? □ Yes □ No
  - Read-back of orders? □ Yes □ No
- Other follow-up, plans or goals:

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**Notes:**

- Any additional notes or observations related to the patient’s care.

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