Intensive Care Unit (ICU) Daily Goals Checklist

ICU & Non-ICU

# **Problem statement:**

Clear communication among healthcare providers is essential. Communication failures lead to patient harm, increased length of stay, provider dissatisfaction, and staff turnover. Effective communication is particularly important in the unit if complicated care plans are to be effectively managed by the care team.

# **What is a Daily Goals Checklist?**

A Daily Goals Checklist is a care plan that prompts staff to focus on what needs to be accomplished each day to safely move a patient closer to discharge and promote the plan of care, so everyone is on the same page (shared mental model).

# **Purpose of tool:**

This tool improves communication among care team, the patient, and care partners regarding the patient’s care plan.

Who should use this tool:

Healthcare providers.

How to use this tool:

During morning and evening rounds, the care team uses the checklist to review the goals for a patient. Once a checklist is completed, the attending signs it and gives it to the patient’s nurse so it can be kept at the bedside.

# **Adapted from:**

Daily Goals Checklist. Agency for Healthcare Research and Quality. <https://www.ahrq.gov/hai/cusp/toolkit/daily-goals.html>. Accessed June 17, 2024.

# **Originally published in:**

Pronovost P, Berenholtz S, Dorman T, et al. Improving communication in the ICU using daily goals. J Crit Care. 2003 Jun;18(2):71-5. PMID: 12800116.

ICU Daily Goals

**Room Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_

| **SECTION** | **Questions** | **A.M. Shift (7 a.m.)** | **P.M. Shift (7 p.m.)**  *Note changes from a.m. in this column* |
| --- | --- | --- | --- |
| **SAFETY** | What needs to be completed for this patient to be discharged from the unit? | *Insert text* | *Insert text* |
| * Patient’s greatest safety risk? * How can we decrease risk? | *Insert text* | *Insert text* |
| What events or deviations need to be reported? | *Insert text* | *Insert text* |
| **PATIENT CARE** | **Methicillin-Resistant *Staphylococcus aureus* (MRSA) Prevention**  Is patient MRSA positive?  **Yes No Unknown** | **Nasal MRSA decolonization**   * On Day \_\_\_\_\_ of \_\_\_\_\_\_; or * Completed on \_\_\_\_\_\_\_\_\_\_   **Chlorhexidine treatment: Yes No** | *Insert text* |
| **Central Line-Associated Bloodstream Infection (CLABSI) Prevention**  Does the patient have a central line? **Yes No**  **Line 1: type/site \_\_\_\_\_\_\_\_\_\_**  **Line 2: type/site \_\_\_\_\_\_\_\_\_\_**  **Line 3: type/site \_\_\_\_\_\_\_\_\_\_**  **Line 4: type/site \_\_\_\_\_\_\_\_\_\_** | **CLABSI prevention**   * If line was inserted today, was the Central Line (CL) Insertion Checklist used? **Yes No** * Is CL necessary? **Yes No**   Indication\_\_\_\_\_\_\_\_\_\_  CL day # \_\_\_\_\_\_\_\_\_\_  Peripherally Inserted Central Catheter (PICC) Consult: **Yes No**   * Is CL dressing clean, dry, and intact? **Yes No**   **List any challenges or concerns that complicate CL maintenance and how these are being addressed.**   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | *Insert text* |
| **Neurologic**  Pain management/sedation (held to follow commands)? | * Pain goal \_\_\_\_\_ / 10 with \_\_\_\_\_ * Richmond Agitation Sedation Scale (RASS) goal:   \_\_\_\_\_   * Pain, Agitation, and Delirium (PAD) protocol:   **Yes No**   * Confusion Assessment Method (CAM)-ICU:   **Positive Negative Intervention \_\_\_\_\_** | Pain at goal \_\_\_\_\_  Pain not at goal \_\_\_\_\_ |
| **PATIENT CARE CONTINUED** | **Cardiac**  Review electrocardiograms (ECG) | * Heart rate (HR) goal \_\_\_\_\_   At goal \_\_\_\_\_ Not at goal \_\_\_\_\_   * Mean Arterial Pressure (MAP) goal \_\_\_\_\_   At goal \_\_\_\_\_ Not at goal \_\_\_\_\_   * Intervention \_\_\_\_\_\_\_\_\_\_ | HR at goal \_\_\_\_\_  HR not at goal \_\_\_\_\_  MAP at goal \_\_\_\_\_  MAP not at goal \_\_\_\_\_ |
| **Pulmonary**  Ventilator: (vent bundle; head of bed elevated; ready to wean) | * Out of bed (OOB) \_\_\_\_\_ Ambulation \_\_\_\_\_ * Pulmonary therapy * Oxygen saturation greater than \_\_\_\_\_ * Ventilator goals \_\_\_\_\_   Number of days of intubation\_\_\_\_\_   * Maintain current support * Wean as tolerated * Daily spontaneous breathing trial (SBT) * Mechanics every morning * Fraction of inspired oxygen (FiO2) less than \_\_\_\_\_ * Positive end-expiratory pressure (PEEP) \_\_\_\_\_ * Pressure support/tracheostomy trial \_\_\_\_\_ | *Insert text* |
| **Renal**  Volume status \_\_\_\_\_  Net goal for midnight \_\_\_\_\_ | * Net even/Net positive * Net neg: \_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_ * Patient-determined * Continuous venovenous hemodialysis (CVVHD)/hemodialysis (HD) goal: \_\_\_\_\_\_\_\_\_\_ | *Insert text* |
| **Catheter-Associated Urinary Tract Infection (CAUTI)** | * Discontinue foley catheter * Foley catheter day number \_\_\_\_\_ | *Insert text* |
| **TO DO** | **Tests/Procedures Today** | * N/A * Tests completed \_\_\_\_\_\_\_\_\_\_ | *Insert text* |
| **Scheduled Labs/Diagnostics** | * Comprehensive metabolic panel (CMP) * Basic metabolic panel (BMP) * Hematology | *Insert text* |
| **TO DO CONTINUED** | **Scheduled Labs/Diagnostics Continued** | * Coagulation * Arterial blood gases * Lactate * Core 4 * Nutrition weekly (Weight, Evaluation, and Documentation) * Transferrin \_\_\_\_\_ Iron \_\_\_\_\_   Pre-albumin \_\_\_\_\_   * 24-hour urine \_\_\_\_\_ * Chest x-rays * ECG * Other \_\_\_\_\_\_\_\_\_\_ * N/A | *Insert text* |
| **Consultations** | * Yes Service \_\_\_\_\_\_\_\_\_\_ * No * Physical therapy/Occupational therapy (PT/OT) \_\_\_\_\_   Speech-language therapy (SLT) \_\_\_\_\_  Wound Care \_\_\_\_\_ Ethics \_\_\_\_\_  Palliative \_\_\_\_\_   * Other \_\_\_\_\_\_\_\_\_\_\_\_ | *Insert text* |
| **DISPOSITION** | **Is the Primary Service Up to Date?** | * Yes * No | *Insert text* |
| **Has the Family Been Updated?** | * Yes * No * Family meeting scheduled | *Insert text* |
| **Social Issues Addressed (e.g., long-term care, palliative care)?** | * Yes * No * N/A * Other, please explain: \_\_\_\_\_\_\_\_\_\_ | *Insert text* |
| **DISPOSITION CONTINUED** | **Systemic Inflammatory Response Syndrome (SIRS)/ Infection/Sepsis Evaluation**  SIRS criteria   * Temperature greater than 38 degrees Celsius * Temperature less than 36 degrees Celsius * Heart rate greater than 90 beats per minute (BPM) * Respiratory rate greater than 20 breaths per minute * Amount of carbon dioxide in the arterial blood less than 32 torr * White blood count greater than 12,000 cells per microliter * White blood count less than 4,000 cells per microliter * Band count greater than 10 percent | * No current SIRS/sepsis issues * Known infection \_\_\_\_\_\_\_\_\_\_ * PAN culture * Blood culture (times 2) * Urine * Sputum * Other * Antibiotic changes \_\_\_\_\_ Discontinuation \_\_\_\_\_ * Antibiotic levels \_\_\_\_\_ * Sepsis bundle | *Insert text* |
| **Which catheter or tubes can be removed?** | * Yes, list which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No | *Insert text* |
| **GI/Nutrition/Bowel Regimen**  Total parenteral nutrition (TPN) line, neurodevelopmental therapy (NDT), or percutaneous endoscopic gastrotomy (PEG) tube needed? | * TPN * Tube feeding   Goal cubic centimeters per hour \_\_\_\_\_   * Diet: Advance as tolerated * Nothing by mouth (NPO) * Bowel regimen **Yes No** | *Insert text* |
| **Prophylaxis** | * Ventilator-Associated Events (VAE):   Head of bed (HOB) greater than 30 degrees \_\_\_\_\_  Oral care \_\_\_\_\_ | *Insert text* |
| **DISPOSITION CONTINUED** | **Prophylaxis Continued** | * Deep Vein Thrombosis (DVT):   Subcutaneous (SQ) heparin \_\_\_\_\_  Low-molecular-weight heparin (LMWH) \_\_\_\_\_  Sequential compression devices (SCD) \_\_\_\_\_   * Peptic Ulcer Disease (PUD):   Proton pump inhibitor (PPI) \_\_\_\_\_  Histamine-2 receptor antagonist (H2 blocker) \_\_\_\_\_   * Antifungal:   Oral (PO) Fluconazole [Length of stay (LOS) greater than 72 hours] \_\_\_\_\_ | *Insert text* |
| **Endocrine/Other** | * Insulin: Sliding Scale Insulin (SSI) \_\_\_\_\_ Drip \_\_\_\_\_ * Electrolyte Protocols unit specific nurse managed   Potassium chloride (KCl) \_\_\_\_\_  Others \_\_\_\_\_ | *Insert text* |
| **Hematology** | * Anticoagulation: **Yes No** * Activated partial thromboplastin time (aPTT) goal \_\_\_\_\_ * R.N. managed * M.D. managed | *Insert text* |
| **Can Any Medications Be Discontinued, Converted to “By Mouth” or “Oral,” or Adjusted?** | * N/A * Discontinued: * Intravenous (IV) to PO * Renal metabolized * Liver metabolized * Home medications reviewed | *Insert text* |

For fellow/attending initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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