Inpatient Daily Goals

ICU & Non-ICU

Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Daily Goals** | **Specific Timed Goals\*** | **Reviewed\*\*** |
| --- | --- | --- |
| What needs to be done for the patient to **be discharged or transferred out of hospital**? | *Insert timed goal* | *Insert initials* |
| **Infection Prevention: Methicillin-Resistant *Staphylococcus aureus* (MRSA)**  Is the patient known to have MRSA infection or colonization? \_\_\_Yes \_\_\_No  Does the patient have decolonization indication (e.g., central line or lumbar drain)? \_\_\_Yes \_\_\_No   * If **Yes** to the questions above, indicate decolonization actions:   Day \_\_\_ of 5 Completed decolonization? \_\_\_Yes \_\_\_No  Was chlorhexidine gluconate bathing performed? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| Does the patient have **other suspected or documented infection(s)** (e.g., from blood cultures)?  \_\_\_Yes \_\_\_No   * If **Yes**, document actions for diagnosis or treatment: | *Insert timed goal* | *Insert initials* |
| **Pain Goal <** \_\_\_ **Medication Route**?\_\_\_Intravenous \_\_\_By Mouth (PO) | *Insert timed goal* | *Insert initials* |
| **Cardiac**/**Volume Status** | *Insert timed goal* | *Insert initials* |
| **Pulmonary** Oxygen saturation within range for diagnosis? \_\_\_Yes \_\_\_No  Cough and deep breath? \_\_\_Yes \_\_\_No Incentive Spirometer? \_\_\_Yes \_\_\_No  Flutter Valve? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| **Mobility/Activity** Out Of Bed? \_\_\_Yes \_\_\_No Ambulation? \_\_\_Yes \_\_\_No  Physical Therapy? \_\_\_Yes \_\_\_No Occupational Therapy? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| **GI**/Nutrition/Bowel Regimen Diet advanced as tolerated? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| Can any **medications** be discontinued? \_\_\_Yes \_\_\_No Converted to PO? \_\_\_Yes \_\_\_No  Adjusted for renal function? \_\_\_Yes \_\_\_No Adjusted for liver function? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| **Tests**/**procedures** today | *Insert timed goal* | *Insert initials* |
| Review scheduled **laboratory tests/imaging** results and daily orders.  Can any be discontinued? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| **Consultations** needed | *Insert timed goal* | *Insert initials* |
| Has the **family** been updated? \_\_\_Yes \_\_\_No  Have social issues been addressed? \_\_\_Yes \_\_\_No | *Insert timed goal* | *Insert initials* |
| Will **central lines** be removed?\_\_\_Yes \_\_\_No \_\_\_Not Applicable  Will **foley catheter** be removed?\_\_\_Yes \_\_\_No \_\_\_Not Applicable | *Insert timed goal* | *Insert initials* |
| Is **deep vein thrombosis (DVT)** prophylaxis indicated? \_\_\_Yes \_\_\_No   * Is the patient receiving DVT prophylaxis? \_\_\_Yes \_\_\_No \_\_\_Not Applicable | *Insert timed goal* | *Insert initials* |
| Is **peptic ulcer disease (PUD) prophylaxis** indicated? \_\_\_Yes \_\_\_No   * Is the patient receiving PUD prophylaxis? \_\_\_Yes \_\_\_No \_\_\_Not Applicable | *Insert timed goal* | *Insert initials* |

\*Complete such as during 0700 rounds. \*\*Initial as goals are reviewed (e.g., physician on call 1700, nurse 1900 or 2300).

AHRQ Pub. No. 25-0007 | October 2024