**Daily Goals Checklist**

Problem statement: Clear communication among health care providers is paramount. 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 that day to safely move a patient closer to discharge.

Purpose of tool: This tool improves communication among care team and family members regarding the patient’s care plan.

Who should use this tool: Health care 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.

# Publication of tool:

Pronovost PJ, Berenholtz S, Dorman T, et al. Improving Communication in the ISU Using Daily Goals. *J Crit Care* 2003; 18(2):71–75.

**Daily Goals**

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

|  |  |  |
| --- | --- | --- |
|  | AM Shift (7 a.m.) | PM Shift (7 p.m.)  Note Changes From AM in This Column |
|  | Safety |  |
| What needs to be completed for this patient to be discharged from the unit? |  |  |
| * Patient’s greatest safety risk? * How can we decrease risk? |  |  |
| What events or deviations need to be reported? |  |  |
|  | Patient Care |  |
| Pain management/sedation (held to follow commands)? | Pain goal\_\_\_\_\_\_/ 10 w/\_\_\_\_\_\_ |  |
| Cardiac  Review EKGs | Human Resources Goal\_\_\_\_\_\_\_  At goal  Increase  Decrease  Beta Block\_\_\_\_\_\_\_\_\_\_ |  |
| Volume status  Net goal for midnight | Net even  Net positive  Net neg:\_\_\_\_\_ w/\_\_\_\_\_  Patient-determined |  |
| * Pulmonary: * Ventilator: (vent bundle; head of bed elevated), (ready to wean) | Out of bed  Pulmonary toilet  Ambulation  Maintain current support  Wean as tolerated  Mechanics every morning  % inspired oxygen FIO2 <\_\_\_\_\_  Positive and expiratory pressure\_\_\_\_\_  Pressure support/tracheostomy trial\_\_\_\_h |  |

|  |  |  |
| --- | --- | --- |
|  | To Do |  |
| Tests/procedures today | N/A  Tests completed: \_\_\_\_\_\_\_\_\_ |  |
| Scheduled labs | N/A |  |
| Morning laboratory tests,  chest x-ray needed? | Comprehensive metabolic panel  Basic metabolic panel  Coagulant clotting times  Arterial blood gases  Lactate  Core 4  Chest x-rays  Wed:  Transferrin  Iron  Pre-albumin  24-hour urine |  |
| Consultations | Yes  No |  |
|  | Disposition |  |
| Is the primary service up to date? | Yes  No |  |
| * Has the family been updated? * Social issues addressed (long-term care; palliative care)? | Yes  No  Yes  No  N/A  Other—please explain: |  |

|  |  |  |
| --- | --- | --- |
| Systemic Inflammatory Response Syndrome (SIRS)/ infection/sepsis evaluation  SIRS criteria  Temp > 38° C  < 36° C  Heart rate > 90 BPM  Respiratory rate > 20 b/min  Amount of carbon dioxide in the arterial blood <32 torr  White blood cells > 12K  < 4K  > 10% bands | No current SIRS/sepsis issues  Known infection:  PAN culture  Blood culture x2  Urine  Sputum  Other  Antibiotic changes; discontinuation  AG levels:  Sepsis bundle |  |
| Can catheters or tubes be removed? | Yes  No |  |
| GI/nutrition/bowel regimen (Total parenteral nutrition line, NDT, PEG needed?) | Total parenteral nutrition  Total fluids  Nothing by mouth |  |
| Is this patient receiving deep vein thrombosis/peptic ulcer disease prophylaxis? | Deep vein thrombosis:  Heparin every 8 hours/every 12 hours/continuous drip  Peptic ulcer disease prevention:  Proton pump inhibitor  Thrombo embolic deterrent stockings or sequential compression device  Histamine blocker  Low molecular weight heparin |  |
| Anticipated LOS > 2 days: TGC  3 days: fluconazole by mouth or oral, potassium chloride SS | Fluconazole  Potassium chloride  N/A |  |

|  |  |  |
| --- | --- | --- |
| Can any meds be discontinued, converted to “by mouth” or “oral, adjusted”? | N/A  Discontinued:  By mouth or oral:  Renal metabolized  Liver metabolized |  |

**Protocols available if bolded**

For WICU only: ICU status IMC status: vitals q\_\_\_ Fellow/Attg Initials: \_\_\_\_\_\_\_\_\_\_\_\_