

# PATIENT CARE JOURNAL



**LET'S BEGIN BY TELLING THE STAFF  
ABOUT YOUR LOVED ONE...**



ADD PATIENT PHOTO  
(EXAMPLE: SOCIAL MEDIA PROFILE PHOTO)

**All about:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
NAME OF PATIENT

Nickname: \_\_\_\_\_ **I am:** LEFT-HANDED RIGHT-HANDED  
[CIRCLE]

**Occupation:** \_\_\_\_\_

**At home I use:** GLASSES/ CONTACTS HEARING AID WALKER/ WHEELCHAIR/ CANE DENTURES  
[CIRCLE ALL THAT APPLY]

**Family members:** \_\_\_\_\_  
[NAMES AND RELATIONSHIPS]

\_\_\_\_\_  
\_\_\_\_\_

**Pets:** \_\_\_\_\_  
[NAMES AND BREED]

\_\_\_\_\_

**Faith:** \_\_\_\_\_

**Favorites:**

TV Show/Movie \_\_\_\_\_ Food/Dessert \_\_\_\_\_

Books \_\_\_\_\_ Restaurant \_\_\_\_\_

Hobbies/Activities \_\_\_\_\_ Place/Travel \_\_\_\_\_

Music/Band \_\_\_\_\_ Color \_\_\_\_\_

Sports/Teams \_\_\_\_\_ Season \_\_\_\_\_

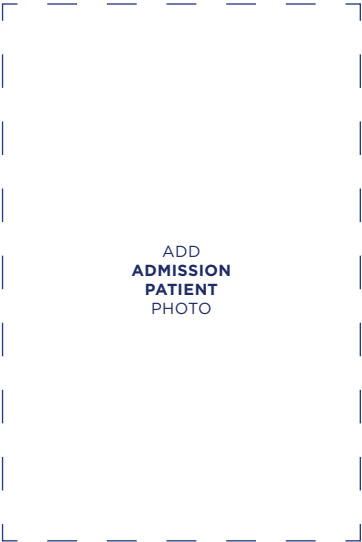
# WHY AM I IN THE ICU?

Date of Admission: \_\_\_\_\_

Date of Hospital Admission: \_\_\_\_\_

\*IF DIFFERENT DATE

Room and Bed #: \_\_\_\_\_



## My initial care team members:

Doctor \_\_\_\_\_ Nurse \_\_\_\_\_

Doctor \_\_\_\_\_ Nurse \_\_\_\_\_

Doctor \_\_\_\_\_ Nurse \_\_\_\_\_

\_\_\_\_\_  
TITLE / SPECIALTY

\_\_\_\_\_  
TITLE / SPECIALTY

\_\_\_\_\_  
TITLE / SPECIALTY

\_\_\_\_\_  
TITLE / SPECIALTY

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Admission: \_\_\_\_\_

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**DAY** \_\_\_\_\_ **Date:** \_\_\_\_\_

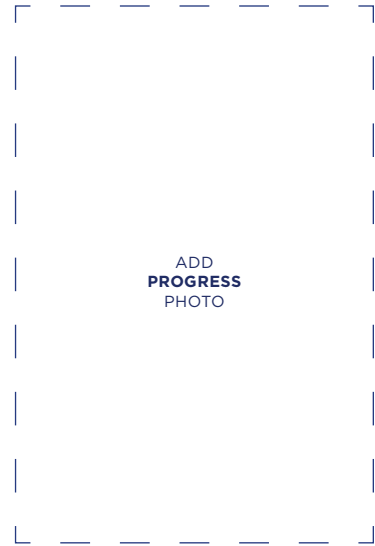
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**Vital signs:**

[CIRCLE]



Body Temperature

HIGH    NORMAL    LOW



Pulse Rate

HIGH    NORMAL    LOW



Respiration rate

HIGH    NORMAL    LOW



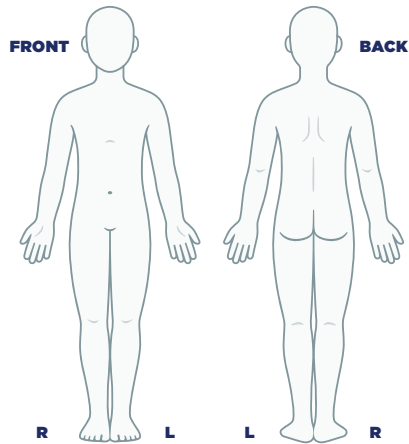
Blood pressure

HIGH    NORMAL    LOW

**Mark overall pain level**



**Indicate where and describe**



**What is the plan of care for today:** \_\_\_\_\_

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Any changes in status or vitals? \_\_\_\_\_

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Notes from visitors: \_\_\_\_\_

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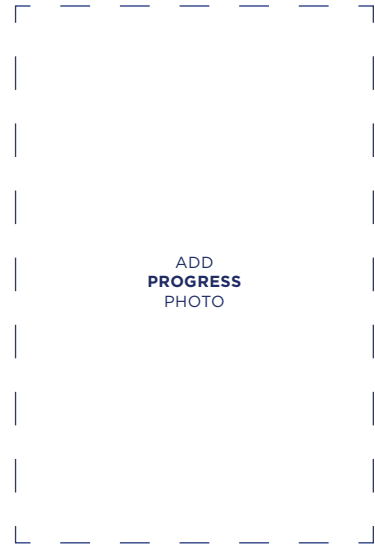
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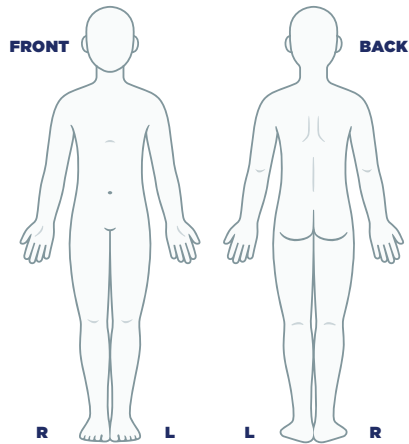
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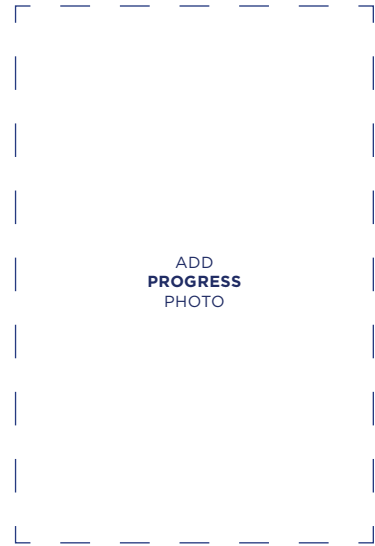
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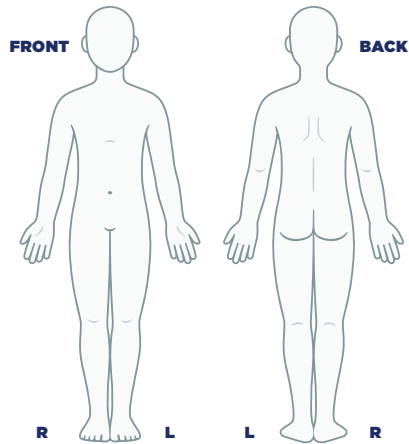
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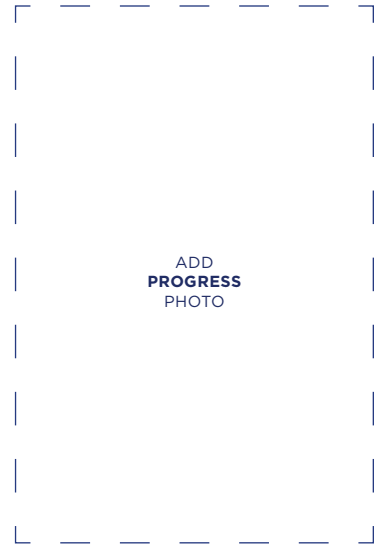
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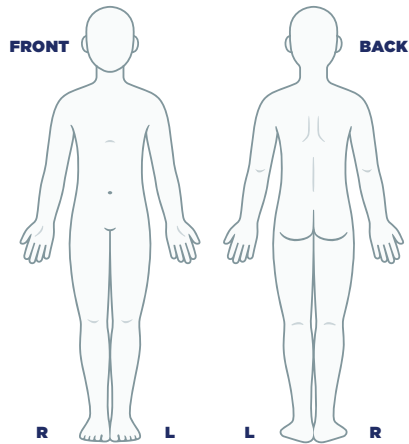
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**Mark overall pain level**



0    1    2    3    4    5    6    7    8    9    10

**Indicate where and describe**



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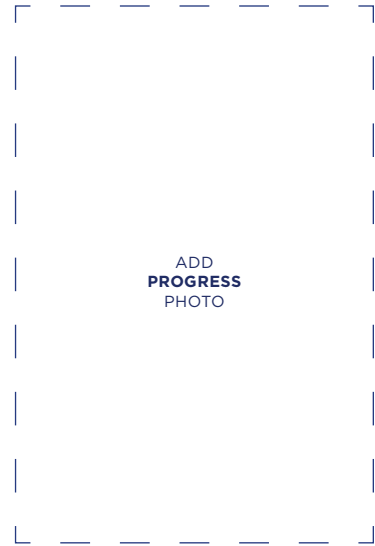
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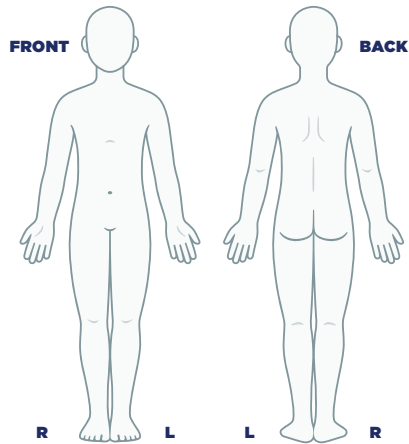
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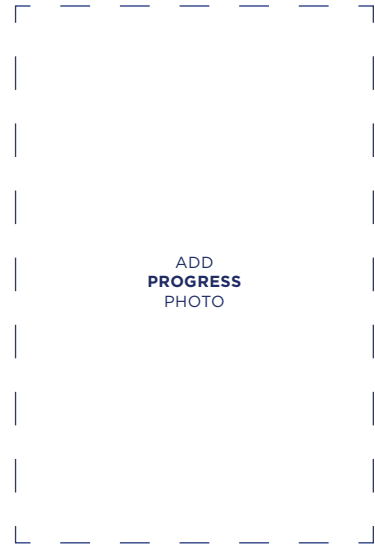
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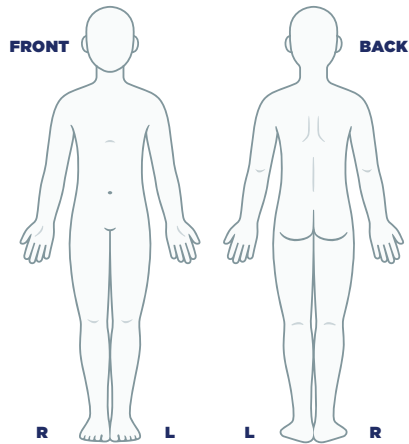
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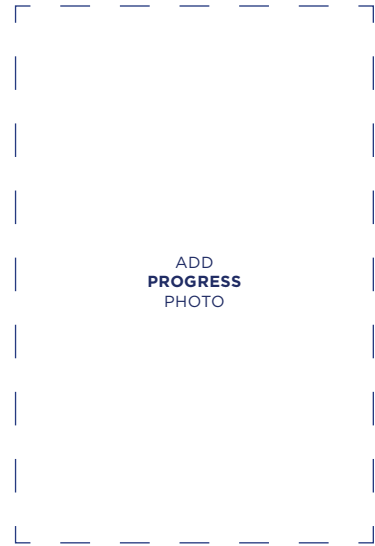
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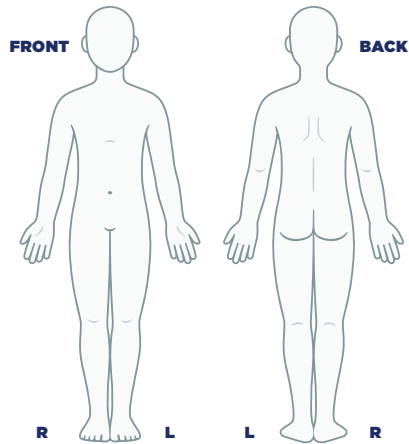
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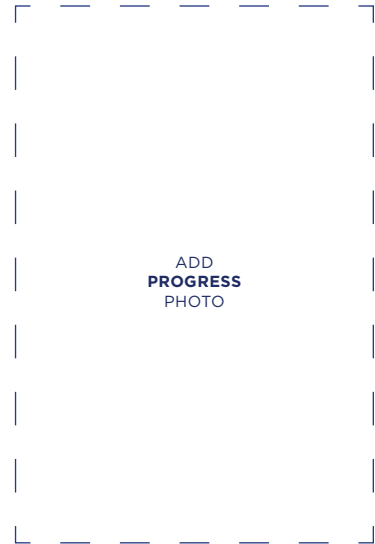
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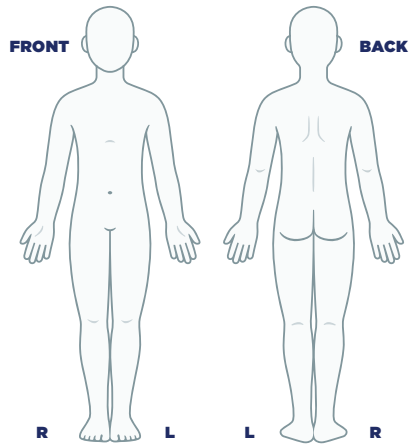
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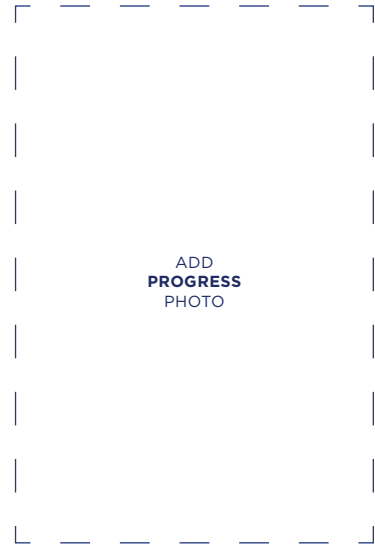
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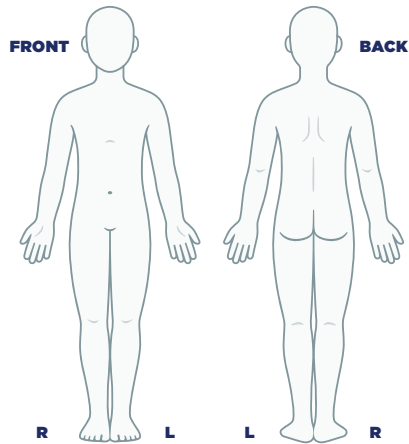
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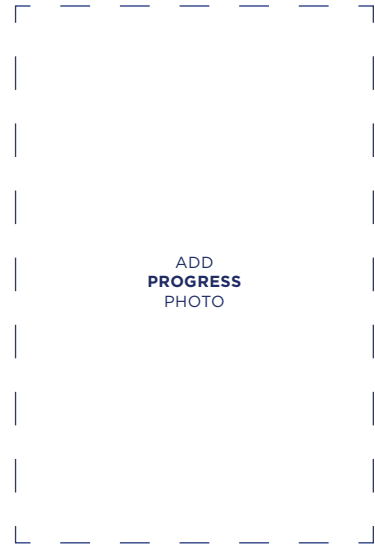
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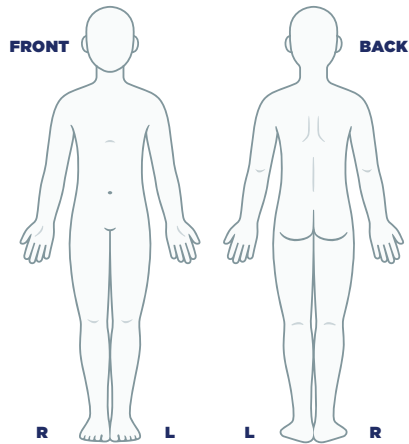
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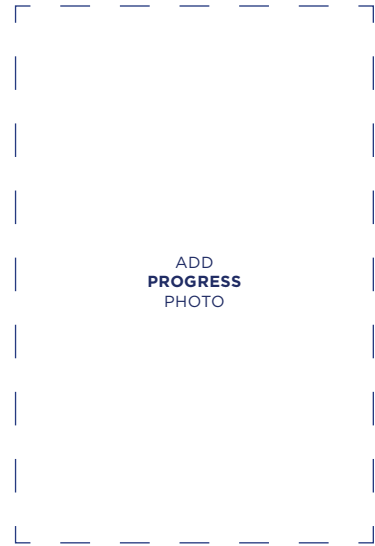
**Who is looking after you today:** \_\_\_\_\_

**Any new members on my care team today?**

\_\_\_\_\_  
TITLE / SPECIALTY

\_\_\_\_\_  
TITLE / SPECIALTY

\_\_\_\_\_  
TITLE / SPECIALTY



**Vital signs:**

[CIRCLE]



Body Temperature

HIGH    NORMAL    LOW



Pulse Rate

HIGH    NORMAL    LOW



Respiration rate

HIGH    NORMAL    LOW



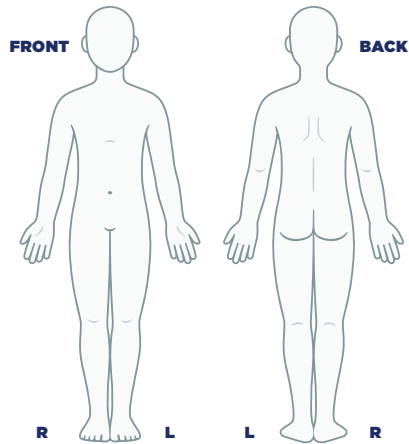
Blood pressure

HIGH    NORMAL    LOW

**Mark overall pain level**



**Indicate where and describe**



**What is the plan of care for today:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# DAY SHIFT

Any changes in status or vitals? \_\_\_\_\_

\_\_\_\_\_

Notes from day nurse: \_\_\_\_\_

ANYTHING YOU FEEL WILL HELP THEM UNDERSTAND ALL THAT IS HAPPENING TO HELP THEM RECOVER

\_\_\_\_\_

\_\_\_\_\_

Notes from visitors: \_\_\_\_\_

ANYTHING FROM YOUR PERSPECTIVE. ADDITIONALLY WHAT IS HAPPENING OUTSIDE THE HOSPITAL

\_\_\_\_\_

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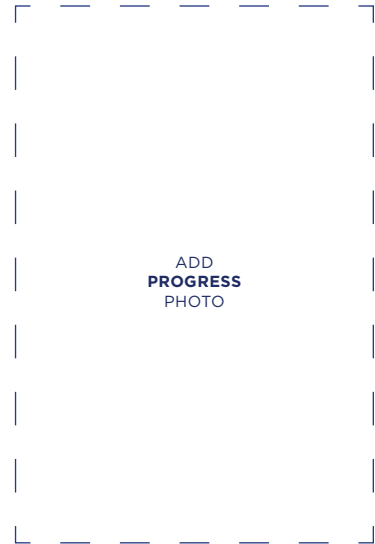
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TITLE / SPECIALTY

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TITLE / SPECIALTY

\_\_\_\_\_  
TITLE / SPECIALTY



**Vital signs:**

[CIRCLE]



Body Temperature

HIGH    NORMAL    LOW



Pulse Rate

HIGH    NORMAL    LOW



Respiration rate

HIGH    NORMAL    LOW



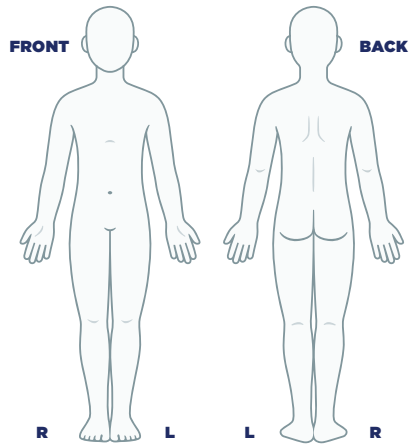
Blood pressure

HIGH    NORMAL    LOW

**Mark overall pain level**



**Indicate where and describe**



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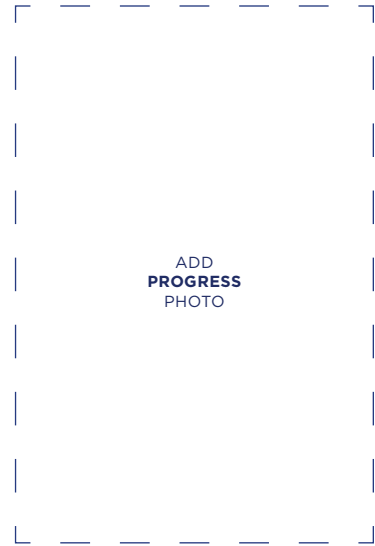
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**Vital signs:**

[CIRCLE]



Body Temperature

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Pulse Rate

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Respiration rate

HIGH    NORMAL    LOW



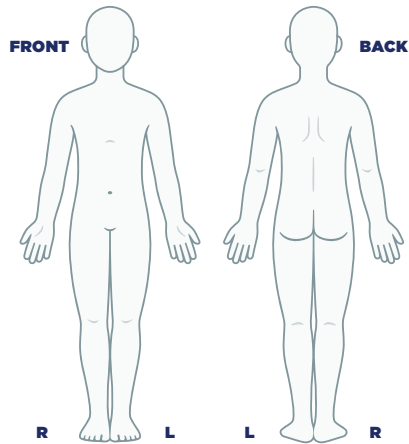
Blood pressure

HIGH    NORMAL    LOW

**Mark overall pain level**



**Indicate where and describe**



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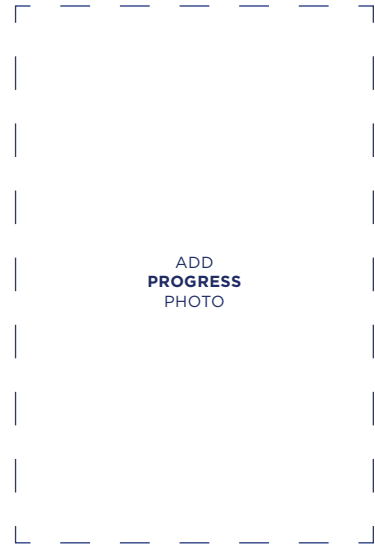
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TITLE / SPECIALTY

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**Vital signs:**

[CIRCLE]



Body Temperature

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Pulse Rate

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Respiration rate

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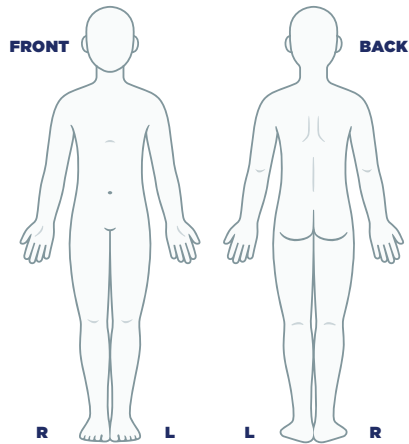
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# WE SURVIVED SEPSIS.

Begin Again Foundation  
is committed to helping survivors  
on their road to recovery!

## **UNINSURED MEDICAL EXPENSES OR CASE MANAGEMENT ISSUES**

Our Leishline grant and case management  
programs may be able to help.

**LEARN MORE**

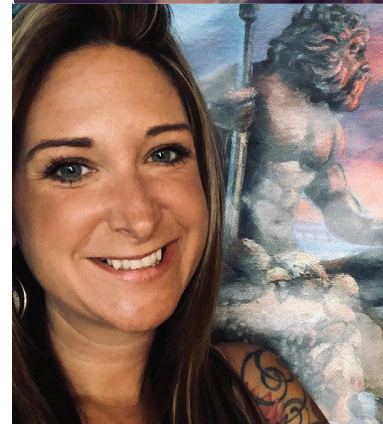
## **ADDITIONAL RESOURCES**

We've put together a library of material  
to help you or your family.

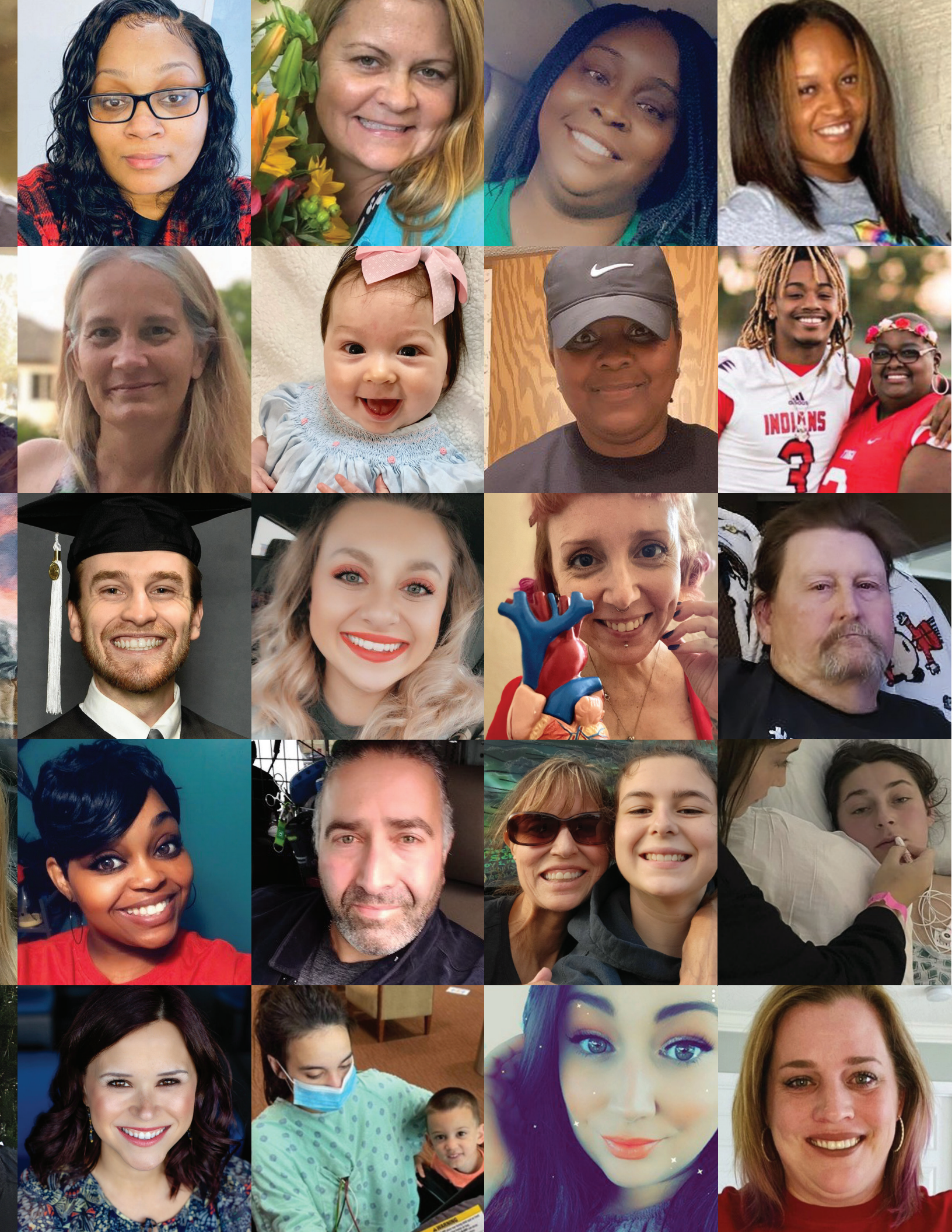
**LEARN MORE**

## **GENERAL INFORMATION**

[info@beginagainfoundation.com](mailto:info@beginagainfoundation.com)  
[www.beginagainfoundation.com](http://www.beginagainfoundation.com)











**BEGIN AGAIN FOUNDATION**

Saving lives. Supporting survivors.