**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/\_\_\_\_\_\_ |  |
| CardiacReview EKGs | Human Resources Goal\_\_\_\_\_\_\_[ ]  At goal[ ]  Increase[ ]  Decrease[ ]  Beta Block\_\_\_\_\_\_\_\_\_\_ |  |
| Volume statusNet 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-raysWed:[ ]  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 evaluationSIRS 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: TGC3 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: \_\_\_\_\_\_\_\_\_\_\_\_