

**Huddle sheet**

<b>Date:</b>	<b>Charge Nurse:</b>	<b>Telemetry Boxes:</b> _____/_____ <b>(On patient drawer)</b>
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<b>RN/Room</b>					
<b>Technical Partner (TP)</b> (Has report been given?)					
<b>Foley Catheters</b>					
<b>Other Concerns</b>					
<b>Pressure Ulcers</b> TQ2- Turn q 2 hours EH - Elevate heels SB - Specialty bed CC - Chair cushion ETC - ET consult	<b>601</b>	<b>607</b>	<b>613</b>	<b>619</b>	<b>625</b>
	<b>602</b>	<b>608</b>	<b>614</b>	<b>620</b>	<b>626</b>
	<b>603</b>	<b>609</b>	<b>615</b>	<b>621</b>	<b>627</b>
<b>Falls</b> BC - Bed check HLB – Hi-low bed LB - Lap buddy FM - Fall magnets M - Mitts R - Rings/does not challenge C - Challenges	<b>604</b>	<b>610</b>	<b>616</b>	<b>622</b>	<b>628</b>
	<b>605</b>	<b>611</b>	<b>617</b>	<b>623</b>	<b>629</b>
	<b>606</b>	<b>612</b>	<b>618</b>	<b>624</b>	<b>630</b>
<b>Complete Assistance</b> (If more than 3, what's plan for helping TP?)					
<b>Discharges</b> (Is discharge instruction sheet started? Flu/Pneu vaccine given? Case Management aware?)					
<b>Off-Unit Procedures</b>					

**Initials:**