

## Daily Goals Worksheet

Patient Name \_\_\_\_\_ Bed Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

---Initial as goals are reviewed ---

GOAL	NOTES	08:00-13:00	13:00-20:00
What needs to be done for the patient to be discharged from the ICU?			
Who will the patient be discharged to?			
What is this patient's greatest safety risk?			
Is the Adults with Incapacity Form filed, if required?			
Ventilator Bundle: HOB 30 degrees or greater			
Oral Chlorhexidine			
Sedation Vacation and			
Assessment of Readiness to Wean / Extubate			
Can central lines or other catheters/tubes be discontinued?			
Are any new lines required, or do they need to be changed?			
Medication changes (Can any be discontinued?)			
Fluid balance, net goal for next 24 h			
ID, Cultures, Drug levels			
Mobilization / Out Of Bed plan			
Tests/Procedures Today			

Referrals			
Family Updated?			
Any social issues to address?			
Emotional/spiritual issues addressed?			
Skin Care Addressed?			
Code Status Addressed?			
Advanced Directive in place?			
Parameters for calling MD			