

Date _____ Student's Name _____ Pt Initials _____ Dx _____ Age _____

Daily Log Sheet

The daily log was developed to help you organize your day, provide safe patient care, document according to hospital policy, and meet your school of nursing objectives. Complete this log each clinical day and give to your clinical instructor at the end of your shift. Check each activity that was completed. Write NA if not applicable to your patient. Fill in blanks as requested. If you need more space, use back of paper.

Safe Environment/Initial Care	
Read patient's entire chart summary, noting questions you may have?	
Reviewed your patient's history and progress notes from the previous day?	
*Washed your hands before and after entering the patient's room every time?	
*Reminded others as needed to wash hands?	
Introduced yourself to the patient and family?	
Used universal precautions when handling any body fluids? Give an example:	
Followed isolation policy when caring for patient? Type of isolation/protective equipment required:	
Checked patient's ID and allergy band? Location of each on patient: *Second patient identifier used:	
Noted patient's allergies? List allergies:	
Checked IV fluids hanging, matched with IV fluids and rate ordered?	
Checked to see if your patient's IV tubing was labeled? Expiration date:	
Located the following at patient's bedside: code sheet, ambu with correct size mask, suction set-up including suction catheter? Location of code sheet:	
Documentation/Cerner/Clinview	
Every AM, from task list documented:	
*Humpty Dumpty/Heinrich scale (fall risk) Score:	
*Braden Scale (skin breakdown risk) Score:	
Pain Scale appropriate for developmental age Score: Scale used:	
VS/I & O tab documented:	
Vitals as ordered or indicated by acuity. (acute q8h, prog q4h, critical q2h)	
Continuous infusions.	
Accurate intake, including fluids and solid intake.	
Accurate output.	
Safety tab documented:	
Safety checks (q12h) (includes suction set-up, ambu bag and mask, code sheet)	
ADL's (daily bath/shower, mouth care daily/q4h for patients NPO, daily linen change)	
Trachs, trachcare (Q12h) with AM assessment.	
IV site checks (hourly)	
Cardiac/Apnea, Pulse Oximetry monitors (hourly, if ordered)	
Biox probe sites(check q4h; change location q4h infant, q8h other pediatric pts)	

Pain Scale documented:	
q8h minimum (with AM assessment)	
q4h for 24 hours following surgery	
q2h patient with PCA	
1 hr after pain intervention	
Documentation reviewed by clinical instructor and RN caring for patient.	
Safe Hand Off	
Safe Handoff form accompanied pt (in front of blue chart) when leaving unit for any test/procedure? (These can be printed out by the secretary) Where did your patient go? Who reviewed the form?	
Giving medications	
Used care mobile for all meds given. List the 5 rights that need to be reviewed with every medicine given: List 2 additional rights:	
* Checked to be sure all medications brought to the bedside were labeled.	
* Wore clean gloves when accessing all central lines.	
* Completed 15 sec scrub/15 sec drying time with each line access.	
Reassessed pain and documented score every time you performed an intervention or gave a pain medicine?	
Intake and Output/Fluid Balance	
Checked with RN to see if patient needed weighed? Patient's weight _____	
Weighed patient before first feeding/ breakfast on the appropriate scale, with minimal clothing on child/ no clothing on infant?	
Calculate daily maintenance fluid requirements for your patient: Daily requirements _____ Hourly requirement(ml/hr) _____ Requirement for your shift _____ List total fluid (IV/po/enteral) your patient received during your shift _____ What action, if any, should be taken related to fluid requirements?	
Calculate expected minimum urine output for your shift _____ Amount patient voided during your shift _____ What action, if any, should be taken related to urine output?	
Did patient have bowel movement during your shift? Describe _____ What action, if any, should be taken?	
Diet order : _____ Were all oral, enteral and/or solid foods documented accurately? What action, if any should be taken related to feedings?	

Patient/Family Centered Care	
Patient cognitive/developmental age:	
List 2 developmental interventions that you did for your patient:	
Who was present at the child's bedside? (Name and relation to the child)	
List one intervention that you did for the family:	
What cultural issues did you identify as having a possible impact on this family?	
List any economic/political factors that might have an impact on your child's care or ability to develop appropriately:	
<p>Asked the parent(s) if they needed information on anything related to their child's care? _____ (This should be asked daily if parents are present.)</p> <p>List learning needs identified for your patient/family:</p> <p>How were teaching needs met?</p> <p>(Reminder – any patient/parent teaching must be verified with the clinical instructor prior to teaching.)</p>	
List community resources that might be beneficial to your patient/family:	
Were you able to get a referral or share this information with the family or healthcare team?	
Interdisciplinary Team	
Participated (by either listening or verbally contributing) in your patient's clinical rounds? Rounding times on my unit: (Students are expected to participate in rounds.)	
Briefly describe information discussed in pt rounds:	
List other healthcare team members with whom you interacted and give brief description of interaction:	

Goals

Review your goals with your patient's nurse to be sure we are collaborating/working on mutual goals for the patient.

Priority Goal for your patient today:

What plan of care did you implement to help achieve this goal?

Did your patient meet this goal?

Secondary Goal:

What plan of care did you implement to help achieve this goal?

Did your patient meet this goal?

Did you share your patient's goals with the patient/parent? Yes No

List one goal you had for yourself today:

Did you accomplish your goal?

List any ethical issues you identified today relating to your child's care or the care of any other child you observed on the unit.

* items related to 2010 National Patient Safety Goals.

Student Signature _____

Reviewed by _____

Date _____