

## Inpatient Goal Sheet

Patient Name: \_\_\_\_\_ Room#: \_\_\_\_\_

**Care Team:**

Physician(s): \_\_\_\_\_ Nurse: \_\_\_\_\_

Dietician: \_\_\_\_\_ Case Manager/Social Worker: \_\_\_\_\_

Others: \_\_\_\_\_

DATE _____ HD# _____	DATE _____ HD# _____	DATE _____ HD# _____
Admission weight: _____ Today's weight: _____ Goal/dry weight: _____	Admission weight: _____ Today's weight: _____ Goal/dry weight: _____	Admission weight: _____ Today's weight: _____ Goal/dry weight: _____
<b>Goal #1 Medical Management</b>	<b>Goal #1 Medical Management</b>	<b>Goal #1 Medical Management</b>
<b>Goal #2 Medical Management</b>	<b>Goal #2 Medical Management</b>	<b>Goal #2 Medical Management</b>
<b>Goal #3 Medical Management</b>	<b>Goal #3 Medical Management</b>	<b>Goal #3 Medical Management</b>
<b>Patient and Family Communication</b> Self-management education: _____  Projected discharge date: _____  Code Status/End of life care: _____	<b>Patient and Family Communication</b> Self-management education: _____  Projected discharge date: _____  Code Status/End of life care: _____	<b>Patient and Family Communication</b> Self-management education: _____  Projected discharge date: _____  Code Status/End of life care: _____
<b>Patient Safety Checklist</b> <input type="checkbox"/> Intravenous access <input type="checkbox"/> Foley catheter <input type="checkbox"/> Mobility/ Functional status <input type="checkbox"/> Cognition <input type="checkbox"/> Polypharmacy/Potentially <input type="checkbox"/> Inappropriate meds <input type="checkbox"/> Renal function/electrolytes <input type="checkbox"/> VTE prophylaxis <input type="checkbox"/> Nutrition <input type="checkbox"/> Glycemic control	<b>Patient Safety Checklist</b> <input type="checkbox"/> Intravenous access <input type="checkbox"/> Foley catheter <input type="checkbox"/> Mobility/ Functional status <input type="checkbox"/> Cognition <input type="checkbox"/> Polypharmacy/Potentially <input type="checkbox"/> Inappropriate meds <input type="checkbox"/> Renal function/electrolytes <input type="checkbox"/> VTE prophylaxis <input type="checkbox"/> Nutrition <input type="checkbox"/> Glycemic control	<b>Patient Safety Checklist</b> <input type="checkbox"/> Intravenous access <input type="checkbox"/> Foley catheter <input type="checkbox"/> Mobility/ Functional status <input type="checkbox"/> Cognition <input type="checkbox"/> Polypharmacy/Potentially <input type="checkbox"/> Inappropriate meds <input type="checkbox"/> Renal function/electrolytes <input type="checkbox"/> VTE prophylaxis <input type="checkbox"/> Nutrition <input type="checkbox"/> Glycemic control
<b>Red Flags</b>	<b>Red Flags</b>	<b>Red Flags</b>