

CVICU A Team Rounding Template

Patient Name:

Room:

MRN:

One Liner:

Subjective/Overnight Events:

Vitals:

T: Tmax:

HR:

BP:

RR:

Sats:

Wt: Δfrom prior?

Gtts:

Vent? Mode:

Rate:

TV:

FiO2:

PEEP:

I/Os:

I:

O:

Net:

Current Meds:

Physical Exam:

Gen:

Cardiac:

Pulm:

Ext:

Lines/Drains:

Labs:

Imaging/EKGs:

Cultures:

Assessment/Plan:

Patient Name:

Room:

MRN:

One Liner:

Subjective/Overnight Events:

Vitals:

T: Tmax:

HR:

BP:

RR:

Sats:

Wt: Δfrom prior?

Gtts:

Vent? Mode:

Rate:

TV:

FiO2:

PEEP:

I/Os:

I:

O:

Net:

Current Meds:

Physical Exam:

Gen:

Cardiac:

Pulm:

Ext:

Lines/Drains:

Labs:

Imaging/EKGs:

Cultures:

Assessment/Plan: