

Daily Goals Checklist

Problem Statement: Clear communication among health care providers is paramount. Communication failures lead to patient harm, increased length of stay, provider dissatisfaction and staff turnover. Effective communication is particularly important in the ICU if complicated care plans are to be effectively managed by the care team.

What is a Daily Goals Checklist? A daily goals checklist is a care plan for patients, which prompts caregivers to focus on what needs to be accomplished that day to safely move the patient closer to discharge.

Purpose of Tool: The purpose of this tool is to improve communication among care team and family members regarding the patient's plan of care.

Who Should Use this Tool: All health care providers

How to Use this Tool: During morning and evening rounds the care team reviews the goals for the patient using the checklist. Once a checklist is completed it is signed by the attending, given to the patient's nurse to be kept at the bedside and the team moves on to the next patient. This form is revisited during the day as the care plan changes. We provide you with an example of the form we use at Johns Hopkins. Please develop your own form. What you develop must fit your environment. You can use the Hopkins form to get ideas and then develop your own.

Publication(s) of Tool:

Pronovost PJ, Berenholtz S, Dorman T, Lipsett P, Simmonds T, Haraden C. Improving communication in the ICU using daily goals. *J Crit Care* 2003;18(2):71-75.

Daily Goals

Room Number _____

Date ____/____/____

		AM shift (7am)	PM shift (7pm) **Note Changes from AM**
Safety	What needs to be done for patient to be discharged from the ICU?		
	<ul style="list-style-type: none"> ▪ Patient's greatest safety risk? ▪ How can we decrease risk? 		
	What events or deviations need to be reported? ICUSRS issues?		
Patient Care	Pain Mgt / Sedation (held to follow commands?)	Pain goal ____/ 10 w/	
	Cardiac Review EKGs	HR Goal _____ <input type="checkbox"/> at goal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> Block _____	
	Volume status Net goal for midnight	<input type="checkbox"/> Net even <input type="checkbox"/> Net positive <input type="checkbox"/> Net neg: ____ w/ _____ <input type="checkbox"/> Pt determined	
	<ul style="list-style-type: none"> ▪ Pulmonary: ▪ Ventilator: (vent bundle: HOB elevated), RTW/Weaning) 	<input type="checkbox"/> OOB <input type="checkbox"/> Pulm toilet <input type="checkbox"/> Ambulation <input type="checkbox"/> Maintain current support <input type="checkbox"/> Wean as tol <input type="checkbox"/> Mechanics q am FIO2 < ____ PEEP ____ <input type="checkbox"/> PS / Trach trial ____ h	
	SIRS/Infection/Sepsis Evaluation SIRS Criteria <input type="checkbox"/> Temp > 38° C or <input type="checkbox"/> < 36 ° C <input type="checkbox"/> HR > 90 BPM <input type="checkbox"/> RR > 20 b/min or <input type="checkbox"/> PaCO2 < 32 torr <input type="checkbox"/> WBC > 12K <input type="checkbox"/> < 4K or <input type="checkbox"/> > 10% bands	<input type="checkbox"/> no current SIRS / Sepsis issues <input type="checkbox"/> Known infection: <input type="checkbox"/> PAN Cx <input type="checkbox"/> Bld x2 <input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Other <input type="checkbox"/> ABx changes; D/C <input type="checkbox"/> AG Levels: <input type="checkbox"/> Sepsis Bundle	
	Can catheters/tubes be removed?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	GI / Nutrition / Bowel regimen (TPN line, NDT, PEG needed?)	<input type="checkbox"/> TPN <input type="checkbox"/> TF <input type="checkbox"/> NPO	
	Is this patient receiving DVT/PUD prophylaxis?	DVT: <input type="checkbox"/> Hep q8 / q12 / gtt <input type="checkbox"/> TEDS/SCDs <input type="checkbox"/> LMWH PUD: <input type="checkbox"/> PPI <input type="checkbox"/> H ₂ B	
	Anticipated LOS > 2 days: TGC 3 days: fluconazole PO, KCI SS	<input type="checkbox"/> TGC <input type="checkbox"/> Fluc <input type="checkbox"/> KCI <input type="checkbox"/> N/A	
	Can any meds be discontinued, converted to PO, adjusted?	<input type="checkbox"/> N/A <input type="checkbox"/> D/C: <input type="checkbox"/> PO: <input type="checkbox"/> Renal: <input type="checkbox"/> Liver:	
To Do:	Tests / Procedures today	<input type="checkbox"/> N/A	
	Scheduled labs	<input type="checkbox"/> N/A	
	AM lab needed CXR?	<input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> H8 <input type="checkbox"/> Coags <input type="checkbox"/> ABG <input type="checkbox"/> Lactate <input type="checkbox"/> Core 4 <input type="checkbox"/> CXR Wed: <input type="checkbox"/> Transferrin <input type="checkbox"/> Iron <input type="checkbox"/> Prealb <input type="checkbox"/> 24h urine	
	Consultations	<input type="checkbox"/> Y <input type="checkbox"/> N	
Disposition	Is the primary service up-to-date?	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<ul style="list-style-type: none"> ▪ Has the family been updated? ▪ Social issues addressed (LT care, palliative care) 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Protocols available if bolded

For WICU only: ICU status IMC status: vitals q____ Fellow/Attg Initials: _____