



Label

Weekly Cardiac Assessment

Date: _____

Vital Signs & Weight

Temperature: _____ Lying BP: _____ Sitting BP: _____ Standing BP: _____
Apical Pulse: _____ Respiration: _____ O2 Sat: _____

Assessment

Color: Pink Pale Jaundiced Ashen Cyanotic Other _____

Temperature: Warm Cool Cold Other _____

Respiratory: SOA with exertion SOA at rest Cough ___non-productive ___productive

Lung Sounds: Clear Rales Rhonchi Crackles Wheezes Diminished Other _____

Heart Rhythm: Regular Irregular Pacemaker Other _____

Nail Beds: Normal Cyanotic Clubbing Capillary Refill: < 3 seconds _____ >3 seconds _____

Pulses: (see grade scale below)

Radial Pulses: Regular Irregular Equal Grade _____ Notes: _____

Carotid: Regular Irregular Equal Grade _____ Notes: _____

Femoral: Regular Irregular Equal Grade _____ Notes: _____

Dorsalis Pedis: Regular Irregular Equal Grade _____ Notes: _____

Pulse Grade Scale
0 = Absent
1+ = Palpable, but thread and weak
2+ = Normal, easily identified
3+ = Increased Pulse; moderate pressure
4+ = Full, bounding

Symptom Review and Management

Fatigue: Yes _____ No _____

Dizziness: Yes _____ No _____

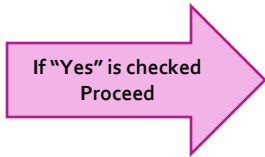
Palpitations: Yes _____ No _____

Chest Pain: Yes _____ No _____

Pains Scale rating: _____

Is PRN Nitro ordered? Yes _____ No _____

History of Chest Pain: Yes _____ No _____



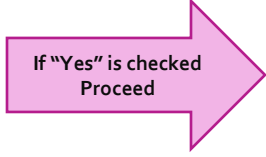
Onset: _____
Frequency: _____
Location: _____
Duration: _____
Description: _____
Activities that produce or increase Pain: _____

Dyspnea: Yes _____ No _____

Current O2 in Use? _____

L/Min _____

Oxygen Sat: _____

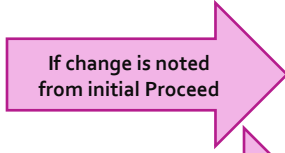


If there is no record of a CXR done in the last 7 days. Call physician and see if they want a CXR.
Signature: _____ Date: _____
If O2 sat is below 90% and oxygen is not in use apply Oxygen via nasal cannula – Titrate to maintain O2 sats above 90%
Signature: _____ Date: _____

Apical Rate:

Regular: _____

Irregular: _____

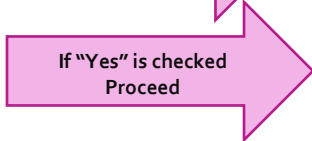


If Irregular rate is noted – Call and see if physician wants a 12 lead EKG
Signature: _____ Date: _____

Weight

Current Weight: _____

Greater than 5 lb. wt gain: Yes _____ No _____



If weight is greater than 5 pounds notify physician
Signature: _____ Date: _____

Circulation: Edema Present: Yes _____ No _____

Where: _____

Dependent _____ Pitting _____ Degree _____

Surgical Incision/Wound _____

Signature: _____ Date: _____

Continue Chronic Phase Move to Acute Phase

If the resident has a change in cardiac status like but not limited to: increased edema, change in VS, Weight gain 5 or more pounds, Chest pain, or increased Dyspnea – move back to acute phase