

**MICU DAILY CHECKOUT SHEET Resident:**

| MICU BED             | Patient Name    | Problem List | TO-DO LIST: DAY | TO-DO LIST: NIGHT |
|----------------------|-----------------|--------------|-----------------|-------------------|
|                      |                 | <u>Neuro</u> |                 |                   |
|                      |                 |              |                 |                   |
| <u>CODE STATUS</u>   | <u>Drips</u>    | <u>Cards</u> |                 |                   |
|                      |                 |              |                 |                   |
| <u>Vent Day</u>      |                 | <u>Pulm</u>  |                 |                   |
|                      |                 |              |                 |                   |
| <u>Vent Settings</u> |                 | <u>GI</u>    |                 |                   |
|                      |                 |              |                 |                   |
|                      | <u>Cultures</u> | <u>Renal</u> |                 |                   |
|                      |                 |              |                 |                   |
|                      |                 | <u>ID</u>    |                 |                   |
| <u>Fluids/Feeds</u>  |                 |              |                 |                   |
|                      |                 | <u>Heme</u>  |                 |                   |
|                      |                 |              |                 |                   |
| <u>Prophylaxis</u>   |                 | <u>Endo</u>  |                 |                   |
|                      |                 |              |                 |                   |
|                      |                 |              |                 |                   |