Patient and Family Empowerment and Advocacy Checklist

NOTES

Activities	to he	p yours	self or	loved	one:
------------	-------	---------	---------	-------	------

0	Perform hourly Incentive Spirometry
0	Turn the TV off at night
0	Assist with oral hygiene
0	Passive range of motion
0	Blinds up and lights on during the day

Questions to ask the care team during rounds:

(uc	stions to ask the care team daining round.
0	What are the daily goals today?
0	Am I eating? If not, why not?
0	Do I need my bladder catheter?
0	Do I need my arterial line?
0	Do I need my central line?
0	Do I need the breathing tube? If so, why?
0	Can I bring familiar items/music from home?
0	What issues are keeping me in the ICU?
0	Do I need my chest tubes? If so, why?
0	Am I able to walk? If not, why?
0	Have I asked all my questions?