

|                                   |                            |                                    |                              |                                     |
|-----------------------------------|----------------------------|------------------------------------|------------------------------|-------------------------------------|
| <b>B</b>                          | <b>I</b>                   | <b>N</b>                           | <b>G</b>                     | <b>O</b>                            |
| SENSORY-PERCEPTUAL<br>ALTERATIONS | ALBUMIN                    | COMFORT<br>CARE                    | RISK<br>FOR<br>BLOOD<br>CLOT | IMPAIRED<br>SKIN                    |
| AST                               | SEIZURE<br>S               | MORPHINE                           | ALT                          | PLATELET<br>COUNT                   |
| SEDATIVE<br>DRUGS                 | SEVERE<br>LIVER<br>DISEASE | FREE<br>SPACE                      | ANEMIA                       | FREQUENT<br>TURNING                 |
| GLUCOSE                           | RISK FOR<br>INFECTION      | HEMATOCRIT                         | FALL<br>RISK                 | INEFFECTIVE<br>BREATHING<br>PATTERN |
| ETHYL<br>ALCOHOL<br>WITHDRAWAL    | ANXIETY/FEAR               | PATIENT/FAMILY<br>FEAR OF<br>DEATH | WEAKNESS                     | ATRIAL<br>FRIBRILLATION             |

|                            |                                     |                                   |                         |                                |
|----------------------------|-------------------------------------|-----------------------------------|-------------------------|--------------------------------|
| <b>B</b>                   | <b>I</b>                            | <b>N</b>                          | <b>G</b>                | <b>O</b>                       |
| SEVERE<br>LIVER<br>DISEASE | ALT                                 | RISK<br>FOR<br>BLOOD<br>CLOT      | AST                     | MORPHINE                       |
| COMFORT<br>CARE            | WEAKNESS                            | IMPAIRED<br>SKIN                  | ANXIETY/FEAR            | PLATELET<br>COUNT              |
| GLUCOSE                    | ANEMIA                              | FREE<br>SPACE                     | FREQUENT<br>TURNING     | ALBUMIN                        |
| FALL<br>RISK               | PATIENT/FAMILY<br>FEAR OF<br>DEATH  | SENSORY-PERCEPTUAL<br>ALTERATIONS | ATRIAL<br>FRIBRILLATION | RISK FOR<br>INFECTION          |
| HEMATOCRIT                 | INEFFECTIVE<br>BREATHING<br>PATTERN | SEDATIVE<br>DRUGS                 | SEIZURE<br>S            | ETHYL<br>ALCOHOL<br>WITHDRAWAL |

|                                   |                                    |                              |                                     |                                |
|-----------------------------------|------------------------------------|------------------------------|-------------------------------------|--------------------------------|
| <b>B</b>                          | <b>I</b>                           | <b>N</b>                     | <b>G</b>                            | <b>O</b>                       |
| ANXIETY/FEAR                      | PATIENT/FAMILY<br>FEAR OF<br>DEATH | ALT                          | INEFFECTIVE<br>BREATHING<br>PATTERN | ANEMIA                         |
| SENSORY-PERCEPTUAL<br>ALTERATIONS | GLUCOSE                            | HEMATOCRIT                   | SEIZURE<br>S                        | IMPAIRED<br>SKIN               |
| SEDATIVE<br>DRUGS                 | ATRIAL<br>FRIBRILLATION            | FREE<br>SPACE                | RISK FOR<br>INFECTION               | FALL<br>RISK                   |
| SEVERE<br>LIVER<br>DISEASE        | PLATELET<br>COUNT                  | RISK<br>FOR<br>BLOOD<br>CLOT | WEAKNESS                            | COMFORT<br>CARE                |
| FREQUENT<br>TURNING               | ALBUMIN                            | MORPHINE                     | AST                                 | ETHYL<br>ALCOHOL<br>WITHDRAWAL |