

Best Case/Worst Case: ICU

What things may look like going forward. Pt Initials: _____
Room Number: _____

★
Best Case
Scenario

↑
Hopes

Range of What is Possible

↓
Worries

■
Worst Case
Scenario

Date:
Event:

Date:
Event:

Date:
Event:

Date:
Event:

Date:
Event:

Best Case Scenario

Treatments/procedures:

Time in ICU: _____

Time in hospital: _____

Discharge to: _____

After recovery, living at:

Future functional status:

Worst Case Scenario

Enjoys:

(patient name)

