Nurse Report Sheet

Rm:

Name:

Code:

Service:

MD:

Diagnosis:

MRN:

Admit Date:

Age:

Gender Male or Female

Allergies:

Isolation: A C D N I:I

Activity:

AD:

Discharge Info:

☐ Call Report

Lines & Drains

☐ Glucose Check AC HS Q___
☐ Q2 Turn
☐ Q4 Vitals
☐ Q4 Neuro Check
☐ QShift Vitals
☐ Q4 I&O

IV Fluids

Neuro: AAOX__ ☐ PERRLA ☐ Confusion ☐ Seizure PC ☐ Afebrile

Cardio: ☐ Regular HS ☐ +Pulses ☐ HTN ☐ Monitor ☐ Strip ☐ EKG

Resp: ☐ Clear RA ☐ O2___L ☐ Cough ☐ Trach Type_____ Size:____ Suction Q__ Care ____ ☐ Edu ☐ Humid ☐ Talk

GI: ☐ N&V ☐ +BS ☐ Gas ☐ Incontinent

Diet:

LBM:

GU: ☐ Clear ☐ Yellow ☐ Amber ☐ Bloody ☐ Bloody T ☐ Incontinent ☐ Ileoconduit ☐ Foley ☐ CBI

Bladder Scan:
Time: _____ Amt: _____ ☐ SC Amt: ____
Time: _____ Amt: _____ ☐ SC Amt: ____

LV:

Musc:

☐ Chronic Pain ☐ Weak ☐ Numb/Ting ☐ Tremors

RUE ___ LUE ___
RLE ___ LLE ___

Skin: ☐ Edema ☐ Bruising ☐ Scab ☐ Pres W ☐ Redness ☐ Itchy

Incision 1: _____ Dressing_____ Drainage_____
☐ Original Dressing ☐ Sutures ☐ Staples ☐ Infection

Incision 2_____ Dressing_____ Drainage_____
☐ Original Dressing ☐ Sutures ☐ Staples ☐ Infection

Incision 3 _____ Dressing_____ Drainage_____
☐ Original Dressing ☐ Sutures ☐ Staples ☐ Infection

MEDS

☐ 7:00/19 ☐ 2:00
☐ 8:00/20 ☐ 3:00
☐ 9:00/21 ☐ 4:00
☐ 10:00/22 ☐ 5:00
☐ 11:00/23 ☐ 6:00
☐ 12:00/00 ☐ 7:00
☐ 1:00 ☐ 8:00

Pain

1900 ___ ☐
2300 ___ ☐
3:00 ___ ☐
7:00 ___ ☐

PCA

Drug _____
Dose_____
Rate _____
LO _____
TA _____
TD _____
VI _____

Tube Feed

Food _____ Rate _____
Goal Rate: _____

Food: @_____ @_____
@_____ @_____

Protein: ____ Scoops Q ____
@_____ @_____
@_____ @_____

Fiber _____ Scoops Q ____
@_____ @_____
@_____ @_____

Water Bolus: ____ Q _____
@ _____ @_____
@_____ @_____

NOTES: