

Room:	Patient:	RN:	NA:	Room:	Patient:	RN:	NA:				
Info	Age:	Adm Date:	Vol./Invol.	Allergies:	Info	Age:	Adm Date:	Vol./Invol.	Allergies:		
Code Status:	Isolation:				Code Status:	Isolation:					
Resident:	Attending:			SW:	Resident:	Attending:			SW:		
Dx/CC				PMHx							

Activity/Precautions/Brace				SL: I, II, III, N/A	Status: R, RA, S/S, Full				
Ambulate: Y / N (Assist: 1 / 2 Device:)				High Fall Risk: Y / N					
				Alarm: Bed / Chair					
				HFR: Bracelet / Socks / Sign					
				Low Bed / Call Lt. / Brake					

Neuro/Psych				Q:	Neuro/Psych				Q:
A&O: x		Dizziness: Y / N		PSA/Restraints:					
Who:	When:								
Where:	Why:								
Behavior:		Thought Process:		Coping:					
Motor Activity:		Coherency:		Insight:					
Speech:		Content:		Emotional:					
Attitude:		Perception:		Mood:					
Appearance:		Judgement:		Affect:					
Self-Injurious:		Self-Injurious:		Sleep:					
Other-Injurious:		Other-Injurious:							

CV				RUE	LUE	RLE	LLE	VS Q:	CV				RUE	LUE	RLE	LLE	VS Q:		
BP: /		Color:								BP: /		Color:							
Pulse: / min		Temp:								Pulse: / min		Temp:							
Rhythm: Reg / Irreg.		Cap. Refill:								Rhythm: Reg / Irreg.		Cap. Refill:							
Sounds:		Edema:								Sounds:		Edema:							
Temp: ° C / F		Sensation:								Temp: ° C / F		Sensation:							

Resp RR: / min				Pain				Resp RR: / min				Pain			
Palpation:		SpO₂: %		Location:				Palpation:		SpO₂: %		Location:			
Sounds:		O₂ Device:		Frequency:				Sounds:		O₂ Device:		Frequency:			
Pattern: Reg / Irreg.		IS: Y / N		Quality:				Pattern: Reg / Irreg.		IS: Y / N		Quality:			
Labored: Y / N		Volume:		Severity - At Rest: w/ Activity: Goal:				Labored: Y / N		Volume:		Severity - At Rest: w/ Activity: Goal:			
Cough: Y / N		Sputum:		Relief:		Side Effects:		Cough: Y / N		Sputum:		Relief:		Side Effects:	

GI Diet: RS 1 / 2 / 3 / NPO				GU				I&Os Q:				GI Diet: RS 1 / 2 / 3 / NPO				GU				I&Os Q:			
BS: Hypo / Active / Hyper		Abdomen:		Pattern:		Cath.: Y / N		BS: Hypo / Active / Hyper		Abdomen:		Pattern:		Cath.: Y / N									
Appetite: Low / Reg / High		Flat / Distended		Volume:				Appetite: Low / Reg / High		Flat / Distended		Volume:											
Flatus: Y / N		Soft / Firm		Color:				Flatus: Y / N		Soft / Firm		Color:											
Nausea: Y / N		LBM:		Characteristics:				Nausea: Y / N		LBM:		Characteristics:											
Accu Checks:		Bladder Scan: mL						Accu Checks:		Bladder Scan: mL													

Labs				Skin/Wounds				Labs				Skin/Wounds			
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Family/Social															
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P. Factors								R. Factors							
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To Do/DC Plan				Tentative D/C:				Nursing Priorities:				To Do/DC Plan				Tentative D/C:				Nursing Priorities:			
Hygiene: <input type="checkbox"/> Linens: <input type="checkbox"/>												Hygiene: <input type="checkbox"/> Linens: <input type="checkbox"/>											
Oral Care: <input type="checkbox"/>												Oral Care: <input type="checkbox"/>											
Handoff: <input type="checkbox"/> <input type="checkbox"/>												Handoff: <input type="checkbox"/> <input type="checkbox"/>											
Rounds: <input type="checkbox"/>												Rounds: <input type="checkbox"/>											
Charting: Notes:												Charting: Notes:											
Assess/Psych <input type="checkbox"/> RN Care <input type="checkbox"/>												Assess/Psych <input type="checkbox"/> RN Care <input type="checkbox"/>											
Daily Care <input type="checkbox"/> SBAR <input type="checkbox"/>												Daily Care <input type="checkbox"/> SBAR <input type="checkbox"/>											

Meds																							
8		9		10		11		12		1		2		3		4		5		6		7	
Sched:																							
PRN:																							