**NURSING REPORT SHEET**

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Patient Room: \_\_\_\_\_\_\_\_\_\_ DOB**: \_\_\_\_\_\_\_\_\_\_\_ **Sex**: \_\_\_\_\_\_\_

**Doctors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**History:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Code Status:**

VS: 0700 BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_\_\_\_\_\_ Temp: \_\_\_\_\_\_\_\_\_\_O2 Sat: \_\_\_\_\_\_\_\_\_\_

O2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1200 BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_\_\_\_\_\_ Temp: \_\_\_\_\_\_\_\_\_\_\_O2 Sat: \_\_\_\_\_\_\_\_\_\_

O2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1600 BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR: \_\_\_\_\_\_\_\_\_\_\_\_\_ Temp: \_\_\_\_\_\_\_\_\_\_O2 Sat: \_\_\_\_\_\_\_\_\_\_

O2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blood Sugars:** 0700\_\_\_\_\_\_\_\_\_\_\_ 1200\_\_\_\_\_\_\_\_\_ 1700\_\_\_\_\_\_\_\_\_\_\_\_\_2200\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Med Pass:** 0700 0800 0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 0100 0200 0300 0400 0500 0600

**Intake:** Breakfast\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_ Supper\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_

**Output:** Foley\_\_\_\_\_\_\_\_\_\_ BM: \_\_\_\_\_\_\_\_ Emesis\_\_\_\_\_\_\_ Drains: \_\_\_\_\_\_\_ Tubes\_\_\_\_\_\_\_\_\_\_\_\_ Ostomy Bag: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Needed Labs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Future Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_