ROOM _____ NAME _____ AGE _____ DAY # _____ CODE _____

ALLERGIES _____ PROVIDER _____ WEIGHT _____

## ADMITTED FOR · DIAGNOSES

## PRECAUTIONS · MOBILITY

☐ CONTACT ☐ DROPLET ☐ AIRBORNE ☐ FALL RISK

☐ SELF ☐ ASSIST ×1 ☐ ASSIST ×2 ☐ TOTAL ☐ LIFT

## PROBLEMS · WHAT WE ARE DOING

## ACCESS

☐ PIV ☐ CENTRAL ☐ PICC ☐ PORT

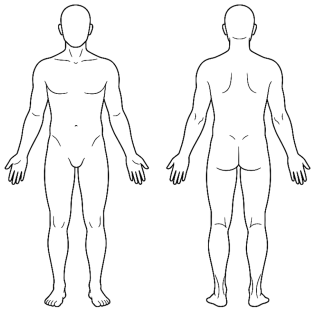
☐ FOLEY

## DRIPS · FLUIDS

## PATCHES

☐ FENTANYL ☐ NITRO ☐ LIDO

## SKIN: MARK THE SPOT, DESCRIBE IT BELOW



FRONT · BACK

☐ INTACT ☐ DTI ☐ STAGE 1 ☐ 2 ☐ 3 ☐ 4 ☐ UNSTAGEABLE ☐ BRUISE ☐ RASH

| | |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

## BM · BOWEL

LAST BM _____

☐ THIS SHIFT ☐ INCONT. ☐ OSTOMY

## DIET

☐ REGULAR ☐ NPO ☐ THICKENED ☐ TUBE

☐ ASPIRATION

## I & O

| IN | OUT |
|---|---|
| | |
| | |

## VITALS

| TIME | BP | HR | RR | TEMP | $SPO_2$ |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## GLUCOSE · $O_2$ · TELE

| TIME | CBG | COVER |
|---|---|---|
| | | |
| | | |

☐ ROOM AIR ☐ NC ☐ TELE

## ASK IN REPORT

## CHANGES THIS SHIFT: TIME · WHAT HAPPENED

## PROCEDURES · PENDING

## NOTES

NOT A MEDICAL RECORD. SHRED AT END OF SHIFT.

DATE _____ · SHIFT _____