DATE _____ SHIFT _____ UNIT _____ TECH _____ CHARGE _____

RM _____ NAME · AGE _____ ALLERGIES _____

DX _____

DIET _____ ACTIVITY _____ LINES · DRAINS _____

☐ FULL ☐ DNR ☐ DNI ☐ ISO ☐ FALL ☐ TELE

VITALS

TIME			
BP			
HR			
RR			
TEMP			
SPO_2			
PAIN			
GLUCOSE			

MEDS

TIME	MED DUE

LABS · TESTS

TO DO

☐ _____
☐ _____
☐ _____

INTAKE · OUTPUT

IN _____ OUT _____

NOTES · TELL THE NEXT SHIFT

RM _____ NAME · AGE _____ ALLERGIES _____

DX _____

DIET _____ ACTIVITY _____ LINES · DRAINS _____

☐ FULL ☐ DNR ☐ DNI ☐ ISO ☐ FALL ☐ TELE

VITALS

TIME			
BP			
HR			
RR			
TEMP			
SPO_2			
PAIN			
GLUCOSE			

MEDS

TIME	MED DUE

LABS · TESTS

TO DO

☐ _____
☐ _____
☐ _____

INTAKE · OUTPUT

IN _____ OUT _____

NOTES · TELL THE NEXT SHIFT

RM _____ NAME · AGE _____ ALLERGIES _____

DX _____

DIET _____ ACTIVITY _____ LINES · DRAINS _____

☐ FULL ☐ DNR ☐ DNI ☐ ISO ☐ FALL ☐ TELE

VITALS

TIME			
BP			
HR			
RR			
TEMP			
SPO_2			
PAIN			
GLUCOSE			

MEDS

TIME	MED DUE

LABS · TESTS

TO DO

☐ _____
☐ _____
☐ _____

INTAKE · OUTPUT

IN _____ OUT _____

NOTES · TELL THE NEXT SHIFT

NOT A MEDICAL RECORD. SHRED AT END OF SHIFT.

ONE PATIENT PER THIRD