

NURSE REPORT

Code: MD:	Complaint:	Labs: WBC	V Sites: Drips/Fluids: PIV	Skin/Wounds: Intact wound ollocation Obressing Date Bed Sore: Ollocation Obressing Date In Notes:	Vitals: 8 AM/PM 12AM/PM 4AM/PM T: T: T: T: T: T: BP: BP: BP: HR: HR: HR: RR: RR: RR: O2: O2: O2: Pain: Pain: Pain:	Code: MD:	Complaint:	Labs: WBC HGB PLT Na CI BUN Glucose	INR PTT Ca* Trop (I)	N Sites: Drips/Fluids: PIV PIV PICC Drips PICC Drips PICC Drips PICC Drips PICC Drips PICC Drips PICC PICC Drips PICC PIC	Skin/Wounds: Intact Wound: OLocation O Dressing Date Bed Sore: OLocation O Dressing Date Notes:	Vitals: 8 AM/PM 12AM/PM 4AM/PM T: T: T: T: BP: BP: BP: BP: HR: HR: HR: HR: RR: RR: RR: CO: O2: O2: O2: Pain: Pain: Pain: Pain: Pain:
Sex: Age:	Allergies:	History of Present Illness:	Cardiac: Pulses	GI: Diet: ORegular O NPO O Tube Feed Intrake	Musculoskeletal: Numbness: ORUE OLUE ORLE OLLE Weakness: ORUE OLUE ORLE OLLE SBA	Sex: Age:	Allergies:	History of Present Illness:		Cardiac: Pulses Edema Cardiac Sounds Bilateral	G : Diet: ORegular O NPO O Tube Feed Intake Calories Ostomy Last BM: O Hypo O Normal O Hyper Ostoms OHyper Ostoms OHyper Ostoms OHyper Ostoms OHyper Ostoms Osto	Musculoskeletal: Numbness: O RUE O LUE Weakness: O RUE O LUE SBA AD UB Assisting Device
lame:	Room #: Admit Date:	PMHx/PSHx:	Neuro:	Respiratory: Pattern	GU: Output Voiding Incontenance Anuria Urinal Catheter Bedpan Bedside Commode	Patient Name:	Room #: Admit Date:	PMHx/PSHx:		Neuro: A&o x Unconscious Confused Power Reflex RASS \text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\texi{\text{\text{\text{\text{\texit{\texi\tinte\tar\tint{\text{\texi}\text{\texi}\texititt{\ti	Respiratory: □ Pattern	GU: Output Voiding Incontenance Anuria Urinal Catheter Bedpan Bedside Commode
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Age:		History of Present Illness:	Cardiac: Delises Edema Cardiac Sounds Bilateral Condes:	GI: Diet: ORegular ONPO OTube Feed Intrake — Calories — Ostomy — Last BM: O Hypo O Normal O Hyper Notes:	Musculoskeletal: Numbness: O RUE O LUE O RUE O LUE Weakness: O RUE O LUE O RUE O LUE SBA Ab LIB Assisting Device	Sex: Age:	Allergies:	Present Illness:		Cardiac: Pulses Edema Cardiac Sounds	GI: Diet: ORegular O NPO O Tube Feed Intrake —— Calories —— Ostomy— Last BM: O Hypo O Normal O Hyper Notes:	Musculoskeletal: Numbness: O RUE O LUE O RLE O LLE Weakness: O RUE O LUE O RLE O LLE S8A
	Admit Date:		Unconscious Confused	Lungs Sound	Voiding ☐ Incontenance ☐ Urinal ☐ Catheter ☐ Bedside Commode ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Admit Date:			Unconscious Confused	Lungs Sound	□ Voiding □ Incontenance □ Urinal □ Catheter □ Bedside Commode □ Notes:

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