Student Name: _____ Date: _____

Student Nurse Report Sheet

Patient Name:	Provider:	RM:
Admission Date	Diagnosis:	Code:
Allergies:	Isolation:	
Past Medical History:	Telemetry:	
	Activity:	
Diagnostic Tests:	Diet:	
Power of Attorney or Living Will:	Fall Risk:	

-Abnormal Labs -	Wounds/Dressing :	-System Specific Information-	
Ca:	Incisions:	Neuro:	
Mg:			
Ph:	Drains:	CV:	
INR:	IV site 1:	Pulm:	
PTT:			
BUN:	IV site 2:	GI:	
Na+:	IV fluids: IV site	GU:	
Cl-:			
Glu:	due to:	Integ:	
K:	Intake:	Output:	Last BM:
CO2:			
Hgb:			
Hct:			
Platelets:			
WBC:			

-Plan Your Day-		
To Dos:	□ Completed	Timeline
Get Report		0700
Chart "On Shift"		0730
Initial Assessment		0800
AM Care		0830
Chart & Document		0900
Meds- if giving today		0930
Re-Assess		1000
Document changes		1030
Chart & Interventions		1100
Re-Assess		1130
Implement Interventions		1200
Finish Up & Document		1230
Give Report		1300
Chart "Off Shift"		1330
Post-Conference		1400

-Special Codes for Timeline-

Special Codes	M- Meds scheduled G- Blood Glucose n	S- Specimens needed P- PRN Med given

-Vitals & Frequency-

Time				
Temperature:				
Pulse:				
Respirations:				
Blood Pressure:				
O2 sat:				
Pain:				
Pain meds?	Y or N	Y or N	Y or N	Y or N
Pain re-assess:				

Notes: