

CVICU Report Sheet

| Hospital / Clinic Information | | | |
|--|--------|-------|--------|
| Name: | | | |
| Unit: Cardiovascular Intensive Care Unit (CVICU) | | | |
| Date: | | | |
| Shift: | Day | Night | |
| Patient Information | | | |
| Name: | | | |
| Age: | | | |
| Gender: | Female | Male | Other: |
| Date of Birth: | | | |
| MRN (Medical Record Number): | | | |
| Admission Date: | | | |
| Room / Bed: | | | |
| Medical Information | | | |
| Primary Diagnosis: | | | |
| Secondary Diagnosis: | | | |
| Surgical Procedures (if any): | | | |
| Date of Surgery: | | | |
| | | | |
| Consulting Teams: | | | |
| Vital Signs & Monitoring | | | |
| Blood Pressure: | | | |
| Heart Rate: | | | |
| Respiratory Rate: | | | |
| Temperature: | | | |
| Oxygen Saturation (SpO2): | | | |
| Pain Score: | | | |

Cardiac Monitoring

Rhythm:

Pacing (if applicable):

Ejection Fraction (EF):

Respiratory Support**Oxygen Therapy:** Nasal Cannula Mask Ventilator

Settings / Rate:

ABGs / PaO₂ / FiO₂:**Chest X-Ray Findings:****IV Access & Lines****Peripheral IVs:****Central Lines:**

Location:

Arterial Line: Yes No

Location:

Swan-Ganz Catheter: Yes No**Medications****Vasopressors / Inotropes:**

Dosage / Rate:

Antibiotics:

Dosage / Schedule:

Analgesics / Sedatives:

Dosage / Schedule:

Other Critical Meds:

Dosage / Schedule:

Fluids & Nutrition**IV Fluids:**

Rate:

Enteral / Parenteral Nutrition:

Rate / Type:

Lab Results

Latest CBC:

Electrolytes:

Coagulation Profile:

Renal Function Tests:

Liver Function Tests:

Other Relevant Labs:

Nursing Care & Interventions

Wound Care:

Mobility / Physiotherapy:

Hygiene Measures:

Special Precautions:

Plan / Goals for Shift

Medical:

Surgical:

Nursing:

Notes / Comments

Handoff Notes:

Concerns / Alerts:

Nurse's Signature:

Date: