

# 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:                             |        |       |        |
| <b>Surgical Procedures (if any):</b>             |        |       |        |
| 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 / PaO<sub>2</sub> / FiO<sub>2</sub>:****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: