

# ICU Report Sheet

## Patient Information

Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Age: \_\_\_\_\_

Admission Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Clinical Status

### Vital Signs

- Heart Rate: \_\_\_\_\_
- Blood Pressure: \_\_\_\_\_
- Respiratory Rate: \_\_\_\_\_
- Temperature: \_\_\_\_\_

Neurological Status (GCS): \_\_\_\_\_

### Oxygenation

- Oxygen Saturation: \_\_\_\_\_
- FiO2: \_\_\_\_\_

## Ventilator Settings

Mode: \_\_\_\_\_

Tidal Volume: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

PEEP: \_\_\_\_\_

## Medications

Name	Dose	Route	Frequency

## **Laboratory Results**

Hemoglobin: \_\_\_\_\_

White Blood Cell Count: \_\_\_\_\_

Platelet Count: \_\_\_\_\_

Other Relevant Results: \_\_\_\_\_

## **Procedures/Interventions**

## **Special Considerations**

Allergies/Precautions:

Specific Care Requirements:

## **Upcoming Events/Plans**