

Med Surg Report Sheet

Attending healthcare provider		Contact info	
Date		Time	
Patient information			
Name		Medical record number	
Age		Gender	
Diagnosis			
Allergies			
Special considerations and precautions			
Vital signs			
Temperature	Pulse		Respiratory rate
Blood pressure		Pain level	
Assessment			
Neurological			
Glasgow Coma Scale (GCS)		Pupils	
Motor function		Sensations	

Cardiovascular		
Heart sounds	Peripheral pulses	Edema
Respiratory		
Breath sounds	Cough	Sputum
Gastrointestinal		
Bowel sounds	Abdominal assessment	Nutritional status
Procedures/interventions		
Date and time		Type of procedure
Results		
Lab values		
CBC		
Hb	Hct	
WBC	Platelets	
Electrolytes		
Sodium	Potassium	
Calcium	Magnesium	
Other values		

Plan of care and interventions

Significant events

Additional notes

A handwritten signature in black ink, consisting of a stylized 'C' followed by a series of loops and a vertical stroke.

Name and signature

Date and time