Nurse Brain Sheets

Patient Name: **Date:**

Room Number: **Code:**

Allergy:

Admission Date:

Admission Reason:

Background:

Safety	Isolation:
☐ Confused	☐ None
☐ Fall	☐ Contact
☐ Restraints	☐ Droplet
☐ Alarm	☐ Airborne
☐ Suicide	☐ Neutroperic

Assessment:

Vital Signs	Diagnostic Tests:
Blood Pressure: **Heart Rate:** **Respiratory Rate:** **Temperature:** **Oxygen Saturation:**	**Pending Tests:** **Results and Interpretation:**

Assessment	Medications:

General Appearance:
 	
Neurological Status:
	• **List of Current Medications:**
	  •
	  •
	• Dosages and Frequencies:

Respiratory Status:	• Last Administered:
Cardiovascular Status:	
Gastrointestinal Status:	
Genitourinary Status:	
Musculoskeletal Status:	

Interventions:

- Scheduled Procedures:
- Nursing Interventions:
- Patient Education:

Collaborative Care:

- Physician Rounds:
- Consultations:
- Allied Health Team Involvement:

Goals and Plan of Care:

- Short-Term Goals:
- Long-Term Goals:
- Care Plan Overview: