Nurse Charting Cheat Sheet

1. Patient Information
Name:
Medical Record Number:
Date of Birth:
Allergies:

2. Vital Signs		
Area:	**Format:**	**Notes:**
Temperature	*[Numeric Value] °C/°F*	
Heart Rate (HR)	*[Numeric Value] bpm*	
Blood Pressure (BP)	*[Numeric Value] / [Numeric Value] mmHg*	
Respiratory Rate (RR)	*[Numeric Value] breaths/min*	
Oxygen Saturation (SpO2)	*[Numeric Value] %*	

3. Assessment	
Neurological	
Level of Consciousness (LOC):	Pupils:
☐ Alert ☐ Responsive to stimuli ☐ Verbal ☐ Pain ☐ Unresponsive	☐ Equal ☐ Reactive to light
Additional Notes:	Additional Notes:

Cardiovascular	
Heart Sounds:	Peripheral Pulses:
☐ Normal ☐ Abnormal	☐ Present ☐ Absent
Additional Notes:	Additional Notes:
Respiratory	
Breath Sounds:	Oxygen Delivery:
☐ Clear ☐ Wheezing ☐ Crackles	☐ Room air ☐ Nasal cannula ☐ Mask
Additional Notes:	Additional Notes:
Gastrointestinal	
Bowel Sounds:	Abdominal Assessment:
☐ Present ☐ Absent	☐ Soft ☐ Tender ☐ Distended
Additional Notes:	Additional Notes:
Musculoskeletal	
Range of Motion (ROM):	Strength *(Rate out of 5; 1 = lowest, 5 = highest)*:
☐ Full ☐ Limited	____ / 5

Additional Notes:	Additional Notes:

4. Interventions
Medications
List of medications, dosage, route, and time:
Procedures
Description of any procedures performed:
Education Provided
Topics discussed with the patient and/or family:

5. Fluids and Nutrition
Intake
Oral:
☐ Fluids ☐ Medications
Additional Notes:
IV *(Type of fluid, Rate)*:
Output
Urine *(Color, Amount)*:

6. Pain Assessment	
Pain Scale	**Pain Location**
Numeric rating or descriptive scale:	*Specify the location of the pain:*

7. Nursing Care	
Turning and Positioning Schedule	**Skin Integrity**
Frequency of turning and repositioning:	*Assessment of any skin breakdown:*

8. Other Observations	
Mental Health	**Infection Control**
Any observed changes in mood or behavior:	*Use of isolation precautions if applicable:*

9. Communication
Interdisciplinary Communication
Communication with other healthcare team members:

Nurse's Signature
Date: