

# Nursing Brain Sheet

Patient Information	
Name:	
Room No.	
Age:	
Gender:	
Admitting Doctor:	
Nurse Assigned:	

## Patient Care Tracking

Date:	
Time:	
Medical history:	
Present Illness:	
Diagnosis:	

Date:	
Time:	
Symptoms:	
Observations:	

Date:	
Time:	
Lab Results:	
Radiology Findings:	

<b>Date:</b>	
<b>Time:</b>	
<b>Medications:</b>	
<b>Side Effects/Reactions</b>	

<b>Date:</b>	
<b>Time:</b>	
<b>Plan of Care:</b>	
<b>Care Given:</b>	
<b>Response to Care:</b>	

<b>Date:</b>	
<b>Time:</b>	
<b>Updates/Changes:</b>	
<b>Notes:</b>	