

Nursing Report Sheet

Patient Information	
Name	Age
Gender	Room/Bed
Diagnosis	
Allergies	
Vital Signs	
Temperature	Blood pressure
Pulse	Respiratory rate
Oxygen saturation	
Assessment	
General Appearance	
Neurological Status	
Cardiovascular	
Respiratory	
Gastrointestinal	
Genitourinary	

Musculoskeletal	
Skin Integrity	
Pain Level	
Medications	
Name of Medication	Dosage
Route	Time given
Intake and Output	
Oral intake	Intravenous fluids
Urine output	Other output
Procedures	
Dressing changes	IV therapy
Catheterization	Tube feeding
Lab and Diagnosis Results	
Blood work	Imaging
EKG/ECG	Other tests
Nursing Interventions	
Positioning:	
Ambulation:	
Skin care:	
Safety measures:	
Pain management:	

Special Instructions

Dietary restrictions

Activity orders:

Patient Education:


Plan of Care

The goal for the shift:

Nursing interventions:

Follow-up assessments:

Additional notes

		
Attending nurse	Date and time	Signature