

# 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                       |                    |
| <b>Medications</b>               |                    |
| Name of Medication               | Dosage             |
| Route                            | Time given         |
| <b>Intake and Output</b>         |                    |
| Oral intake                      | Intravenous fluids |
| Urine output                     | Other output       |
| <b>Procedures</b>                |                    |
| Dressing changes                 | IV therapy         |
| Catheterization                  | Tube feeding       |
| <b>Lab and Diagnosis Results</b> |                    |
| Blood work                       | Imaging            |
| EKG/ECG                          | Other tests        |
| <b>Nursing Interventions</b>     |                    |
| 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**