

Simple Nursing Report

Patient Information				
Name	Isolation		Room/Bed	ID
Sex	Age	Admission Date		Provider
Vital Signs				
BP	HR	RR	Temp	O2 Sat
Medical Summary				
History of Present Illness				
Diagnosis				
Ongoing Medications				
Allergies				
Assessment				
Neuro, cardiac, respiratory, GI/GU, Skin				

Interventions
Medications Given
Treatments
Plans
Additional Notes and Observations