PATIENT REPORT SHEET

Name:

Room #: | Sex: ☐ Male ☐ Female | Age:

Code: ☐ Full ☐ DNR ☐ Limited | Admit Date:

Mobility: ☐ Indep ☐ Assist ☐ Bedrest | MD:

Allergies:

Complaint:

Diagnosis:

Hospital Course:

MEDICAL HISTORY:

☐ CAD	☐ BPH	☐ MI
☐ CABG	☐ AFIB	☐ Anxiety
☐ AAA	☐ PVD	☐ Stroke
☐ HTN	☐ HLD	☐ TIA
☐ CHF	☐ DLD	☐ Depression
☐ COPD	☐ ETOH	☐ GERD
☐ CKD	☐ DM	☐ PAD

SAFETY:

☐ Fall Risk ☐ Confused
☐ Restraints ☐ Suicide
☐ Aspiration ☐ _____

ISOLATION:

☐ None ☐ Droplet
☐ Contact ☐ Airborne
☐ Seizure ☐ _____

LABS:

HGB	WBC	PLT
PT	INR	PTT
BUN	CR	NA
K	CA	MG
Phos	Gluco	CO2
PH	Trop	_____

NEURO:

☐ A&O x ____ ☐ Confused ☐ Agitated
☐ Forgetful ☐ Sundowns ☐ Unconscious
☐ Neuro Checks Q ____H ☐ NiHSS Q ___H
☐ RASS _____ ☐ ICP ☐ _____
☐ Notes

CARDIAC:

☐ EF ____% ☐ Telemetry ☐ Pacemaker
☐ Pulses ____ ☐ Rhythm ____ ☐ Edema ____
☐ VS ☐ Bilateral ☐ _____
☐ Notes

RESPIRATORY:

☐ Pattern ____ ☐ Lung Sounds ☐ Clear
☐ Diminished ☐ Crackles ☐ Room Air
☐ BiPAP ☐ CPAP ☐ Vent
☐ HFNC ☐ NRB ☐ Trach/ETT
☐ Notes

GASTROINTESTINAL:

☐ Diet: ○ Lipids ○ TPN ○ Tube Feed
☐ PEG ☐ NGT @Nare: ○ Right ○ Left
☐ LBM: ○ Continent ○ Incontinent
☐ Bedpan ☐ Commode ☐ FMS
☐ Colostomy ☐ Ileostomy ☐ _____
☐ Notes

GENITOURINARY:

☐ Continent ☐ Incontinent ☐ Bathroom
☐ Bedpan ☐ Urinal ☐ BSC
☐ Purewick ☐ Condom Cath ☐ Commode
☐ Foley Cath ☐ _____
☐ Notes

SKIN/WOUNDS:

☐ Intact ☐ Clean ☐ Infected
☐ Pressure Ulcer (On Arrival): ○ Yes ○ No
☐ Surgical Incision(s): ○ Yes ○ No
☐ Location _____ ☐ Dressings _____ ☐ _____
☐ Notes:

MUSCULOSKELETAL:

☐ Numbness: RUE ○ LUE ○ RLE ○ LLE
☐ Weakness: ○ RUE ○ LUE ○ RLE ○ LLE
☐ Mobility: ○ Indep ○ Bedrest ○ OOB To Chair
☐ OOB With ___ Assist(s) ○ Assisting Device ____
☐ Notes

VITALS:

Temp	BP	HR	RR	SpO2

ACCU CHECK:

☐ AC ☐ HS ☐ Hourly

Time	BS	Cover

DRIPS/FLUIDS:

_____ @ _____
_____ @ _____
_____ @ _____

☐ PIV ☐ PICC ☐ CVC ☐ HD

IV SITES:

☐ PIV _____ ☐ PICC _____
☐ Central _____ ☐ Other _____

Time	Input	Output

TO DO:

Time	Task

PLAN OF CARE:

SCHEDULED PROCEDURES:

☐ Cath ☐ Echo ☐ EKG ☐ Pacemaker
☐ MRI ☐ X-Ray ☐ CT ☐ US/Dopplers
☐ Bone Scan ☐ Mammography ☐ _____

DISCHARGE PLAN:

CONSULTS:

☐ GI ☐ PT/OT ☐ Psych ☐ Neuro
☐ Ortho ☐ Onco ☐ Nephro ☐ Pulmo
☐ Medi ☐ Urology ☐ Speech ☐ Surg
☐ Cardio ☐ _____

NOTES:

PRN MEDS:

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