Student Nurse Organization Tool			

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PATIENT:	ATTENDING:		ADMISSION DATE:	FALL & BRADEN SCORE:
CODE STATUS:	AGE/SEX:	ROOM #:	POD#:	CONSULTS:
ADMITTING DIAGNOSIS:	ALLERGIES:			ASSISTIVE DEVICES: ABLE TO AMBULATE:

PMH:	PSH:
SOCIAL HX (FOUND IN SITUATION BACKGROUND or H&P):	DISCHARGE PLANS:

PATIENT ASSESSMENT: LOC: TELE#: VOIDING / FOLEY/ EXTERNAL FOLEY (circle) continent/incontinent (circle) LAST BM: continent/incontinent (circle)	IV LOCATION & SIZE: TYPE OF FLUIDS & RATE: DROP RATE CALCULATION: HOURS BAG WILL LAST:

LABORATORY TESTS (FOR DAY OF CARE)	RADIOLOGY TESTS (FOR DAY OF CARE)	CV/VASC/NEURO TESTS (FOR DAY OF CARE)

RESPIRATORY:	THERAPIES:

HIGHLIGHT 3 PRIORITY ORDERS (Interventions)	COMMUNICATION ORDERS / OTHER TREATMENTS:
PATIENT CARE ORDERS (NO SYSTEM ORDERS) VS FREQUENCY: WT FREQUENCY:	

Medications you are giving:
(Time & Pertinent Assessment(s))
	End of day:
	
	Any new labs?
	
	Any new orders?
	
	    Assessment
	    AM Care / Mouth Care / Activity
	    VS
	    Chart check
	    Teaching