

Student Name: _____ Date: _____

S	Patient: (<i>Adult / Teen / Child / infant</i>) M / F		Primary Physician:	
	Admit date: X/XX/20XX Weight: kg: Height:		Consults (Ex: Speech, PT/OT, Surgery, Neuro)	
1 Dx:				
2 Dx:				
B	Pertinent History:		Allergies (reactions)	Isolation: Restraints: Y / N Type: Vaccine- PNA / Flu
	Home Medications:		Code status DNR/AND Advance directive: Y / N	
A	Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rxn/ Pupil Size/ GCS			Vital Signs: T/ P/ R / BP/ O2
	Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular			Pain None Pain scale Location
	Pulmonary: Breath sounds/Secretions		Oxygen: ____L O2 Vent: Mode Rate Vt Peep FIO2 ETT tube: Size Trach: Size	Accu checks: Frequency: Results
	GI : Last BM: NGT OGT	Diet		Skin: Wounds/Drainage Staples /Drains Location:
	GU: Placed on:			
IV Site / Type / Location:			Psych Social:	
<i>Site appearance:</i>				

Student Name: _____ Date: _____

A	Drips:									
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	Na	Cl	Bun	Gluc	Mg	BNP		Hct	ABGs:		
							WBC	Plt	pH: pO2: pCO2: HCO3-:		
	K	Co	Cr	Ca	Phos	DDimer	Hgb				

R	Recommendations:									
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Nursing Notes