

Student Name: _____ Date: _____

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|----------|--|---|---|
| S | Patient: (<i>Adult / Teen / Child / infant</i>) M / F | | Primary Physician: |
| | Admit date: | Weight: kg: Height: | |
| B | Pertinent History: | | Allergies (reactions) |
| | Home Medications: | | |
| 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: Date inserted: | | |
| | <i>Site appearance:</i> | | Psych Social: |

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

Nursing Notes