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SITUATION

Student's Name:

Code Status

Age

Gender

Room

Reason for current hospital stay:

Current situation and urgent concerns:

B

BACKGROUND

Relevant past medical history

Current medications and allergies

Relevant lab values

Any recent changes in the patient's condition

A

ASSESSMENT

Vital signs

Temp
HR
B/P
SpO2
RR

Pain or discomfort

Location
Intensity
Quality

Neuro

Cardiovascular

GI/GU

Respiratory

Skin integrity

- Warm and dry
- Pale
- Mottled
- Extremities are cold
- Extremities are warm

Wound? Y or N

Location:

Dressing last changed:

IV Fluids:

Other:

R

RECOMMENDATION

Plan of care

Follow-up instructions