

Nursing Shift Report Sheet

PT NAME: _____

AGE/SEX: _____ RM: _____

ALLERGIES: _____ MD: _____

PMHX: _____

CODE STATUS



ADMITTING DX: _____

NEURO:	CARDIO:
GI/GU:	RESP:
LABS:	MEDS:
IV FLUIDS:	PLAN:

VS: T ___ HR: ___ RR: ___ BP: ___ SPO2: ___ ON ___ L/MIN

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