

# Nursing Report Sheet

Patient information			
Name:		Age:	
Gender:		Room/Bed:	
Diagnosis:		Allergies:	
Vital signs			
General appearance:		Neurological status:	
Cardiovascular:		Respiratory:	
Gastrointestinal:		Genitourinary:	
Skin integrity:		Musculoskeletal:	
Pain level:			
Medications			
Medication	Dosage	Route	Time given

Procedures			
Dressing changes	IV therapy	Catheterization	Tube feeding
Laboratory and diagnosis results			
Blood work	Imaging	EKG/ECG	Other tests
Nursing interventions			
Positioning:		Ambulation:	
Skin care:		Safety measures:	
Pain management:			
Special instructions			
Dietary restrictions:		Activity orders:	
Patient education:			

**Plan of care**

The goal for the shift:

Nursing interventions:

Follow-assessments:

**Additional notes**

Attending nurse:

Signature:



Date and time: