

# NURSING REPORT SHEET

**NURSE:**

**HALL:**

**CNA:**

**DATE:**

<b>ROOM</b>	<b>NAME</b>	<b>VITALS</b>	<b>DX/PMH</b>	<b>ACCU</b>	<b>PRN</b>		<b>IV</b>		<b>TX/LABS</b>
<b>CODE</b>	<b>DOB</b>	T			FOR		O2		
<b>PILLS</b>	<b>DOC/NP</b>	P			LAST		LBM		
<b>DIET</b>	<b>ASST/TRANS</b>	R			GAVE		B&B		
<b>CONS</b>	ABT	B			GAVE		ISO		
<b>LIQ</b>	Day: /	O			GAVE		SHWR		

**NOTES:**

**WT:**

**Additional:**

**RF:                      RT:                      24/DS/TX/M/PRN**

		<b>VITALS</b>	<b>DX/PMH</b>	<b>ACCU</b>	<b>PRN</b>		<b>IV</b>		<b>TX/LABS</b>
		T			FOR		O2		
		P			LAST		LBM		
		R			GAVE		B&B		
	ABT	B			GAVE		ISO		
	Day: /	O			GAVE		SHWR		

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		T			FOR		O2		
		P			LAST		LBM		
		R			GAVE		B&B		
	ABT	B			GAVE		ISO		
	Day: /	O			GAVE		SHWR		

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		T			FOR		O2		
		P			LAST		LBM		
		R			GAVE		B&B		
	ABT	B			GAVE		ISO		
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