Shift Report Sheet for Nursing Students

Client initials: _____ Age/DOB _____ Male Female Room number: _____ Date admitted: _____ Allergies: _____ Isolation precautions: _____	Notes: _____ _____ _____ _____	Urinary catheter? Yes No Size? _____ IV/Central line? Yes No Site: _____ Gauge? _____ Oxygen? Yes No Liters? _____ Other? _____
Admitting diagnosis: _____ Medical history: _____ _____ _____ Code Status: _____ Family in room? Yes No	Fingerstick Blood glucose 0600 _____ 1100 _____ 1600 _____ 2100 _____ Unscheduled BG reading _____	Equipment in room? Yes No What type? Walker, wheelchair, lift equipment. Other _____ Can client ambulate? Yes No Hearing aid/glasses/dentures
Last VS: BP _____ P _____ R _____ T_____ Pulse Ox_____	Schedule tests/labs? _____ When? _____ Surgery? _____	Diet? _____ Need assist with meals? Yes No NPO? Yes No Liquid restrictions? Yes No
VS: BP _____ P _____ R _____ T_____ Pulse Ox_____	Pain? 0 1 2 3 4 5 6 7 8 9 10	Assist with ADLs? Yes No Bathing assist? Yes No

Client Assessment

Client initials: _____ Age/DOB _____ Male Female Room number: _____ Date admitted: _____ Allergies: _____ Isolation precautions: _____	**Neuro:** Alert? Oriented? Confused? Hearing? Vision? Hearing aid/glasses/dentures Other? _____	**GU:** Continent? Incontinent? Urinary catheter? Yes No Size? _____ Last void? _____ Other? _____
Admitting diagnosis: _____ Medical history: _____ _____ _____ Code Status: _____ Family in room? Yes No	**Cardiac:** Rate? Rhythm? Telemetry? Other? _____ **Respiratory:** Rate? Rhythm? Oxygen? Yes No Liters? _____ Other? _____	**Skin:** Wounds? Drains? Surgical incisions? Where? Turning schedule? Other? _____
VS: BP _____ P _____ R _____ T_____ Pulse Ox_____ Pain? 0 1 2 3 4 5 6 7 8 9 10 IV? _____ Type of IVFs? _____	**Musculoskeletal:** Weak? Paralysis? Pulses? RUE _____ LUE _____ RLE _____ LLE _____ Can client ambulate? Yes No	Diet? _____ Need assist with meals? Yes No NPO? Yes No Liquid restrictions? Yes No
Notes: _____ _____ _____	**GI:** Soft? Distended? Firm? Round? Active Bowel sounds? Last BM?	Assist with ADLs? Yes No Bathing assist? Yes No