

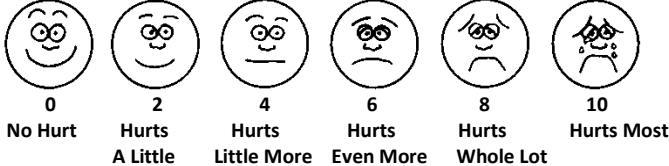
Patient Name	Date	Time in	Time Out	Total Hours
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## VITAL SIGNS

Time	Temperature <input type="checkbox"/> Oral <input type="checkbox"/> Axillary <input type="checkbox"/> Other	Pulse <input type="checkbox"/> Apical <input type="checkbox"/> Radial	Respiration	Blood Pressure <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sitting <input type="checkbox"/> Lying

## PAIN ASSESSMENT

Wong-Baker FACES Pain Rating Scale ©



Location: \_\_\_\_\_ Current Pain Regime: \_\_\_\_\_

Is pain regime effective: ☐ Yes ☐ No

Comment: \_\_\_\_\_

## NUTRITION ASSESSMENT

Diet: ☐ NPO ☐ Regular ☐ Restricted/Type: \_\_\_\_\_  
☐ Breast ☐ Formula-Type: \_\_\_\_\_ Other: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Nutritional Risk Screening: ☐ LOW ☐ MED ☐ HIGHAppetite: ☐ Good ☐ Fair ☐ Poor

Food Allergy: \_\_\_\_\_

Blood Sugar: \_\_\_\_\_ ☐ N/A☐ Patient/Caregiver independent in diabetes management

Comment: \_\_\_\_\_

## NEUROLOGICAL

☐ Verbal ☐ Nonverbal ☐ Oriented Alert ☐ Agitated ☐ Confused  
☐ Lethargic ☐ Sedated ☐ Comatose ☐ Semi-ComatoseAppropriate for age: ☐ Yes ☐ NoTone: ☐ Active ☐ Flaccid ☐ Jittery ☐ RigidFontanel: ☐ Flat ☐ Soft ☐ Sunken ☐ Tense ☐ Bulging ☐ N/ASeizure Activity: ☐ N/A ☐ No ☐ Yes ☐ If yes, see seizure recordMoves extremities: ☐ Upper Right ☐ Upper Left  
☐ Lower Right ☐ Lower Left

Comment: \_\_\_\_\_

## CARDIOVASCULAR

Heart Tones: ☐ Strong ☐ Regular ☐ Irregular ☐ Murmur  
☐ Other: \_\_\_\_\_Skin: ☐ Pink ☐ Flushed ☐ Pale ☐ Cyanotic ☐ Other: \_\_\_\_\_Skin Temp: ☐ Warm ☐ Cool ☐ Cold ☐ Other: \_\_\_\_\_Capillary Refill: ☐ Less than seconds ☐ Greater than 3 seconds☐ Other: \_\_\_\_\_Peripheral Pulses: ☐ Strong ☐ Weak ☐ Absent ☐ Other: \_\_\_\_\_

Comment: \_\_\_\_\_

## RESPIRATORY

☐ Regular ☐ Labored ☐ Shallow ☐ Grunting ☐ Panting ☐ Nasal flaring  
☐ Deep ☐ RetractionsBreathing Sounds: ☐ Clear ☐ Rhonchus ☐ Diminished☐ Wheeze If not clear indicate where: \_\_\_\_\_Cough: ☐ None ☐ Productive ☐ Non productiveSecretions: ☐ N/AAmount: ☐ Small ☐ Moderate ☐ LargeConsistency: ☐ Thin ☐ Thick ☐ Tenacious ☐ FrothyColor: ☐ Clear ☐ White ☐ Yellow ☐ Green ☐ Blood tingedApnea Monitor: ☐ N/A Alarm setting: High \_\_\_\_\_ Low \_\_\_\_\_Pulse Oximetry: ☐ Continuous ☐ IntermittentOxygen: \_\_\_\_\_ L/min Via: ☐ NC ☐ Mask ☐ Trach ☐ Intermittent☐ Continuous ☐ Other: \_\_\_\_\_

## RESPIRATORY CARE

Tracheostomy Type: \_\_\_\_\_ Size: \_\_\_\_\_

☐ Cuffed ☐ Uncuffed Date last changed: \_\_\_\_\_Trach. Care: ☐ ½ strength H<sub>2</sub>O<sub>2</sub> + H<sub>2</sub>O ☐ Warm soapy H<sub>2</sub>OTechnique: ☐ Clean/Aseptic ☐ Sterile ☐ Trach ties changedTrach. Ties Changed: \_\_\_\_\_ (date) ☐ Clean ☐ Sterile methodTrach. Site: ☐ Dry ☐ Intact ☐ Redness ☐ Excoriation ☐ DrainageIntervention: ☐ MD Notified ☐ RN Notified ☐ Other: \_\_\_\_\_

## VENTILATOR

☐ N/A Hours/d on ventilator: \_\_\_\_\_Type: \_\_\_\_\_ Rate: \_\_\_\_\_ ☐ CPAP: Rate \_\_\_\_\_

TV: \_\_\_\_\_ PEEP: \_\_\_\_\_ PIP: \_\_\_\_\_

Alarm Checked-Audible/ Set at: \_\_\_\_\_ High \_\_\_\_\_ Low \_\_\_\_\_

Comment: \_\_\_\_\_

## MUSCULO-SKELETAL

ROM: ☐ ROM ☐ Limited ROM ☐ Contractures \_\_\_\_\_Muscles: ☐ Normal ☐ Rigid ☐ Hypertonic ☐ Hypotonic ☐ WeaknessAmbulation: ☐ Independent ☐ With Assist ☐ Immobile☐ Reposition q2 hours ☐ Passive ROM ☐ Active ROM

Assistive Equipment: \_\_\_\_\_

Comment: \_\_\_\_\_

## HEAD (Circle R for RIGHT and L for LEFT)

Face: ☐ Symmetrical ☐ AsymmetricalEars: ☐ Unremarkable ☐ Low R L ☐ Other: \_\_\_\_\_Eyes: Cornea: ☐ Clear R L ☐ Opaque R LSclera: ☐ White R L ☐ Jaundiced R L☐ Hemorrhage R LNose: ☐ Patent ☐ Congested ☐ Bleeding ☐ Other: \_\_\_\_\_Pharyngeal: ☐ Unremarkable ☐ Sore throat ☐ Hoarseness

Comment: \_\_\_\_\_

## GASTROINTESTINAL

Abdomen: ☐ Soft ☐ Tense ☐ Flat ☐ DistendedBowel Sounds: ☐ Present ☐ Hyper ☐ Hypo ☐ AbsentFeeding Tube: ☐ N/A ☐ NG ☐ J Tube ☐ G Tube ☐ Mickey ButtonFeeding Tube Care: ☐ ½ strength H<sub>2</sub>O<sub>2</sub> + H<sub>2</sub>O ☐ NS☐ Other: \_\_\_\_\_ Tube size: \_\_\_\_\_

Flushes: Solution \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

GT Site: ☐ Dry ☐ Intact ☐ Redness ☐ Excoriation

## GENITO-URINARY

☐ Unremarkable ☐ Discharge ☐ CircumcisedUrine Color: ☐ Clear ☐ Yellow ☐ Cloudy ☐ HematuriaBladder Frequency: \_\_\_\_\_ ☐ Urgency ☐ Burning ☐ Diaper☐ Foley Cath ☐ Suprapubic ☐ Intermittent☐ Continent ☐ Incontinent Last void: \_\_\_\_\_

Comment: \_\_\_\_\_

## INTRAVENOUS

Access: ☐ N/S ☐ Peripheral ☐ CVL ☐ PICC ☐ Port☐ Other: \_\_\_\_\_ Location: \_\_\_\_\_

Solution Admin \_\_\_\_\_ @ \_\_\_\_\_ ml/hr

\_\_\_\_\_ @ \_\_\_\_\_ ml/hr

Date to change Dressing: \_\_\_\_\_

Site Condition: ☐ Intact ☐ Without Redness or SwellingDressing changed using: ☐ Sterile ☐ Aseptic technique ☐ Transparent☐ Bag Changed ☐ Tubing Changed ☐ Cap Changed

Date to change Peripheral IV: \_\_\_\_\_ Flushed with \_\_\_\_\_

Comment: \_\_\_\_\_

**Nurse Notes/ Medication Administration Management Notes**

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This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

Patient left in care of: \_\_\_\_\_

(RN/LPN/LVN)

**Nurse name, Signature and Credentials / date**

Patient/Family Signature Date