

McLAREN FLINT  
 Flint, Michigan  
 9 SOUTH

NURSE SHIFT TO SHIFT REPORT

DX:		WOUNDS:		NAME:	
HX:		DRESSING:			
ALLERGIES:		LAST CHANGED:			
CODE STATUS:		BATH: COMPLETE			
CONSULTS:		SET UP			
		DONE Y N			
		PRECAUTIONS:			
Daily Wt:	ADL: BR	AMBULATE: YES	PROCEDURES:		
	BRP	NO			
	BSC	ASSIST	CONSENT SIGNED: Y N		
DIET: NPO	RENAL	ADA	_____ cal	PROTOCOL: CHF	COUMADIN
REG	CARDIAC	FR	_____ cc	ACS	PNEUMONIA
				HEPARIN	CVA
DATE:			DATE:		
NURSE:			NURSE:		
<b>DAY SHIFT</b>			<b>NIGHT SHIFT</b>		
INTAKE _____ OUTPUT _____			INTAKE _____ OUTPUT _____		
FOLEY: Y N			FOLEY: Y N		
A/O X	BS:			A/O X	BS:
GCS;	LAST BM:			GCS;	LAST BM:
LUNGS:	TRACH: Y N			LUNGS:	TRACH: Y N
O2:	SIZE:			O2:	SIZE:
VENT:				VENT:	
RHYTHM: NSR	A-FIB	RATE:			
SB	OTHER:				
ST					
GLUCS: q _____ hr	1100 _____			GLUCS: q _____ hr	2100 _____
AC/HR	1700 _____			AC/HR	0500 _____
Other:				Other:	
VITALS: 800			VITALS: 2000		
1200			2400		
1600			400		
IV SITE: _____ exp: _____			IV SITE: _____ exp: _____		
_____ exp: _____			_____ exp: _____		
DRIPS: Heparin _____	Main _____			DRIPS: Heparin _____	Main _____
Nitro _____	SI			Nitro _____	SI
Cardizem _____	Other _____			Cardizem _____	Other _____
Natrecor _____				Natrecor _____	
Dopamine _____	MAIN IV TUBING			Dopamine _____	MAIN IV TUBING
LABS: PTT	HGB	TROP			
INR	WBC	BUN	CR		
K+	RBC	OTHER			
LABS: PTT	HGB	TROP			
INR	WBC	BUN	CR		
K+	RBC	OTHER			
COMMENTS:			COMMENTS:		