## **9S PCU ASSIGNMENT SHEET**

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SHIFT:					DATE:	
LEAD: 25156		1				
EAST	RN NAME	PHONE #	# of Lines	Foley Y/N	Indication	NA
905						BREAK 1
906						BREAK 2
907-1						BREAK 3
907-2			†			BREAK 4
908-1						UC
908-2			1			1ST:
909			†			2ND:
910						2.13.
911						Sitter Assignment:
912-1						
912-2						
913-1						
913-2						1
CENTRA	L	I	# of Lines	Foley Y/N	Indication	TELE ADMITS:
901	· <del>-</del>		" OI EIOO	1 0.09 1710	indiod cion	1227,31,110,
902						1
903						1
904						1
914-1						1
914-2						1
915-1						1
915-2						]
916-1						
916-2						
917-1						]
917-2						
WEST			# of Lines	Foley Y/N	Indication	
918-1						
918-2						Foley Indication Chart
919-1						1 = Acute Urinary Retention or Obstruction
919-2						2 = Perioperatrive
920-1						3 = Incontinence /Perineal/Sacral wounds
920-2						4 = Palliative/ Hospice/Comfort
921-1						5 = Immobilization for Trauma/Surgery
921-2			<u> </u>			6 = Chronic retention Present on Admit
922						7 = Give other reason
923			1			4
924 925			<del> </del>			4
19/5 し		1	1	1	l	

BREAK 1: 8:30, 12:30, 4:15 BREAK 2: 8:45, 12:45, 4:30 BREAK 3: 9:00, 1:15, 4:45 BREAK 4: 9:15, 1:45, 5:00

PLEASE INDICATE RN TEAMS ABOVE. ONE RN FROM EACH TEAM ON BREAK AT A TIME. RN COVERING MUST BE CARRYING PHONE FOR RN ON BREAK.