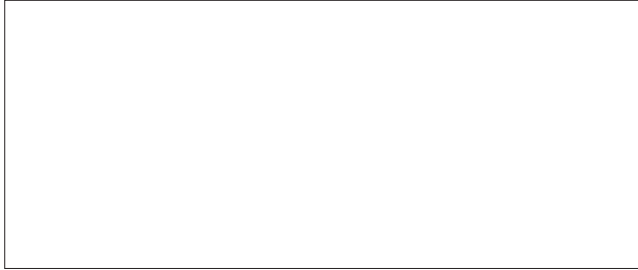


McLAREN FLINT  
**10 South**  
**Shift-to-Shift Report**



Date: \_\_\_\_\_ Code Status (category): \_\_\_\_\_ Intubation: \_\_\_\_\_ Isolation: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

History: \_\_\_\_\_

FYI: \_\_\_\_\_

Physician: \_\_\_\_\_ Consults: \_\_\_\_\_ Stroke Protocol:  Yes  No

I/O: \_\_\_\_\_ Daily Weight: \_\_\_\_\_ FR: \_\_\_\_\_ Allergies: \_\_\_\_\_

1<sup>st</sup> Trop: \_\_\_\_\_ 2<sup>nd</sup> Trop: \_\_\_\_\_ 3<sup>rd</sup> Trop: \_\_\_\_\_ 4<sup>th</sup> Trop: \_\_\_\_\_ EF% Date: \_\_\_\_\_

7am-7pm

7pm-7am

vs: \_\_\_\_\_

vs: \_\_\_\_\_

vs: \_\_\_\_\_

vs: \_\_\_\_\_

Tele #: \_\_\_\_\_ Rhythm: \_\_\_\_\_ PR: \_\_\_\_\_ QTS: \_\_\_\_\_ Qt: \_\_\_\_\_

Tele #: \_\_\_\_\_ Rhythm: \_\_\_\_\_ PR: \_\_\_\_\_ QTS: \_\_\_\_\_ Qt: \_\_\_\_\_

LS: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_ BS: \_\_\_\_\_ BM: \_\_\_\_\_

LS: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_ BS: \_\_\_\_\_ BM: \_\_\_\_\_

IV's: \_\_\_\_\_

IV's: \_\_\_\_\_

Sites: \_\_\_\_\_ Dates: \_\_\_\_\_

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Initial Current  
 NIH \_\_\_\_\_ NIH \_\_\_\_\_ Neuros: Q2, Q4, Q8

Initial Current  
 NIH \_\_\_\_\_ NIH \_\_\_\_\_ Neuros: Q2, Q4, Q8

Labs: Last Neuro √ Time \_\_\_\_\_

PTT: \_\_\_\_\_ GLUC: \_\_\_\_\_

Labs: Last Neuro √ Time \_\_\_\_\_

PTT: \_\_\_\_\_ GLUC: \_\_\_\_\_

Gluc	GFR _____
NA	Ca+ _____
K+	ICA+ _____
INR	Mag _____
BUN	
CREAT	
WBC	
RBC	
HGB	
HCT	
PLT	
ALB	

Gluc	GFR _____
NA	Ca+ _____
K+	ICA+ _____
INR	Mag _____
BUN	
CREAT	
WBC	
RBC	
HGB	
HCT	
PLT	
ALB	

Foley: \_\_\_\_\_ BM: \_\_\_\_\_

Foley: \_\_\_\_\_ BM: \_\_\_\_\_

Activity: \_\_\_\_\_ Diet: \_\_\_\_\_ A/O: \_\_\_\_\_

Activity: \_\_\_\_\_ Diet: \_\_\_\_\_ A/O: \_\_\_\_\_

Fall Score: \_\_\_\_\_ Alarm: \_\_\_\_\_

Fall Score: \_\_\_\_\_ Alarm: \_\_\_\_\_

NEW ORDERS:

NEW ORDERS:

Results: CT Scan: \_\_\_\_\_  
 C. Doppler: \_\_\_\_\_

Results: CT Scan: \_\_\_\_\_  
 C. Doppler: \_\_\_\_\_