

8 SOUTH REPORT SHEET

DX:		Wounds:		(place pt sticker here)	
HX:		Dressing △:			
Allergies:		Isolation:		CODE STATUS:	
Consults:					
Daily Wt. _____	ADL's - BR BRP BSC	Ambulate: Yes / No Assist PT/OT: Yes / No	DIALYSIS: DAYS: _____	Procedures: Consent Signed: Y N	
DIET: NPO Renal ADA _____ cal Clears Regular Cardiac FR _____ cc			Lives at: Home ECF Assisted Living/Group Home		
Date: _____ DAY			Date: _____ NIGHT		
RN: _____ SHIFT			RN: _____ SHIFT		
A/O x _____ GCS: _____		Hearing Aid: <input type="checkbox"/>	A/O x _____ GCS: _____		Hearing Aid: <input type="checkbox"/>
		Glasses: <input type="checkbox"/> Dentures: <input type="checkbox"/>			Glasses: <input type="checkbox"/> Dentures: <input type="checkbox"/>
I: _____ O: _____ FOLEY		Bowels:		I: _____ O: _____ FOLEY	
Indicator: _____ Y		Last BM:		Indicator: _____ Y N	
N				Last BM:	
Lungs:		Glucs: 1100 _____		Lungs:	
02:		1700 _____		02:	
				Glucs: 2100 _____	
				0500 _____	
Tele Box # _____		FALL SCORE: <input type="checkbox"/>		Tele Box # _____	
RHYTHM: _____		**FALL SCORE >45 MUST HAVE POSEY ELITE BED PAD IN USE & DOCUMENTED PRECAUTIONS:		RHYTHM: _____	
				**FALL SCORE >45 MUST HAVE POSEY ELITE BED PAD IN USE & DOCUMENTED PRECAUTIONS:	
Vitals: 0800 _____			Vitals: 2000 _____		
1200 _____			2400 _____		
1600 _____			0400 _____		
IV Site: _____ ex: _____		Drips: Heparin _____		IV Site: _____ ex: _____	
_____ ex: _____		Nitro _____		_____ ex: _____	
		Other: _____		_____ ex: _____	
				Tubing △ due _____	
				Tubing change done <input type="checkbox"/>	
				Other: _____	
Labs: K+ _____ Mag _____ Phos _____ Na _____		Labs: K+ _____ Mag _____ Phos _____ Na _____		Labs: K+ _____ Mag _____ Phos _____ Na _____	
PTT _____ INR _____ Trop _____		PTT _____ INR _____ Trop _____		PTT _____ INR _____ Trop _____	
BUN _____ CR _____ Hgb _____ Hct _____		BUN _____ CR _____ Hgb _____ Hct _____		BUN _____ CR _____ Hgb _____ Hct _____	
WBC _____ RBC _____ Pit _____ BNPEP:		WBC _____ RBC _____ Pit _____ BNPEP:		WBC _____ RBC _____ Pit _____ BNPEP:	

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