

McLAREN FLINT
Flint, Michigan
10 TOWER

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: DAY SHIFT			NURSE: NIGHT SHIFT		
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:	RHYTHM: NSR	A-FIB	RATE:
SB	OTHER:		SB	OTHER:	
ST			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	LABS: PTT	HGB	TROP
INR	WBC	BUN	INR	WBC	BUN
K+	RBC	OTHER	K+	RBC	OTHER
CR			CR		
COMMENTS:	COMMENTS:				