

McLaren Flint
12 South Telemetry
Shift-to-Shift Report

Date: _____ Code Status (category): _____ Intubation: _____

Diagnosis: _____

History: _____

FYI: _____

Physician: _____ Cardiologist: _____ Consults: _____

RCCU: _____ Daily Weight: _____ ↑↓: _____ Allergies: _____

1 st Trop: _____	2 nd trop: _____	3 rd trop: _____	4 th trop: _____
7am-7pm		7pm-7am	

VS: _____

VS: _____

Tele: _____ PR: _____ QRS: _____ QT: _____

LS: _____ BS: _____ BM: _____

IV's: _____

Sites: _____ Dates: _____

O2: _____	Pulse OX: _____	RA: _____
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LABS:	PTT: _____	GLUC: _____
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Gluc
NA
K+
CL
BUN
CREAT
WBC
RBC
HGB
HCT
PLT
ALB

VS: _____

VS: _____

Tele: _____ PR: _____ QRS: _____ QT: _____

LS: _____ BS: _____ BM: _____

IV's: _____

Sites: _____ Dates: _____

O2: _____	Pulse OX: _____	RA: _____
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LABS:	PTT: _____	GLUC: _____
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Gluc
NA
K+
CL
BUN
CREAT
WBC
RBC
HGB
HCT
PLT
ALB

Activity: _____ Diet: _____ FR: _____

Activity: _____ Diet: _____ FR: _____

NEW ORDERS:

NEW ORDERS:

Misc:

Misc: