

report sheet/nurse

Pt name _____ Rm # _____ Primary Dx _____
 Admit date / / Age _____ Code Status _____
 HCP _____ Allergies _____

Hx _____

Isolation _____

Recent Lab/tests/procedures _____

a Neuro: Daily Wt _____

Today's Wt _____

LBM / / _____

Cardio: _____

Tattoo/piercing _____

Respiratory: _____

Test CN VII: _____

GI: _____

Facial movements: _____

GU: _____

Mouth: _____

Meds: _____
