

## Patient Report

Nurse Giving: \_\_\_\_\_ Nurse Receiving: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

MRP: \_\_\_\_\_ Unit: \_\_\_\_\_ RM: \_\_\_\_\_ Code Status: \_\_\_\_\_

<b>S</b> Situation	<b>Patient Name:</b>		<b>DOB:</b>	<b>Birth Wt:</b>	<b>Current Wt:</b>
	<b>Gestation:</b>		<b>Sex:</b>	<b>Language:</b>	<b>Religion:</b>
	<b>Corrected Gestation:</b>				<b>Allergies:</b>
	<b>Admission Diagnosis:</b>				

<b>B</b> Background	<b>Delivery HX:</b>				
	<b>APGAR</b>				
	<b>Vitals:</b> Time:	<b>Temperature:</b>  <b>Mode:</b>	<b>RR:</b>	<b>HR:</b>	<b>BP:</b>
					<b>SPO2:</b>  <b>O2 Therapy:</b>
	<b>Pain Scale:</b>		<b>Pain Score:</b>		<b>Pain Intervention:</b>
	<b>Nutrition:</b>		<b>Last Fed:</b>		
	<b>Medication:</b>				
	<b>IVs or Central Lines:</b>				
	<b>Drains &amp; Tubes:</b>				
	<b>Wounds:</b>				
<b>Restrictions:</b>	<b>Isolation:</b>			<b>Fall Risk:</b>	

<b>A</b> Assessment	<b>Neurologic:</b>				
	<b>Cardiac:</b>				
	<b>Respiratory:</b>				
	<b>GI/GU:</b>				

	<b><u>Integumentary:</u></b>	
	<b><u>Musculoskeletal:</u></b>	
	<b><u>Psychosocial:</u></b>	
	<b><u>Labs &amp; Diagnostics:</u></b>	
	<b><u>Other:</u></b>	
<b>R</b> Recommendation	<b><u>Plan of Care:</u></b>	
	<b><u>Pending Tests:</u></b>	
	<b><u>Pending Orders:</u></b>	
	<b><u>Other:</u></b>	