MED-SURG · 2 PATIENTS

Nursing Brain Sheet

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

PATIENT 1

Room ____

INITIALS | AGE / SEX | CODE | ALLERGIES | ISOLATION

DIAGNOSIS / REASON FOR ADMISSION | ADMIT / DAY # | DIET / ACTIVITY

NEURO

CARDIAC

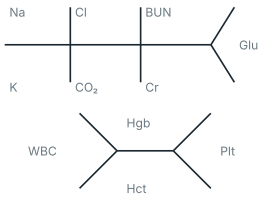
RESP O_2

IV / LINES

IV site / date _____

Fluids / rate _____

LABS



GI / GU Last BM

SKIN

PAIN

0700 1900	0800 2000	0900 2100	1000 2200	1100 2300	1200 0000	1300 0100	1400 0200	1500 0300	1600 0400	1700 0500	1800 0600

TO DO

☐

☐

FOR HANDOVER

PATIENT 2

Room ____

INITIALS | AGE / SEX | CODE | ALLERGIES | ISOLATION

DIAGNOSIS / REASON FOR ADMISSION | ADMIT / DAY # | DIET / ACTIVITY

NEURO

CARDIAC

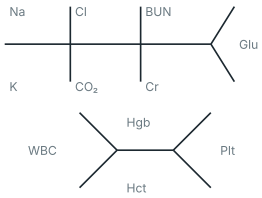
RESP O_2

IV / LINES

IV site / date _____

Fluids / rate _____

LABS



GI / GU Last BM

SKIN

PAIN

0700 1900	0800 2000	0900 2100	1000 2200	1100 2300	1200 0000	1300 0100	1400 0200	1500 0300	1600 0400	1700 0500	1800 0600

TO DO

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☐

FOR HANDOVER

Keep identifiers to the minimum your unit allows. Never take this sheet off the unit. Shred it at the end of your shift.

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