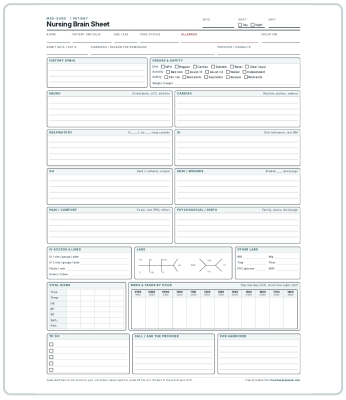
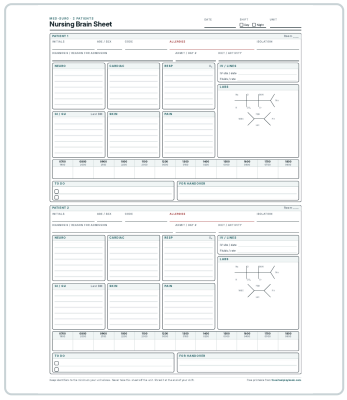
FREE PRINTABLE PACK · 8 SHEETS

Nursing Brain Sheets & Report Sheets

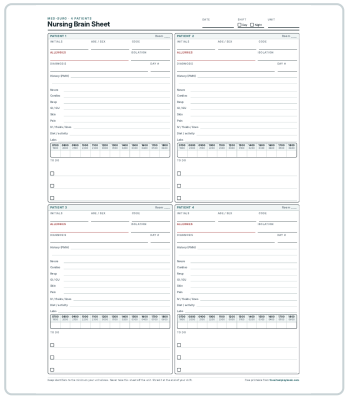
Shift organizers for med-surg, ICU and the ED, an SBAR handover sheet, an hour-by-hour planner and a student care plan template. Free to print and share.



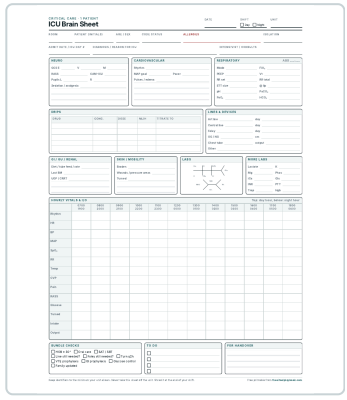
01



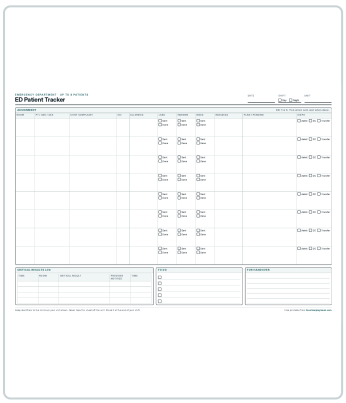
02



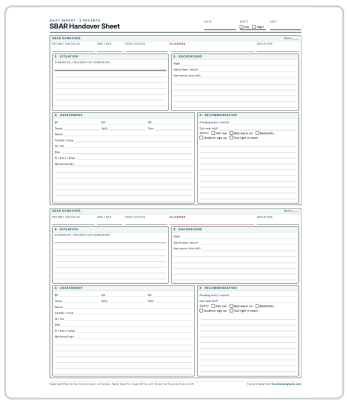
03



04



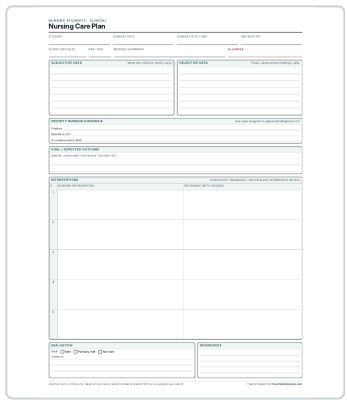
05



06



07



08

WHAT IS INSIDE		
01	**Med-Surg Brain Sheet: 1 Patient**	Full systems review, labs, vitals and an hour-by-hour task strip
02	**Med-Surg Brain Sheet: 2 Patients**	Half a page per patient, for a lighter assignment
03	**Med-Surg Brain Sheet: 4 Patients**	A quarter page per patient, for a full med-surg load
04	**ICU Brain Sheet: 1 Patient**	Drips, vent settings, lines, hourly vitals, I/O and bundle checks
05	**ED Patient Tracker**	Up to 8 patients, orders sent and done, dispo, critical results log (landscape)
06	**SBAR Handover Sheet**	Two structured handovers per page
07	**Shift Planner: 5 Patients**	One column per patient, one row per hour (landscape)
08	**Nursing Care Plan**	For students: assessment, diagnosis, goal, interventions, evaluation

HOW TO USE THESE SHEETS

- Print one page per sheet, at 100% or “actual size”, so the boxes stay readable.
- Each sheet works for day or night shift. The hour strips show both clocks: the large number for day shift, the small number for nights.
- Write only what your unit allows. Initials and room numbers are usually enough.
- Never take a brain sheet off the unit, and shred it at the end of every shift.
- These sheets organize your shift. They do not replace your facility’s documentation, protocols or orders.

MED-SURG · 1 PATIENT

Nursing Brain Sheet

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

ROOM _____ PATIENT (INITIALS) _____ AGE / SEX _____ CODE STATUS _____ ALLERGIES _____ ISOLATION _____

ADMIT DATE / DAY # _____ DIAGNOSIS / REASON FOR ADMISSION _____ PROVIDER / CONSULTS _____

HISTORY (PMH)

ORDERS & SAFETY

Diet ☐ NPO ☐ Regular ☐ Cardiac ☐ Diabetic ☐ Renal ☐ Clear liquid

Activity ☐ Bed rest ☐ Assist ×1 ☐ Assist ×2 ☐ Walker ☐ Independent

Safety ☐ Fall risk ☐ Bed alarm ☐ Aspiration ☐ Seizure ☐ Restraints

Weight / height _____

NEURO — Orientation, LOC, deficits

CARDIAC — Rhythm, pulses, edema

RESPIRATORY — O_2 ___ L via ___, lung sounds

GI — Diet tolerance, last BM

GU — Void / catheter, output

SKIN / WOUNDS — Braden ___, dressings

PAIN / COMFORT — Scale, last PRN, effect

PSYCHOSOCIAL / DISPO — Family, plans, discharge

IV ACCESS & LINES

IV 1 site / gauge / date _____

IV 2 site / gauge / date _____

Fluids / rate _____

Drains / tubes _____

LABS



OTHER LABS

INR _____ Mg _____

Trop _____ Phos _____

POC glucose _____ BNP _____

VITAL SIGNS

Time				
Temp				
HR				
BP				
RR				
SpO_2				
Pain				

MEDS & TASKS BY HOUR

Top row day shift, small row night shift

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

- ☐
- ☐
- ☐
- ☐
- ☐

CALL / ASK THE PROVIDER

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.

Free printable from **theaitoolplaybook.com**

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

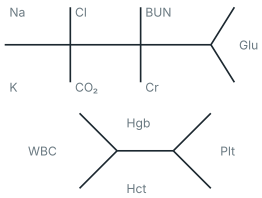
RESP O_2

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

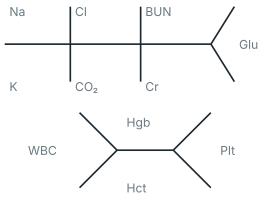
RESP O_2

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

☐

☐

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.

Free printable from **theaitoolplaybook.com**

MED-SURG · 4 PATIENTS

Nursing Brain Sheet

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

PATIENT 1

Room ____

INITIALS _____ AGE / SEX _____ CODE _____

ALLERGIES _____ ISOLATION _____

DIAGNOSIS _____ DAY # _____

History (PMH) _____

Neuro _____

Cardiac _____

Resp _____

GI / GU _____

Skin _____

Pain _____

IV / fluids / lines _____

Diet / activity _____

Labs _____

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

☐ _____

☐ _____

☐ _____

PATIENT 2

Room ____

INITIALS _____ AGE / SEX _____ CODE _____

ALLERGIES _____ ISOLATION _____

DIAGNOSIS _____ DAY # _____

History (PMH) _____

Neuro _____

Cardiac _____

Resp _____

GI / GU _____

Skin _____

Pain _____

IV / fluids / lines _____

Diet / activity _____

Labs _____

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

☐ _____

☐ _____

☐ _____

PATIENT 3

Room ____

INITIALS _____ AGE / SEX _____ CODE _____

ALLERGIES _____ ISOLATION _____

DIAGNOSIS _____ DAY # _____

History (PMH) _____

Neuro _____

Cardiac _____

Resp _____

GI / GU _____

Skin _____

Pain _____

IV / fluids / lines _____

Diet / activity _____

Labs _____

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

☐ _____

☐ _____

☐ _____

PATIENT 4

Room ____

INITIALS _____ AGE / SEX _____ CODE _____

ALLERGIES _____ ISOLATION _____

DIAGNOSIS _____ DAY # _____

History (PMH) _____

Neuro _____

Cardiac _____

Resp _____

GI / GU _____

Skin _____

Pain _____

IV / fluids / lines _____

Diet / activity _____

Labs _____

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

☐ _____

☐ _____

☐ _____

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

Free printable from **theaitoolplaybook.com**

CRITICAL CARE · 1 PATIENT

ICU Brain Sheet

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

ROOM _____ PATIENT (INITIALS) _____ AGE / SEX _____ CODE STATUS _____ ALLERGIES _____ ISOLATION _____

ADMIT DATE / ICU DAY # _____ DIAGNOSIS / REASON FOR ICU _____ INTENSIVIST / CONSULTS _____

NEURO

GCS E _____ V _____ M _____

RASS _____ CAM-ICU _____

Pupils L _____ R _____

Sedation / analgesia _____

CARDIOVASCULAR

Rhythm _____

MAP goal _____ Pacer _____

Pulses / edema _____

RESPIRATORY

ABG ___:___

Mode _____ FiO_2 _____

PEEP _____ Vt _____

RR set _____ RR total _____

ETT size _____ @ lip _____

pH _____ $PaCO_2$ _____

PaO_2 _____ HCO_3 _____

DRIPS

DRUG	CONC.	DOSE	ML/H	TITRATE TO

LINES & DEVICES

Art line _____ day _____

Central line _____ day _____

Foley _____ day _____

OG / NG _____ cm _____

Chest tube _____ output _____

Other _____

GI / GU / RENAL

Diet / tube feed / rate _____

Last BM _____

UOP / CRRT _____

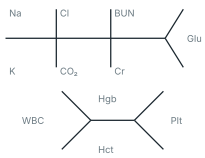
SKIN / MOBILITY

Braden _____

Wounds / pressure areas _____

Turned _____

LABS



MORE LABS

Lactate _____ K _____

Mg _____ Phos _____

iCa _____ Glu _____

INR _____ PTT _____

Trop _____ Hgb _____

HOURLY VITALS & I/O

Top: day hour, below: night hour

	0700 1900	0800 2000	0900 2100	1000 2200	1100 2300	1200 0000	1300 0100	1400 0200	1500 0300	1600 0400	1700 0500	1800 0600
Rhythm												
HR												
BP												
MAP												
SpO_2												
RR												
Temp												
CVP												
Pain												
RASS												
Glucose												
Turned												
Intake												
Output												

BUNDLE CHECKS

☐ HOB ≥ 30° ☐ Oral care ☐ SAT / SBT

☐ Line still needed? ☐ Foley still needed? ☐ Turn q2h

☐ VTE prophylaxis ☐ GI prophylaxis ☐ Glucose control

☐ Family updated

TO DO

☐ _____

☐ _____

☐ _____

☐ _____

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.

Free printable from **theaitoolplaybook.com**

EMERGENCY DEPARTMENT · UP TO 8 PATIENTS

ED Patient Tracker

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

ASSIGNMENT

ESI 1 to 5. Tick when sent and when done.

ROOM	PT / AGE / SEX	CHIEF COMPLAINT	ESI	ALLERGIES	LABS	IMAGING	MEDS	REASSESS	PLAN / PENDING	DISPO
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer
					☐ Sent ☐ Done	☐ Sent ☐ Done	☐ Sent ☐ Done			☐ Admit ☐ DC ☐ Transfer

CRITICAL RESULTS LOG

TIME	ROOM	CRITICAL RESULT	PROVIDER NOTIFIED	TIME

TO DO

- ☐
- ☐
- ☐
- ☐
- ☐

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.

Free printable from **theaitoolplaybook.com**

SHIFT REPORT · 2 PATIENTS

SBAR Handover Sheet

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

SBAR HANDOVER

Room ____

PATIENT (INITIALS) | AGE / SEX | CODE STATUS | ALLERGIES | ISOLATION

S · SITUATION

DIAGNOSIS / REASON FOR ADMISSION

B · BACKGROUND

PMH

Admit date / day #

Key events this shift

A · ASSESSMENT

BP | HR | RR

Temp | SpO_2 | Pain

Neuro

Cardiac / resp

GI / GU

Skin

IV / lines / drips

Abnormal labs

R · RECOMMENDATION

Pending tests / results

Due next shift

Safety ☐ Fall risk ☐ Bed alarm on ☐ Restraints ☐ Isolation sign up ☐ Call light in reach

SBAR HANDOVER

Room ____

PATIENT (INITIALS) | AGE / SEX | CODE STATUS | ALLERGIES | ISOLATION

S · SITUATION

DIAGNOSIS / REASON FOR ADMISSION

B · BACKGROUND

PMH

Admit date / day #

Key events this shift

A · ASSESSMENT

BP | HR | RR

Temp | SpO_2 | Pain

Neuro

Cardiac / resp

GI / GU

Skin

IV / lines / drips

Abnormal labs

R · RECOMMENDATION

Pending tests / results

Due next shift

Safety ☐ Fall risk ☐ Bed alarm on ☐ Restraints ☐ Isolation sign up ☐ Call light in reach

TIME MANAGEMENT · UP TO 5 PATIENTS

Shift Planner

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

HOUR BY HOUR

Write meds, assessments, labs, turns and procedures in each patient's column

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

BEFORE HANDOVER

- ☐
- ☐
- ☐
- ☐
- ☐

CALLS TO MAKE

- ☐
- ☐
- ☐
- ☐
- ☐

NOTES

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

NURSING STUDENTS · CLINICAL

Nursing Care Plan

STUDENT	CLINICAL DATE	CLINICAL SITE / UNIT	INSTRUCTOR

CLIENT (INITIALS)	AGE / SEX	MEDICAL DIAGNOSIS	ALLERGIES

SUBJECTIVE DATA

What the client or family says

OBJECTIVE DATA

Vitals, assessment findings, labs

PRIORITY NURSING DIAGNOSIS

Use your program's approved diagnosis list

Problem

Related to (r/t)

As evidenced by (AEB)

GOAL / EXPECTED OUTCOME

Specific, measurable, time-bound. The client will ...

INTERVENTIONS

Assessment, therapeutic, teaching and collaborative actions

#	NURSING INTERVENTION	RATIONALE (WITH SOURCE)
1		
2		
3		
4		
5		

EVALUATION

Goal ☐ Met ☐ Partially met ☐ Not met

Evidence:

REFERENCES

Use the client's initials only. Never write a name, record number or date of birth on a care plan you submit.

Free printable from **theaitoolplaybook.com**