Patient Report Sheet Template - DocScrib

Patient Info

Patient Name: _____

DOB: _____

Room/Bed: _____

Date/Shift: _____ (AM / PM / Night)

Codes & Allergies

Code: _____

Allergies: _____

Isolation: _____

Medical History

Diagnosis: _____

PMH (Past Medical History): _____

PSH (Past Surgical History): _____

Medications & IV Access

Meds: _____

IV Access:

 [ ] PIV   [ ] PICC   [ ] Central Line   [ ] Port

Port Location: _____

Vitals

T: ____°F HR: _____ bpm BP: _____ mmHg RR: _____ bpm SpO2: ____%

Pain Level: ____/10

Location: _____

Management: _____

System Assessments

Neuro: [ ] Alert & Oriented x___ [ ] Confused [ ] Lethargic [ ] Unresponsive

Cardiac: [ ] Regular [ ] Irregular [ ] Murmur [ ] Edema ___+

Respiratory: [ ] Normal [ ] Labored [ ] Oxygen: ___L via ___

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GI: [ ] Normal [ ] NPO [ ] NG/OG Tube [ ] Bowel Sounds __+

GU: [ ] Voiding [ ] Foley [ ] Incontinence [ ] Dialysis

Skin: [ ] Intact [ ] Wounds: _____

Clinical Updates

Pending Procedures: _____

Recent Labs/Imaging: _____

Results of Note: _____

Tasks & Concerns

Physician Updates: _____

Meds Due: _____

Treatments/Nursing Tasks: _____

Patient/Family Concerns: _____

To Do: _____

Care Plans

Current Care Plan: _____

Discharge Plan: _____