Nursing Report Sheet

DocScrib ¦ AI-Powered Documentation for Clinicians

Patient Name: _____	MRN: _____	Age: _____
Admission Date: _____	Attending Physician: _____	Date: _____

Diagnosis & Relevant Medical History:

Active Medications:

Allergies:

Vital Signs:

Temp: ____	HR: ____	BP: ____	Resp: ____	O2 Sat: ____
Pain Score: ____	Other: _____	_____	_____	

IV Lines & Devices:

Assessments:

Neuro: _____	Respiratory: _____
Cardiac: _____	GI: _____
GU: _____	Mobility: _____

Plan of Care (Pending labs, procedures, follow-up tasks):

Notes for Next Shift / Key Observations: