time | tasks

team & shift layout

break

charge

HCA

prioritize

extras:

floor report

notes:

same vein nursing collective

NAME:_____ DR:_____

RM#:_____ CODE:_____ DX:_____

ALLERGY:_____

Chart

VS: q_____

post-op

meds

days | eve. | night

07 | 15 | 23

08 | 16 | 00

09 | 17 | 01

10 | 18 | 02

11 | 19 | 03

12 | 20 | 04

13 | 21 | 05

14 | 22 | 06

15 | 23 | 07

prns

I/O

site

amt

extra

Oxygen @ ____ L

Suction cont. | int.

BG time

q__ amt.

Infusion

NS | D5W | LR | KCL | other:_____

@ _____ mL/h CVC / PICC / TFI: ___

Diet

orders/appt

notes

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