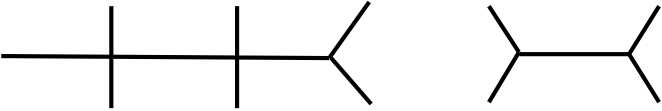


Nursing Report Sheet

ID Label Name/Age Physician Room # Allergies	Diagnosis Isolation	PMHx/PSHx
Code Status FULL DNR Activity OOB CBR AMB BRP	Neuro Neurocheck	Consults
Ht/Wt Precautions	Cardio	Resp / Pulmo Vent
Smoking Immunization	GU/ Renal A/V Cath Dialysis	GI Diet/Feeding Accucheck
Integ / Skin / Wounds Drains	IV Site Central PICC Heplock	IV/Drip



TIME	TEMP	BP	RESP	PULSE	SpO2	Pain
1900						
2000						
2100						
2200						
2300						
0000						
0100						
0200						
0300						
0400						
0500						
0600						