

# MED-SURG NURSING REPORT SHEET

Name:		Room No:
Age:	Gender:	Code Status:
Mobility Status:	Allergies:	Diet:
Diagnosis:		
Reason for Admission:		
Labs & Imaging:		
IV access / Fluids / Meds:		
Vitals	Assessment (neuro, cardiac, respiratory, GI, GU, skin, pain):	
HR:		
BP:		
RR:		
OX:		
Temp:		
Pain Score:		
Skin Status:		
Notes:		