MULIT-PATIENT NURSING REPORT SHEET

Name:		Room No:
Age:	Gender:	Code Status:
Allergies:		
Diagnosis:		Admission Date:
Neuro / Cardiac / Respiratory / GI / GU:		

Vitals	Care Summary	Notes:
HR:	Meds / IV Access:	
BP:		
RR:	I&Os / Labs:	
OX:		
Temp:	Pending Tasks / Orders:	
Pain Score:		
Skin Status:	Discharge / Transfer Notes:	

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