

STUDENT NURSE CLINICAL REPORT SHEET

Name:		Room No:
Age:	Gender:	Code Status:
Mobility Status:	Allergies:	Diet:
Diagnosis:		
Pathophysiology Summary:		
Meds (with Class, Action, Side Effects):		
Skills Performed:		
AM / PM Vitals	Head-to-Toe Assessment Checklist:	
HR:		
BP:		
RR:		
OX:		
Temp:		
Pain Score:		
Skin Status:		
Care Plan Goals / Interventions:	Clinical Instructor Notes:	Reflection Section: