

Medical examination

NURSING BRAINSHEETS

33 Brainsheet Database



NRSNG

Collage of various nursing brainsheets including:

- PATIENTS SIMPLE BRAINSHEET**: Includes fields for Patient ID Label, Meds, FS, IV, Q2, Tele, Foley, BM, Pain Med, Tests, Last Pain Med, Last FS, Last Pain Med, Last FS.
- POSTPARTUM BRAINSHEET**: Includes sections for Respiratory (A/R), Cardiovascular (Water), GI (Food/Elm/Hazards), GU (Elm/Hazards), MS (Activity/Normacy), Integument (Hazards/Normacy), CNS (Social Interaction/Hazards), Health Deviation, Developmental/Emotional.
- CARDIAC BRAINSHEET**: Includes fields for Name, Age, Sex, Height, Weight, BP, HR, RR, SpO2, Temp, and various vital signs.
- Other forms**: Various patient assessment and care plan sheets with checkboxes and text fields.

Welcome to the Nursing Brainsheet Database by NRSNG.com.

I remember how hard it was in nursing school and as a new nurse to find a brainsheet that "worked" for me. They all either didn't have enough space for notes or too much or were missing that ONE thing I needed.

Eventually, after several months on the floor in the ICU I finally found a report sheet (brainsheet) method that worked for me.

I guess what I am trying to say is that I get it . . . there is no one size fits all brainsheet so guess what we did . . .

We went to the source!

We asked nurses and nursing students working in the ICU, ED, MedSurg, OB, Peds . . . anywhere to send us their brainsheet so we could create the end-all-be-all database of brainsheets.

The response was AMAZING.

We received over 100 example brainsheets.

This database includes the top 33. We will continue to grow the database as time goes on. You can see the most up to date version at **NursingBrainSheets.com**.

What is NRSNG?

Glad you asked . . . it's NURSING without the vowels . . . get it?

My experience with nursing education sucked (to put it gently).

So in 2014 I set out on a mission to change the way nurses are educated . . . and **NRSNG.com** was born.

We believe that through engaging students, providing support and basically giving a damn that nursing students can not only LEARN how to be a nurse, but enjoy it too.

The NRSNG family has now reached all 50 states and over 185 countries from Afghanistan to Zimbabwe . . . literally.

So welcome aboard . . . we are glad to have you!

Happy Nursing!

-Jon Haws RN BSN CCRN
CEO/Founder NRSNG.com

p.s. Join us on social media and say "HI" (FB, IG, Snapchat, Twitter, YouTube, Pinterest . . . you get the idea).



HANDOFF AND REPORT SHEET

NAME	AGE	ALLERGIES	CODE	DX	BACKGROUND	PMH	PSH
DOCTORS:							

NEUROLOGICAL

- Orientation
- Pupils
- Extremities
- Follows Commands
- Speech Clarity
- Behavior
- Sensation
- Orientation

RESPIRATORY

- O2 Delivery
- Normal Stats
- Lung Sounds

SKIN

- Breakdown
- Status of surgical sites
- Dressings to change

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CARDIAC

Rhythm, Rate, Trends
BP Trends
Medication available for control
Pulse location, strength, cap refill
Edema
SCDs, TEDS, VTE Prophylaxis
Fluids/Drips
Temps

GASTROINTESTINAL

Diet/tolerance/residuals
BM date/pattern
Nausea/Vomiting
Blood sugars/type of insulin/SCIP?

GENITOURINARY

Method
Type, amount, color
Dialysis/Schedule

PAIN

Sources of pain
Pain control/last PRN meds
Pain levels

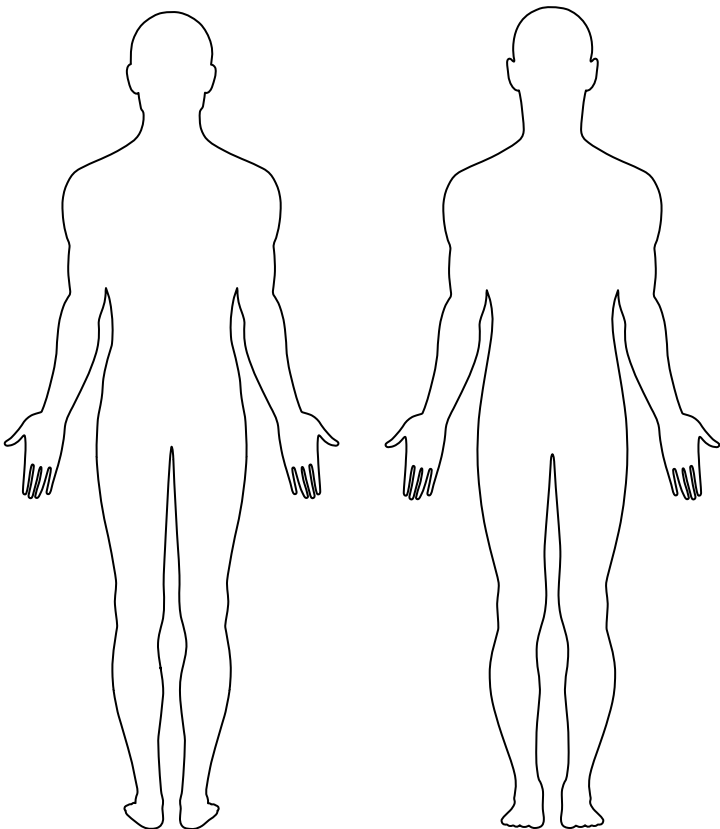
PLAN FOR PATIENT

Discharge plans
Upcoming procedures
PRN meds
Family dynamics



REASON FOR HOSPITALIZATION:

FOCUSED ASSESSMENT:



ASSESSMENT NOTES:

CONSULTATION/TESTS:

PATIENT MEDICATIONS:

NAME	REASON	CONSIDERATIONS	TIME

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LAB VALUES

Na	135-148	WBC	3.6-9.2	Platelet	140-400
K	3.5-5.3	RBC male	4.39-5.58	Albumin	3.5-5.0
Cl	100-112	RBC female	3.70-5.14	Ca	8.3-10.3
CO2	23-29	Hgb male	13.7-17.3	PT	10.4-12.2
BUN	5.0 - 25.0	Hgb female	12-15.5	aPTT	24-33
Creat	0.5 - 1.7	Hct male	39-49	INR	2.0-3.0
pH	7.35-7.45	Hct female	35-46	Billirubin	0.0-1.0

PATIENT VITALS:

Time	Time	Time
Pulse	Pulse	Pulse
Pulse Ox	Pulse Ox	Pulse Ox
Respirations	Respirations	Respirations
BP	BP	BP
Temp	Temp	Temp
Pain	Pain	Pain
Time	Time	Time
Pulse	Pulse	Pulse
Pulse Ox	Pulse Ox	Pulse Ox
Respirations	Respirations	Respirations
BP	BP	BP
Temp	Temp	Temp
Pain	Pain	Pain

TASKS/NOTES

	DATE/TIME				
Face 0 - No particular expression or smile 1 - Occasional grimace or frown, withdrawn, disinterested 2 - Frequent to constant quivering chin, clenched jaw					
Legs 0 - Normal position or relaxed 1 - Uneasy, restless, tense 2 - Kicking, or legs drawn up					
Activity 0 - Lying quietly, normal position, moves easily 1 - Squirming, shifting back and forth, tense 2 - Arched, rigid or jerking					
Cry 0 - No cry (awake or asleep) 1 - Moans or whimpers; occasional complaint 2 - Crying steadily, screams or sobs, frequent complaints					
Consolability 0 - Content, relaxed 1 - Reassured by occasional touching, hugging or being talked to, distractible 2 - Difficult to console or comfort					
TOTAL SCORE					

INTAKE & OUTPUT

IV SITE ASSESSMENT/
FLUID/RATE

CALCULATIONS

THINGS TO RESEARCH/
IMPROVE

PATIENTS SIMPLE BRAINSHEET

Name:	IV:
Tele:	
Admin	Fluids:
DX:	
	BS:
Dr:	Diet:
HX:	O2:
	Neuro:
	Mobi:
	GU:
	GI:
	Skin:
Pain:	
Iso	

CX
Res Res
C L D W
CP
E
T
T
T

Name:	IV:
Tele:	
Admin	Fluids:
DX:	
	BS:
Dr:	Diet:
HX:	O2:
	Neuro:
	Mobi:
	GU:
	GI:
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Pain:	
Iso	

CX
Res Res
C L D W
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T
T

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PATIENTS SIMPLE BRAINSHEET

Name:	IV:
Tele:	
Admin	Fluids:
DX:	
	BS:
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	GU:
	GI:
	Skin:
Pain:	
Iso	

CX
Res Res
C L D W
CP
E
T
T
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Name:	IV:
Tele:	
Admin	Fluids:
DX:	
	BS:
Dr:	Diet:
HX:	O2:
	Neuro:
	Mobi:
	GU:
	GI:
	Skin:
Pain:	
Iso	

CX
Res Res
C L D W
CP
E
T
T
T

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PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
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Last Pain Med		Last FS	



PATIENTS SIMPLE BRAINSHEET

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

PATIENT ID LABEL			
Meds			
FS			
IV			
O2			
Tele	Foley	BM	Pain Med
Tests			
Last Pain Med		Last FS	

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VERTICAL PATIENTS BRAINSHEETS

Pt: _____ Age: _____ Rm# _____

RN: _____

Dx: _____

FSBS: _____ Coverage: _____

Pt: _____ Age: _____ Rm# _____

RN: _____

Dx: _____

FSBS: _____ Coverage: _____

Pt: _____ Age: _____ Rm# _____

RN: _____

Dx: _____

FSBS: _____ Coverage: _____

T _____	Labs:
♥ _____	
O2 _____	K-
RR _____	Na-
B/P _____	
Pain: _____ /10 _____	
_____ /10 _____	

T _____	Labs:
♥ _____	
O2 _____	K-
RR _____	Na-
B/P _____	
Pain: _____ /10 _____	
_____ /10 _____	

T _____	Labs:
♥ _____	
O2 _____	K-
RR _____	Na-
B/P _____	
Pain: _____ /10 _____	
_____ /10 _____	

PO IV

_____ x0700 _____

_____ x0800 _____

_____ x0900 _____

_____ x1000 _____

_____ x1100 _____

_____ x1200 _____

_____ x1300 _____

PO IV

_____ x0700 _____

_____ x0800 _____

_____ x0900 _____

_____ x1000 _____

_____ x1100 _____

_____ x1200 _____

_____ x1300 _____

PO IV

_____ x0700 _____

_____ x0800 _____

_____ x0900 _____

_____ x1000 _____

_____ x1100 _____

_____ x1200 _____

_____ x1300 _____

IV _____

RATE _____

IV _____

RATE _____

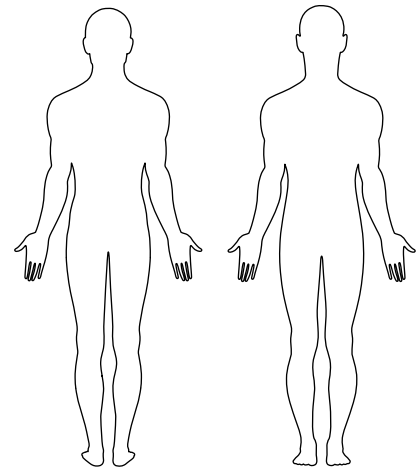
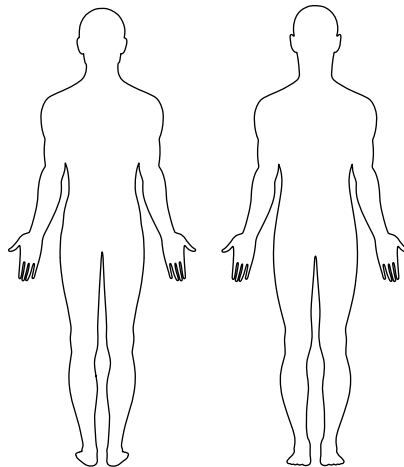
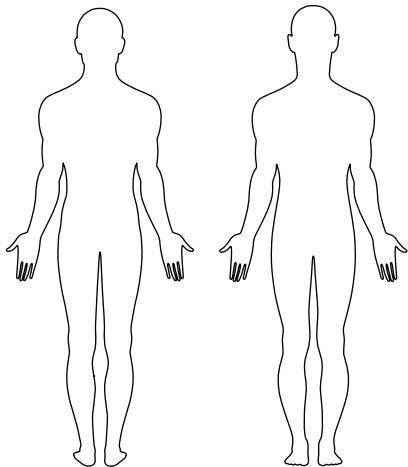
IV _____

RATE _____

NOTES

NOTES

NOTES



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VERTICAL PATIENTS BRAINSHEETS

Pt: _____ Age: _____ Rm# _____

RN: _____

Dx: _____

FSBS: _____ Coverage: _____

Pt: _____ Age: _____ Rm# _____

RN: _____

Dx: _____

FSBS: _____ Coverage: _____

Pt: _____ Age: _____ Rm# _____

RN: _____

Dx: _____

FSBS: _____ Coverage: _____

T _____	Labs:
♥ _____	K-
O2 _____	Na-
RR _____	
B/P _____	
Pain: ____ /10 ____	
____ /10 ____	

T _____	Labs:
♥ _____	K-
O2 _____	Na-
RR _____	
B/P _____	
Pain: ____ /10 ____	
____ /10 ____	

T _____	Labs:
♥ _____	K-
O2 _____	Na-
RR _____	
B/P _____	
Pain: ____ /10 ____	
____ /10 ____	

PO IV

____ x0700 _____

____ x0800 _____

____ x0900 _____

____ x1000 _____

____ x1100 _____

____ x1200 _____

____ x1300 _____

PO IV

____ x0700 _____

____ x0800 _____

____ x0900 _____

____ x1000 _____

____ x1100 _____

____ x1200 _____

____ x1300 _____

PO IV

____ x0700 _____

____ x0800 _____

____ x0900 _____

____ x1000 _____

____ x1100 _____

____ x1200 _____

____ x1300 _____

IV _____

RATE _____

IV _____

RATE _____

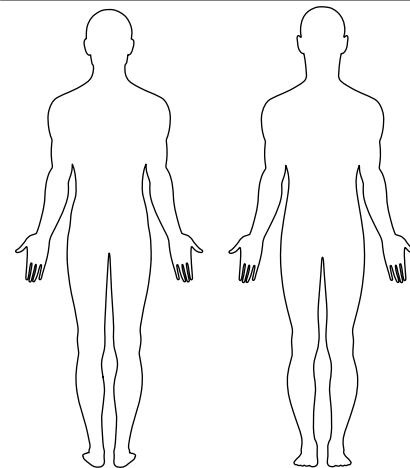
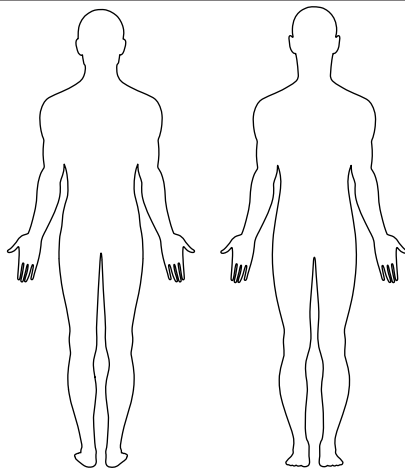
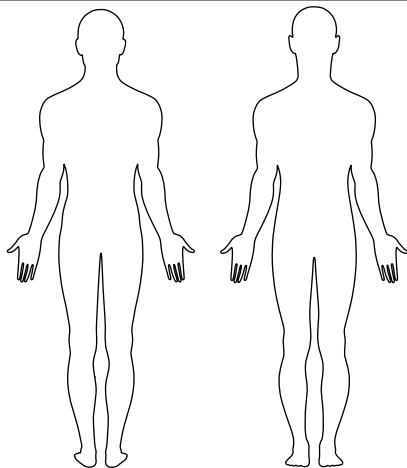
IV _____

RATE _____

NOTES

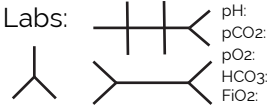
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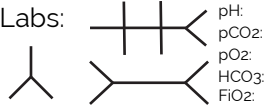
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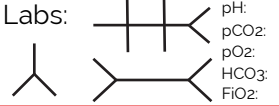


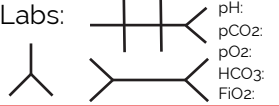
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FREEHAND BRAINSHEET

	DX/Docs:
Neuro:	Cardio:
Resp:	GI:
GU:	Skin:
Labs: 	Orders:
IV/ Lines:	Meds:
Allergies:	Diet:
Code Status:	Precautions:
PMH:	Activities/ Misc:

	DX/Docs:
Neuro:	Cardio:
Resp:	GI:
GU:	Skin:
Labs: 	Orders:
IV/ Lines:	Meds:
Allergies:	Diet:
Code Status:	Precautions:
PMH:	Activities/ Misc:

	DX/Docs:
Neuro:	Cardio:
Resp:	GI:
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Labs: 	Orders:
IV/ Lines:	Meds:
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Code Status:	Precautions:
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	DX/Docs:
Neuro:	Cardio:
Resp:	GI:
GU:	Skin:
Labs: 	Orders:
IV/ Lines:	Meds:
Allergies:	Diet:
Code Status:	Precautions:
PMH:	Activities/ Misc:

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Respiratory (Air): <input type="checkbox"/> cough <input type="checkbox"/> dyspnea <input type="checkbox"/> rales <input type="checkbox"/> wheezes <input type="checkbox"/> rhonchi	
Cardiovascular (Water): <input type="checkbox"/> breast engorgement <input type="checkbox"/> Homan's Sign <input type="checkbox"/> orthostatic hypot'n <input type="checkbox"/> disphoresis <input type="checkbox"/> petechia <input type="checkbox"/> hematomas <input type="checkbox"/> edema <input type="checkbox"/> hemorrhoids <input type="checkbox"/> vertigo	color: lochia: /°; color: ; odor: <input type="checkbox"/> clots
GI (Food/Elim/Hazards): <input type="checkbox"/> bowel sounds x _____ <input type="checkbox"/> n/v <input type="checkbox"/> abd distention <input type="checkbox"/> constipation <input type="checkbox"/> diarrhea <input type="checkbox"/> flatus <input type="checkbox"/> hemorrhoids <input type="checkbox"/> last stool _____	appetite/intake: abd tone:
GU (Elim/Hazards): <input type="checkbox"/> with assist? <input type="checkbox"/> urine retention <input type="checkbox"/> bladder distention <input type="checkbox"/> dysuria <input type="checkbox"/> oliguria <input type="checkbox"/> foley: _____ Fr: @ _____ mL _____	voiding pattern: IV: @ cc/°; ↑ ; Δ ; ↓
MS (Activity/Normalcy): <input type="checkbox"/> uterine cramping <input type="checkbox"/> diastasis rectus <input type="checkbox"/> abdominal striae <input type="checkbox"/> perineal muscles	fundal location: ; consistency: mobility:
Integument (Hazards/Normalcy): breasts: <input type="checkbox"/> soft <input type="checkbox"/> firm nipples: <input type="checkbox"/> dry <input type="checkbox"/> intact perineal: <input type="checkbox"/> swelling <input type="checkbox"/> bruising _____ ° <input type="checkbox"/> laceration <input type="checkbox"/> episiotomy	pigmentation: (nipples, linea negra, striae, chloasma) REEDA
CNS (Social Interaction/Hazards): <input type="checkbox"/> LOC _____ <input type="checkbox"/> tremors <input type="checkbox"/> pain _____ <input type="checkbox"/> clonus <input type="checkbox"/> epidural @ _____ <input type="checkbox"/> DTR's	affect:
Health Deviation: <input type="checkbox"/> postpartum <input type="checkbox"/> pumping <input type="checkbox"/> infant security teaching	
Developmental / Emotional: breastfeeding consult? <input type="checkbox"/> need <input type="checkbox"/> recv'd <input type="checkbox"/> neo. care (ch. 19) <input type="checkbox"/> inquisitive?	bonding: social support:

Sex:	Apgar 1m:	5m:	Blood Type:	Wt.	Len.	Dir. Coombs:
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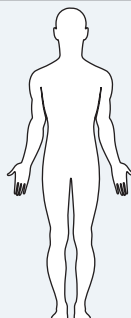

Student:		Client Initials:	
Date:		Room:	
Diet:		Nurse:	
Allergies:			
Cultural Background:			
Primary Language:			
Date & Time of Birth:			
Childbirth Prep?			
Hct:		Hgb:	
Blood Type:		Rhogam: <input type="checkbox"/> Needed <input type="checkbox"/> Given	
T	P	A	L
<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean		Rubella: <input type="checkbox"/> Imm <input type="checkbox"/> Non-imm	
Feed: <input type="checkbox"/> Breast <input type="checkbox"/> Bottle		HBSAg: <input type="checkbox"/> Pos <input type="checkbox"/> Neg	

<i>Med Order</i>	<i>Last Given</i>

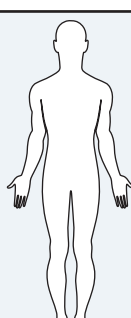

1500-1600: ✓ charts; assess
1600-1700: chart vs;
1700-1800:
1800-1900:
1900-2000:
2000-2100:
2100-2130: final charting;

Input:	Vitals		
	Temp		
	HR		
Output:	RR		
	Pain		
	BP		

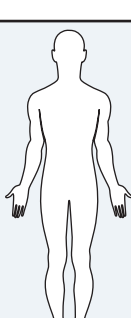
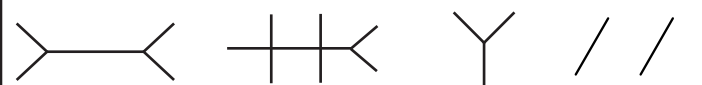
7	8	9	10	11	12	1	2	3	4	5	6	7
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Room: _____	Name: _____	Age: _____	Dx: _____	Hx: _____
O ₂ : _____ S/L: _____ IV: _____ Tele: _____ Diet: _____ Amb: _____				 <p>Assessment</p>
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
Accu ✓ : 07 _____ 1100 _____ 1700 _____ 2100 _____				
				

7	8	9	10	11	12	1	2	3	4	5	6	7
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Room: _____	Name: _____	Age: _____	Dx: _____	Hx: _____
O ₂ : _____ S/L: _____ IV: _____ Tele: _____ Diet: _____ Amb: _____				 <p>Assessment</p>
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
Accu ✓ : 07 _____ 1100 _____ 1700 _____ 2100 _____				
				

7	8	9	10	11	12	1	2	3	4	5	6	7
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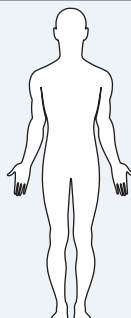

Room: _____	Name: _____	Age: _____	Dx: _____	Hx: _____
O ₂ : _____ S/L: _____ IV: _____ Tele: _____ Diet: _____ Amb: _____				 <p>Assessment</p>
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
Accu ✓ : 07 _____ 1100 _____ 1700 _____ 2100 _____				
				



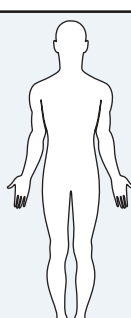

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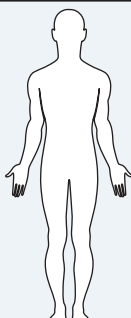
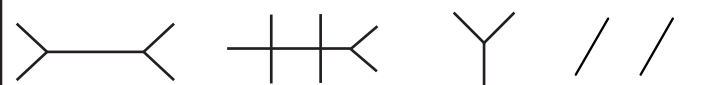
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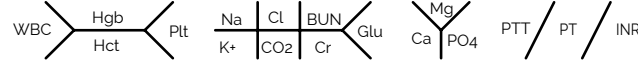
Room: _____	Name: _____	Age: _____	Dx: _____	Hx: _____
O ₂ : _____ S/L: _____ IV: _____ Tele: _____ Diet: _____ Amb: _____			 <p>Assessment</p>	
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
Accu ✓ : 07 _____ 1100 _____ 1700 _____ 2100 _____				
				

7	8	9	10	11	12	1	2	3	4	5	6	7
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O ₂ : _____ S/L: _____ IV: _____ Tele: _____ Diet: _____ Amb: _____			 <p>Assessment</p>	
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
Accu ✓ : 07 _____ 1100 _____ 1700 _____ 2100 _____				
				

7	8	9	10	11	12	1	2	3	4	5	6	7
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Room: _____	Name: _____	Age: _____	Dx: _____	Hx: _____
O ₂ : _____ S/L: _____ IV: _____ Tele: _____ Diet: _____ Amb: _____			 <p>Assessment</p>	
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
P: _____ R: _____ B/P: _____ O ₂ : _____ T: _____				
Accu ✓ : 07 _____ 1100 _____ 1700 _____ 2100 _____				
				



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POSTPARTUM MOM-BABY BRAINSHEET

NAME _____

BABY

TIME OF DELIVERY _____

PEDIATRICIAN _____

V ___ C ___ EPISIOTOMY: **Y / N**

MALE ___ FEMALE ___

COMPLICATIONS _____

WT: ___ LBS ___ OZ ___ GRAMS

G ___ P ___

APGARS: ___ 1MIN ___ 5MIN

ALLERGIES _____

GESTATION: ___ WKS ___ DAYS

BLOOD: **A O B AB + -**

BREAST / BOTTLE / BOTH

NEED RHOGAM: **Y / N**

FEEDING? **Y / N**

RUBELLA: **IMM / NON**

LACTATION CONSULT: **Y / N**

HEP B: **POS / NEG**

PEE: **Y / N** POOP: **Y / N**

HIV: **POS / NEG**

HEP B: **Y / N**

VS	0800	1200	1600	
T				
♥				
BP				
RR				
O ₂				
PAIN				

HEARING TEST: **Y / N**

BLOOD: **A O B AB + -**

	B	U	B	B	L	E	H	E
0800								
1200								
1600								

COOMBS: **NEG / POS**

PKU: **Y / N**

VS	0800	1200	1600
T			
♥			
RR			

NOTES _____

LABS _____

MEDS: _____

MEDS _____

VOIDING: **Y / N** IN _____

PASSING GAS: **Y / N** OUT _____

DIET _____

ICU DETAILED BRAINSHEET

Rm:	Name:	Resp:	GI:	Orders:	RBC: Hgb: Hct:
POD:	Age: Weight: Height:	RR: Pulse: O2: Sputum:	BM: NG/OG/PEG: TF/DIET:		WBC: - Plt:
HX:	Admit:	Cardiac:	Skin/Circ:	Intervention:	BUN: Creat: GFR: BNP: NA: K: Cl: CO2: ALB: ALT: AST: BILI: Ca:
	M.D.'s:	HR: BP: Tele:	SCD'S: TEDS: GU:		Inc/Drsg:
	DX:	Neuro:	Urine: Foley: Voids:	Braces:	
	Allergies:	Chems q: 7-	11- 16-		Pain:
	Lines/gtts:	Meds:		CT:	BLOOD:
	CVL: - - Art Line:			CXR:	PH: PROT: LIPID
Ppeak:	Pmean:	PEEP:	I:E		CHOL HDL LDL: TRIG:
FTOT:	VTE:	VETOT:	ET SIZE: * - LENGTH : - @ LIPS:		

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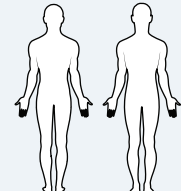
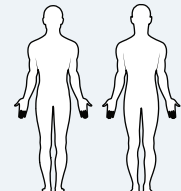
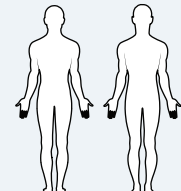
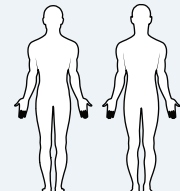
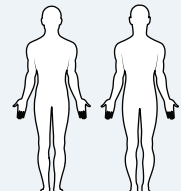
CHARGE NURSE BRAINSHEET

	ROOM #: _____	ROOM #: _____	ROOM #: _____	ROOM #: _____
Name:				
Age				
Diagnosis:				
ADM Date				
History				
Allergy				
Code	<input type="checkbox"/> FULL <input type="checkbox"/> DNR	<input type="checkbox"/> FULL <input type="checkbox"/> DNR	<input type="checkbox"/> FULL <input type="checkbox"/> DNR	<input type="checkbox"/> FULL <input type="checkbox"/> DNR
Isolation	<input type="checkbox"/> NONE <input type="checkbox"/> CONTACT _____ <input type="checkbox"/> DROPLET <input type="checkbox"/> AIRBORNE <input type="checkbox"/> PREVENTION	<input type="checkbox"/> NONE <input type="checkbox"/> CONTACT _____ <input type="checkbox"/> DROPLET <input type="checkbox"/> AIRBORNE <input type="checkbox"/> PREVENTION	<input type="checkbox"/> NONE <input type="checkbox"/> CONTACT _____ <input type="checkbox"/> DROPLET <input type="checkbox"/> AIRBORNE <input type="checkbox"/> PREVENTION	<input type="checkbox"/> NONE <input type="checkbox"/> CONTACT _____ <input type="checkbox"/> DROPLET <input type="checkbox"/> AIRBORNE <input type="checkbox"/> PREVENTION
Neuro				
Cardiac/Drips				
IV Access	<input type="checkbox"/> PIV X _____ <input type="checkbox"/> CL _____ <input type="checkbox"/> PICC _____ <input type="checkbox"/> HEMACATH <input type="checkbox"/> A-LINE	<input type="checkbox"/> PIV X _____ <input type="checkbox"/> CL _____ <input type="checkbox"/> PICC _____ <input type="checkbox"/> HEMACATH <input type="checkbox"/> A-LINE	<input type="checkbox"/> PIV X _____ <input type="checkbox"/> CL _____ <input type="checkbox"/> PICC _____ <input type="checkbox"/> HEMACATH <input type="checkbox"/> A-LINE	<input type="checkbox"/> PIV X _____ <input type="checkbox"/> CL _____ <input type="checkbox"/> PICC _____ <input type="checkbox"/> HEMACATH <input type="checkbox"/> A-LINE
RESP	<input type="checkbox"/> O ₂ -RA NC ____ FM ____ <input type="checkbox"/> BIPAP <input type="checkbox"/> VENT: AC Bilevel CPAP Settings: <input type="checkbox"/> ABG:	<input type="checkbox"/> O ₂ -RA NC ____ FM ____ <input type="checkbox"/> BIPAP <input type="checkbox"/> VENT: AC Bilevel CPAP Settings: <input type="checkbox"/> ABG:	<input type="checkbox"/> O ₂ -RA NC ____ FM ____ <input type="checkbox"/> BIPAP <input type="checkbox"/> VENT: AC Bilevel CPAP Settings: <input type="checkbox"/> ABG:	<input type="checkbox"/> O ₂ -RA NC ____ FM ____ <input type="checkbox"/> BIPAP <input type="checkbox"/> VENT: AC Bilevel CPAP Settings: <input type="checkbox"/> ABG:
GI	<input type="checkbox"/> OG/NG/PEG <input type="checkbox"/> NPO <input type="checkbox"/> DIET _____	<input type="checkbox"/> OG/NG/PEG <input type="checkbox"/> NPO <input type="checkbox"/> DIET _____	<input type="checkbox"/> OG/NG/PEG <input type="checkbox"/> NPO <input type="checkbox"/> DIET _____	<input type="checkbox"/> OG/NG/PEG <input type="checkbox"/> NPO <input type="checkbox"/> DIET _____
GU	<input type="checkbox"/> VOID <input type="checkbox"/> ANURIC <input type="checkbox"/> FOLEY	<input type="checkbox"/> VOID <input type="checkbox"/> ANURIC <input type="checkbox"/> FOLEY	<input type="checkbox"/> VOID <input type="checkbox"/> ANURIC <input type="checkbox"/> FOLEY	<input type="checkbox"/> VOID <input type="checkbox"/> ANURIC <input type="checkbox"/> FOLEY
Labs	<input type="checkbox"/> FS q ____ <input type="checkbox"/> Lyte Prot	<input type="checkbox"/> FS q ____ <input type="checkbox"/> Lyte Prot	<input type="checkbox"/> FS q ____ <input type="checkbox"/> Lyte Prot	<input type="checkbox"/> FS q ____ <input type="checkbox"/> Lyte Prot
Skin	<input type="checkbox"/> Pressure Ulcer	<input type="checkbox"/> Pressure Ulcer	<input type="checkbox"/> Pressure Ulcer	<input type="checkbox"/> Pressure Ulcer
DVT/PUD (circle)	Heparin/Arixtra/Lovenox TEDS/SCDS Protonix/Pepcid	Heparin/Arixtra/Lovenox TEDS/SCDS Protonix/Pepcid	Heparin/Arixtra/Lovenox TEDS/SCDS Protonix/Pepcid	Heparin/Arixtra/Lovenox TEDS/SCDS Protonix/Pepcid
Spokesman Name				
ABX				
Daily Goals	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.

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5 PATIENT VERTICAL BRAINSHEET

Room	Isolation	Room	Isolation	Room	Isolation	Room	Isolation	Room	Isolation
Patient		Patient		Patient		Patient		Patient	
Diagnosis		Diagnosis		Diagnosis		Diagnosis		Diagnosis	
Allergies		Allergies		Allergies		Allergies		Allergies	
Code / Box / Rhythm		Code / Box / Rhythm		Code / Box / Rhythm		Code / Box / Rhythm		Code / Box / Rhythm	
LOC / Activity / Fall Level		LOC / Activity / Fall Level		LOC / Activity / Fall Level		LOC / Activity / Fall Level		LOC / Activity / Fall Level	
O2 / Breath Sounds		O2 / Breath Sounds		O2 / Breath Sounds		O2 / Breath Sounds		O2 / Breath Sounds	
IV Site / Fluid / Rate		IV Site / Fluid / Rate		IV Site / Fluid / Rate		IV Site / Fluid / Rate		IV Site / Fluid / Rate	
Diet / Accucheck		Diet / Accucheck		Diet / Accucheck		Diet / Accucheck		Diet / Accucheck	
GI / GU		GI / GU		GI / GU		GI / GU		GI / GU	
Skin / Pressure Ulcer Risk 		Skin / Pressure Ulcer Risk 		Skin / Pressure Ulcer Risk 		Skin / Pressure Ulcer Risk 		Skin / Pressure Ulcer Risk 	
Abnormal Labs		Abnormal Labs		Abnormal Labs		Abnormal Labs		Abnormal Labs	
Med-Pass		Med-Pass		Med-Pass		Med-Pass		Med-Pass	
PRN Meds		PRN Meds		PRN Meds		PRN Meds		PRN Meds	
Consults / Tests / Surgery		Consults / Tests / Surgery		Consults / Tests / Surgery		Consults / Tests / Surgery		Consults / Tests / Surgery	
To Do / Collect		To Do / Collect		To Do / Collect		To Do / Collect		To Do / Collect	
Notes		Notes		Notes		Notes		Notes	
MD		MD		MD		MD		MD	

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ICU BODY SYSTEM REPORT BRAINSHEET

	CODE STATUS	ISOLATION	ALLERGIES		
	PRECAUTIONS	MD			
DX	NEURO <input type="checkbox"/> WNL	LABS <input type="checkbox"/> heparin drip <input type="checkbox"/> 3% nacl drip			
	<input type="checkbox"/> sedated <input type="checkbox"/> paralyzed <input type="checkbox"/> icp <input type="checkbox"/> drains <input type="checkbox"/> NIHSS				
	CARDIO <input type="checkbox"/> WNL	CULTURES <input type="checkbox"/>			
	<input type="checkbox"/> pacer / aicd <input type="checkbox"/> ivc <input type="checkbox"/> stents <input type="checkbox"/> prn >	<input type="checkbox"/>			
	PULMO <input type="checkbox"/> WNL <input type="checkbox"/> VENT	SERIAL LABS <input type="checkbox"/>			
	<input type="checkbox"/> ett <input type="checkbox"/> trach <input type="checkbox"/> weaning <input type="checkbox"/> chest tubes	<input type="checkbox"/>			
GI <input type="checkbox"/> WNL <input type="checkbox"/> NPO <input type="checkbox"/> TF	ELECTROLYTE PROTOCOL				
BS: <input type="checkbox"/> ng <input type="checkbox"/> og LBM: <input type="checkbox"/> peg <input type="checkbox"/> colostomy TFR: <input type="checkbox"/> drains <input type="checkbox"/> SLP	<input type="checkbox"/> K <input type="checkbox"/> Mg <input type="checkbox"/> Ca <input type="checkbox"/> Phos				
ENDO <input type="checkbox"/> WNL	IMAGING				
<input type="checkbox"/> Accucheck Q <input type="checkbox"/> insulin drip <input type="checkbox"/> glucommander <input type="checkbox"/> lantus / 70/30	IV ACCESS <input type="checkbox"/> PIV <input type="checkbox"/> PICC <input type="checkbox"/> CVC <input type="checkbox"/> HD				
PAST MEDICAL HISTORY	RENAL <input type="checkbox"/> WNL	DRIPS:			
	<input type="checkbox"/> DIALYSIS <input type="checkbox"/> d/c foley	<input type="checkbox"/> dsg change: <input type="checkbox"/> tpa <input type="checkbox"/> limb alert			
FAMILY / POA / ADVANCE DIRECTIVES <input type="checkbox"/> YES	ORTHO / MOBILITY <input type="checkbox"/> WNL	PROPHYLAXIS			
	<input type="checkbox"/> Device: <input type="checkbox"/> PT/OT	<input type="checkbox"/> pepcid <input type="checkbox"/> protonix			
		<input type="checkbox"/> lovenox <input type="checkbox"/> heparin <input type="checkbox"/> scds <input type="checkbox"/> other:			
NOTES	SKIN / LDAs		PRN MEDS		
	TEMP:		TEMP:		TEMP:
	UO:	UO:	UO:	UO:	UO:

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PATIENT VERTICAL BRAINSHEET

Rm:	Code:	Age:	Rm:	Code:	Age:	Rm:	Code:	Age:
Name:			Name:			Name:		
Dr:			Dr:			Dr:		
Dx:			Dx:			Dx:		
Hx:			Hx:			Hx:		
VS:	Wt: _____	BS:	VS:	Wt: _____	BS:	VS:	Wt: _____	BS:
20 _____		21 _____	20 _____		21 _____	20 _____		21 _____
24 _____		06 _____	24 _____		06 _____	24 _____		06 _____
04 _____			04 _____			04 _____		
I _____	I _____		I _____	I _____		I _____	I _____	
O _____	O _____		O _____	O _____		O _____	O _____	
IV _____	IV _____		IV _____	IV _____		IV _____	IV _____	
Lungs:		02:	Lungs:		02:	Lungs:		02:
Heart:		R:	Heart:		R:	Heart:		R:
Edema:			Edema:			Edema:		
GI:		LBM:	GI:		LBM:	GI:		LBM:
GU:			GU:			GU:		
Skin:			Skin:			Skin:		
Pain:			Pain:			Pain:		
IV:			IV:			IV:		
Diet:			Diet:			Diet:		
Act:			Act:			Act:		
Labs:			Labs:			Labs:		

Rm:	Code:	Age:	Rm:	Code:	Age:	Rm:	Code:	Age:
Name:			Name:			Name:		
Dr:			Dr:			Dr:		
Dx:			Dx:			Dx:		
Hx:			Hx:			Hx:		
VS:	Wt: _____	BS:	VS:	Wt: _____	BS:	VS:	Wt: _____	BS:
20 _____		21 _____	20 _____		21 _____	20 _____		21 _____
24 _____		06 _____	24 _____		06 _____	24 _____		06 _____
04 _____			04 _____			04 _____		
I _____	I _____		I _____	I _____		I _____	I _____	
O _____	O _____		O _____	O _____		O _____	O _____	
IV _____	IV _____		IV _____	IV _____		IV _____	IV _____	
Lungs:		02:	Lungs:		02:	Lungs:		02:
Heart:		R:	Heart:		R:	Heart:		R:
Edema:			Edema:			Edema:		
GI:		LBM:	GI:		LBM:	GI:		LBM:
GU:			GU:			GU:		
Skin:			Skin:			Skin:		
Pain:			Pain:			Pain:		
IV:			IV:			IV:		
Diet:			Diet:			Diet:		
Act:			Act:			Act:		
Labs:			Labs:			Labs:		

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PATIENT VERTICAL BRAINSHEET

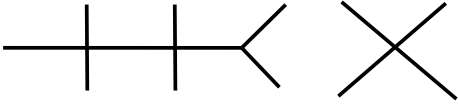
Rm: _____	Code: _____	Age: _____	Rm: _____	Code: _____	Age: _____	Rm: _____	Code: _____	Age: _____
Name: _____			Name: _____			Name: _____		
Dr: _____			Dr: _____			Dr: _____		
Dx: _____			Dx: _____			Dx: _____		
Hx: _____			Hx: _____			Hx: _____		
VS: _____	Wt: _____	BS: _____	VS: _____	Wt: _____	BS: _____	VS: _____	Wt: _____	BS: _____
20 _____	21 _____	21 _____	20 _____	21 _____	21 _____	20 _____	21 _____	21 _____
24 _____	06 _____	06 _____	24 _____	06 _____	06 _____	24 _____	06 _____	06 _____
04 _____			04 _____			04 _____		
I _____	I _____		I _____	I _____		I _____	I _____	
O _____	O _____		O _____	O _____		O _____	O _____	
IV _____	IV _____		IV _____	IV _____		IV _____	IV _____	
Lungs: _____	02: _____		Lungs: _____	02: _____		Lungs: _____	02: _____	
Heart: _____	R: _____		Heart: _____	R: _____		Heart: _____	R: _____	
Edema: _____			Edema: _____			Edema: _____		
GI: _____	LBM: _____		GI: _____	LBM: _____		GI: _____	LBM: _____	
GU: _____			GU: _____			GU: _____		
Skin: _____			Skin: _____			Skin: _____		
Pain: _____			Pain: _____			Pain: _____		
IV: _____			IV: _____			IV: _____		
Diet: _____			Diet: _____			Diet: _____		
Act: _____			Act: _____			Act: _____		
Labs: _____			Labs: _____			Labs: _____		

Rm: _____	Code: _____	Age: _____	Rm: _____	Code: _____	Age: _____	Rm: _____	Code: _____	Age: _____
Name: _____			Name: _____			Name: _____		
Dr: _____			Dr: _____			Dr: _____		
Dx: _____			Dx: _____			Dx: _____		
Hx: _____			Hx: _____			Hx: _____		
VS: _____	Wt: _____	BS: _____	VS: _____	Wt: _____	BS: _____	VS: _____	Wt: _____	BS: _____
20 _____	21 _____	21 _____	20 _____	21 _____	21 _____	20 _____	21 _____	21 _____
24 _____	06 _____	06 _____	24 _____	06 _____	06 _____	24 _____	06 _____	06 _____
04 _____			04 _____			04 _____		
I _____	I _____		I _____	I _____		I _____	I _____	
O _____	O _____		O _____	O _____		O _____	O _____	
IV _____	IV _____		IV _____	IV _____		IV _____	IV _____	
Lungs: _____	02: _____		Lungs: _____	02: _____		Lungs: _____	02: _____	
Heart: _____	R: _____		Heart: _____	R: _____		Heart: _____	R: _____	
Edema: _____			Edema: _____			Edema: _____		
GI: _____	LBM: _____		GI: _____	LBM: _____		GI: _____	LBM: _____	
GU: _____			GU: _____			GU: _____		
Skin: _____			Skin: _____			Skin: _____		
Pain: _____			Pain: _____			Pain: _____		
IV: _____			IV: _____			IV: _____		
Diet: _____			Diet: _____			Diet: _____		
Act: _____			Act: _____			Act: _____		
Labs: _____			Labs: _____			Labs: _____		

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PATIENT DETAILED BRAINSHEET

Dx		PMH	
Neuro AOX 3 2 1 Confused Forgetful		Cards SR ST SB AF FL EF_____ Venodynes	
Resp _____ LPM NC RA		GI Incont Guiaic	
GU Foley Voiding Incont		Skin/Wound	
Routine VS q4* Daily Wgt Strict I/O T _____ BP _____ HR _____ O ₂ _____ R _____ LS _____		Labs  Ca _____ Mag _____ PT/INR _____ PTT _____ Pho _____	
Meds 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 FS 8 _____ 12 _____ 17 _____ 18 _____ 22 _____		Cath/EP Lab Fent _____ Versed _____ Cont _____ IVF _____	IV SL gtt BNP _____ CK _____ Trop _____
Plans		Call MD HR <_____> _____ SBP<_____> _____ DBP>_____ T> _____ RR <_____> _____ O ₂ <_____ PTT> _____ RΔ Fall	
Activity ad lib BR x _____* BRP AMB OOB to Chair c Assist x _____	Precaution Fall Bleed ASP Cont Air Drop	Diet NPO HH 2gNA _____ ADA Renal Regular	
Name & Age	Code Full DNR/I	Allergy NKDA	MD R1 N CC I/O

LC# _____ DX _____ Rm _____



ICU REPORT BRAINSHEET

	CODE STATUS	ISOLATION	ALLERGIES
	PRECAUTIONS	MD	
DX	NEURO <input type="checkbox"/> WNL <input type="checkbox"/> sedated <input type="checkbox"/> paralyzed <input type="checkbox"/> icp <input type="checkbox"/> drains <input type="checkbox"/> NIHSS		LABS <input type="checkbox"/> heparin drip <input type="checkbox"/> 3% nacl drip
	CARDIO <input type="checkbox"/> WNL <input type="checkbox"/> pacemaker / aicd <input type="checkbox"/> ivc <input type="checkbox"/> stents <input type="checkbox"/> prn >		CULTURES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	PULMO <input type="checkbox"/> WNL <input type="checkbox"/> VENT		SERIAL LABS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> ett <input type="checkbox"/> trach <input type="checkbox"/> weaning <input type="checkbox"/> chest tubes		ELECTROLYTE PROTOCOL <input type="checkbox"/> K <input type="checkbox"/> Mg <input type="checkbox"/> Ca <input type="checkbox"/> Phos
	GI <input type="checkbox"/> WNL <input type="checkbox"/> NPO <input type="checkbox"/> TF BS: <input type="checkbox"/> ng <input type="checkbox"/> og <input type="checkbox"/> peg LBM: <input type="checkbox"/> colostomy TFR: <input type="checkbox"/> drains <input type="checkbox"/> SLP		IMAGING
	ENDO <input type="checkbox"/> WNL <input type="checkbox"/> Accucheck Q <input type="checkbox"/> insulin drip <input type="checkbox"/> glucomander <input type="checkbox"/> lantus /70/30		IV ACCESS <input type="checkbox"/> PIV <input type="checkbox"/> PICC <input type="checkbox"/> CVC <input type="checkbox"/> HD DRIPS:
	PAST MEDICAL HISTORY	RENAL <input type="checkbox"/> WNL <input type="checkbox"/> DIALYSIS <input type="checkbox"/> d/c foley	<input type="checkbox"/> dsg change: <input type="checkbox"/> tpa <input type="checkbox"/> limb alert
FAMILY / POA / ADVANCE DIRECTIVES <input type="checkbox"/> YES	ORTHO / MOBILITY <input type="checkbox"/> WNL <input type="checkbox"/> Device: <input type="checkbox"/> PT/OT	PROPHYLAXIS <input type="checkbox"/> pepcid <input type="checkbox"/> protonix <input type="checkbox"/> lovenox <input type="checkbox"/> heparin <input type="checkbox"/> scds <input type="checkbox"/> other:	
NOTES	SKIN / LDAs		PRN MEDS
	TEMP:	TEMP:	TEMP:
	UO:	UO:	UO:

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BOX BRAINSHEET

Room #	Pt. Name:			Age:	EMV:
				Sex:	
Service:	Admit Date & Diagnosis: Procedures:			PMH:	
Attending:					
Allergies:					
ISO:					
Diet:	Output:	Activity:	O2:	VS:	FS: 8 _____ 12 _____ 17 _____ 21 _____
IV:			Fluids/Drips:		Telemetry:
Skin:			To Do:		
			Pump/ Drain Totals:		Meds:

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HOURLY BRAINSHEET

	wt:	vs:	iso:
	allergies:		admit:
History			

- Neuro :**
- activity
 - pupils
 - pain
- CV :**
- temp
 - HR
 - BP
 - p/p
- Skin :**
- access:
- Resp :**
- BS:
 - rate:
 - tx:
- GI/GU :**
- feeding tube
 - abdomen
 - urine
 - stool
- WOB:
- aeration:
- sats:
- O2:
- Social & Teaching :**

08/20	09/21	10/22	11/23	12/00	13/01
14/02	15/03	16/04	17/05	18/06	19/07

quad conex allergies IPOC ER equipment monitors ID Kardex board tubing fluids bath linens

Room: _____ Age: _____ D.C: _____ Allergies: _____

Tx: _____ Dx: _____

PMHx: _____

Diet: _____ Post-Op day: _____ Pre/Post W: _____ / _____

ADT: MM/DD/YYYY GU: _____ Mobility: _____ ISO: _____

SEDoH: _____

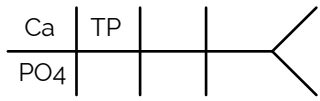
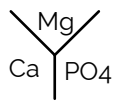
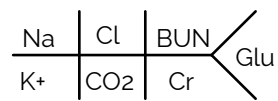
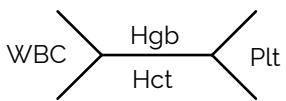
Meds (check the box)

- 0700 | 15/3
- 0800 | 16/4
- 0900 | 17/5
- 1000 | 18/6

Meds

- 1100 | 19/7
- 1200 | 20/8
- 13/1 | 21/9
- 14/2 | 22/10

PNR Meds:



BCL AM _____
 12 _____
 7 _____
 PM _____

Assess:

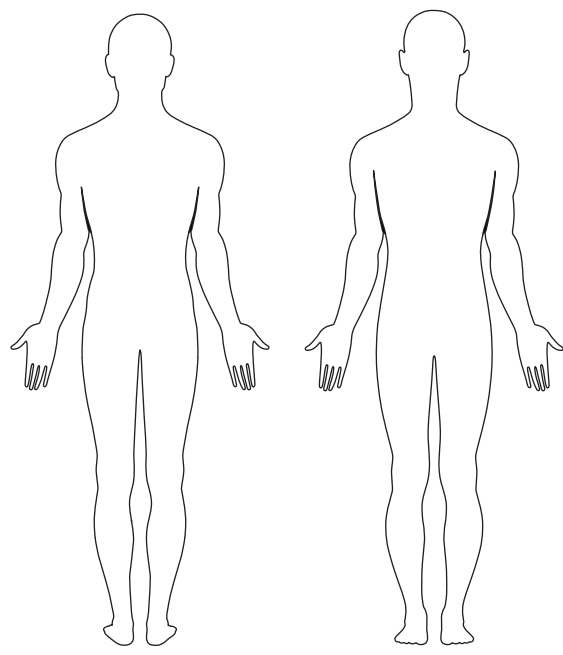
- 1. Safety
 - Bed low
 - Bed rail _____
 - Call bell
 - Allergy/ID
 - Suction/ O2
- 2. LOC
 - O/Ax3
 - GCS
 - PEERLA
 - L _____
 - R _____
- 3. Check
 - Chest Pain
 - Dizziness
 - Turgor
 - Skin Color/ T²
 - Pedal Pulse
 - Cough _____
 - SOB
 - Radial Pulse

- IV
 - Re-site
 - Tubing
 - Bag

Edema
 L _____
 R _____

- 4. Auscultation
 - ♥ APE to Mam. Apical HR _____
 - Lungs
 - BS x 4
 - BM (last) _____
 - Flatus
- Incision
 - Dressing : _____
 - Site _____
- Tele/Rhythm _____

Notes: _____



CARDIAC BRAINSHEET

Time									
BP									
HR									
SpO2									
Temp									
RR									
Pain									

I/O %Eaten: _____ Fluid Restriction: _____ (ml)

D: U/BM/Y/BL	Time	(ml)	Color/Odor/Type	I: (What)	Time	(ml)

SBAR Report

1. All meals sign off
2. Three flowsheets done

Report:

Orders:



Room#/ Name	Chief Complaint	Lab work		Imaging	Medications	Abnormal Results
		Done	Needs	XR-	Given:	
		Redraws:		CT- US-	Needs:	
		Done	Needs	XR-	Given:	
		Redraws:		CT- US-	Needs:	
		Done	Needs	XR-	Given:	
		Redraws:		CT- US-	Needs:	
		Done	Needs	XR-	Given:	
		Redraws:		CT- US-	Needs:	
		Done	Needs	XR-	Given:	
		Redraws:		CT- US-	Needs:	

DETAILED BODY SYSTEM BRAINSHEET

Room #:

Level of Care: PCU/5B/ICU

<div style="background-color: #f8d7da; padding: 10px; border: 1px solid #f5c6cb; display: inline-block;"> PATIENT ID LABEL </div>	24 Hour Events	Doctors/Consults RT# Code: _____ Allergy: _____ ISOL: _____ Social/Family: _____ Last updated: _____ POA: _____		
Dx/Scenario:				
PMHx:				
NEURO: A/OX: Pain:	Fall Risk: Y/N SAT Y/N	CAM-ICU: +/-	MAAS:	
				Rounds Sequence
				1. Description of Patient
				2. Sig. Events of last 24 hrs.
CARDIAC: Rhythm/HR: BP: Qtc: T max:	EF:	PIV CL PICC ART	Gtts:	3. Vital Signs/
PULM: ABG pH PCO2 PO2 HCO3	SBT Y/N Pass/Fail	Ventilator MODE: VT: FIO2: PEEP: PS:	Bipap MODE: FIO2: PS:	4. DVT Prophylaxis
				5. Oxygen Status
				6. Lines
				7. Mas/Sed gtts/CAM-ICU
				8. Skin/Surgical Wounds
				9. Mobility Status
				10. Nutrition
GI: Diet/TF: _____ Last BM: _____	POC:		BS:	11. Concerns/Request
GU: I/O: 24 hr UO:			07*19 08*20 09*21 10*22 11*23 12*00 13*01 14*02 15*03 16*04 17*05 18*06 19*07	12. Safety Risk(s) <input type="checkbox"/> High risk med/safety <input type="checkbox"/> ID Band Check <input type="checkbox"/> Alarm Limit Checks <input type="checkbox"/> Bedside Assessment Needed? Any Questions?
SKIN: Wounds: Wound Consult: Y/N				
ABS/TESTS:	PT PTT INR	Hg Hct WBC Plt	Na Cl Ica Phos K CO2 Mg BUN/Cr glucose	
Repeat Labs:				

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4 PATIENT OB BRAINSHEETS

Mom

Education Care Plan

Room _____ Name _____ Day _____

Dr. _____ G _____ P _____ Age _____

Date & Time of Delivery _____ F/C _____ DTV _____

Ante Vag CS PPS Epis/Lac _____ Anesthesia _____

Blood type _____ Rubella _____ GBS _____ HepB _____ HIV _____

Flu _____ Tdap _____ Married _____ FOB _____ 1900 2300 0300

Allergies:

Hx:

Pain Meds: Anaprox Motrin @ _____

_____ Percocet @ _____

Scheduled Meds:

Mom

Education Care Plan

Room _____ Name _____ Day _____

Dr. _____ G _____ P _____ Age _____

Date & Time of Delivery _____ F/C _____ DTV _____

Ante Vag CS PPS Epis/Lac _____ Anesthesia _____

Blood type _____ Rubella _____ GBS _____ HepB _____ HIV _____

Flu _____ Tdap _____ Married _____ FOB _____ 1900 2300 0300

Allergies:

Hx:

Pain Meds: Anaprox Motrin @ _____

_____ Percocet @ _____

Scheduled Meds:

Baby

Education Care Plan

Boy Girl Name _____ Breast Bottle

Dr. _____ GA _____ Weight _____

AGA SGA LGA BGMs until _____ NICU

Blood type _____ 24 Hr VS/CCHD/PKU due @ _____

Bath Given Circumcision _____ TCI _____ @ _____ hrs.

Vitals

Time _____ Temp _____ HR _____ RR _____

Time _____ Temp _____ HR _____ RR _____

Additional Info:

Time	Feed	Void	Stool

Baby

Education Care Plan

Boy Girl Name _____ Breast Bottle

Dr. _____ GA _____ Weight _____

AGA SGA LGA BGMs until _____ NICU

Blood type _____ 24 Hr VS/CCHD/PKU due @ _____

Bath Given Circumcision _____ TCI _____ @ _____ hrs.

Vitals

Time _____ Temp _____ HR _____ RR _____

Time _____ Temp _____ HR _____ RR _____

Additional Info:

Time	Feed	Void	Stool

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Time _____ Temp _____ HR _____ RR _____

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Time	Feed	Void	Stool

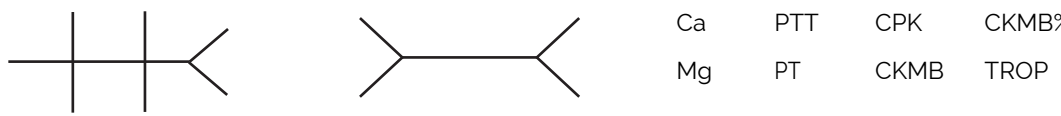
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<p>PATIENT ID LABEL</p>		<p>PACU: Intake Output EBL Drains Output</p>	<p>19:</p> <p>20:</p>	
<p>NEURO DEFICITS</p>			<p>21:</p> <p>22:</p>	
<p>DRAINS</p> <p>Type: _____ 24 hr Output: _____ CSF Studies: _____</p> <p>Level: _____ Drainage: _____</p>			<p>23:</p>	
<p>CV</p> <p>Rhythm: _____ IVF/Drips</p> <p>BP Limits: _____</p> <p>CPV Limits: _____</p> <p>Central Line: Y/N _____</p> <p>Location: _____</p> <p>Change date: _____</p> <p>Peripheral IV: Y/N _____</p> <p>Site/Gauge/Date Inserted: _____</p>		<p>PULMONARY</p> <p>Breath Sounds: _____ RR: _____</p> <p>O2 Therapy: _____ O2 Stats: _____</p> <p>Tracheostomy: Y/N _____ size: _____</p> <p>Ventilator: Y/N _____</p> <p>Settings: _____</p> <p>Secretions: _____</p>		<p>24:</p> <p>01:</p> <p>02:</p>
<p>GI</p> <p>Diet: _____ Swallow Eval? _____</p> <p>Tube Feeds: Y/N _____</p> <p>Type/Rate: _____</p> <p>Dobhoff or PEG _____</p> <p>Location: _____</p> <p>Size and Markings: _____</p>		<p>GU</p> <p>Voids: Y/N _____ Last BM: _____</p> <p>Catheter Type: _____</p> <p>Leg Strap on: Y/N _____</p>		<p>03:</p> <p>04:</p>
<p>SKIN/ACTIVITY/RESTRICTIONS</p> <p>PT/OT/Speech/MSW _____</p> <p>Restraint Type: _____</p> <p>Due: _____</p>		<p>PRN MEDS</p>	<p>LABS</p>	<p>05:</p> <p>06:</p> <p>07:</p>
<p>Accuchecks: AC/HS Q6H gtt</p> <p>-Max: _____ TED/SCDs</p>		<p>TO DO ASK MD</p>		

Room: _____ DATE: _____
 Patient _____ Age ___ Sex ___ Admitted: _____ HD: _____ LOS: _____
 Diagnosis: _____ Procedure _____
 Comorbid Conditions \ Hx: _____ Code Status: _____ Allergies _____

SIGNIFICAT HOSPITAL HISTORY	BODY SYSTEMS
Neuro: Orientation: Psych/Soc Extremity Strength Activity Fall Precaution:	Neuro: PLAN: VARIANCE
Pupils: Temp: Weight: Restraints	
CV: Rhythm: HR: BP: "A" Line Swan Ganz: PA PAWP CVP: CO Pacer Wires: K+: CPK: CBC: Hct: PT Mg+: MB's: Trop: HGB PTT Ca: Edema (small= +1 moderate=+2 Pitting= +3) Pulses (R) (L) (absent=0 weak=1 strong=2) PICC/Central line/ IJ: Hep Lock: DRIPS: cc/hr	Cardiovascular: PLAN: VARIANCE
PUL: Extub: BS: Coughing Chest Tubes: ABG: Pressure	Respiratory PLAN: VARIANCE
RR: Sputum Bipap: Mode: Cuff FiO ₂ TV rate	
GI BS NG Diet: Feeding Chemstrip:	GI: PLAN: VARIANCE
Abd Contour Flatus: pH: BM Appetite:	
GU Foley: Cath Care: SG PD Urine Output: Hemo	GU: PLAN: VARIANCE I&O's
Skin/dressing/incisions: Braden Scale:	Specimens: Test, Labs Procedures, hx, preps
Other:	Other:
Discharge Plan: Variance to Discharge Plan: Barrier Resolution: Consults:	Teaching/learning: Consults: Special Needs:



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Name:

MD:

Age:

Room:

Code Status:

Diagnostic Symptoms	Personal Family	Activity	Vent
Neuro	Cardio	Resp	History
Skin	Urinary	GI	
Nutrition	Labs Na CL BUN K CO2 CR Wbc hgb plts Hct	IV	Education

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BOXES BRAINSHEET

Tests	POC	Meds	Core Measures/VTE		
1800	2200	0200			
1900 V/S:	2300 V/S:	0300 V/S:			
2000	0000	0400			
2100	0100	0500	In	Out	

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SIMPLIFIED BRAINSHEET

N:

CV:

R:

GI:

GU:

Sk:

IV:

Pain:

VS:

Accu:

I:

O:

Labs:

To Do:

Labs needed:

Dx:

Cons:

Plan:

Report:

Dem:

All:

Adm, c/c:

PMHx:

Plan:

Systems:

IV:

Rx:

Labs:

Pending:

Issues:

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Rm: _____ Name: _____ CODE: _____		DONE: _____			
Labs					
			In	Out	VS
					Med
					Mar
					IV
					Post
					Pt.
					Strip
					Tape
			IV Fluids		Re-check
		NaCl _____			
		Hep _____			
		NTG _____			

Protocols	Time	Value	Replace	Re-check	MAR Times	Glucs _____		
K+						0700		
Mg						1200		
Heparin						1700		
_____						NOC		
_____						_____		

MEDSURG BRAINSHEET

RM# _____ PT: _____ age: _____ M / F Code: _____

DX: _____ Diet: _____

HX _____

Allergies: _____

Neuro AOX 1 2 3 Confused Forgetful	Skin/Wound
GI Incont	UG Foley Voiding Incont
I/O	Activity
VS T _____ BP _____ HR _____ O ₂ _____ R _____	Resp
Meds	Labs
Precautions: contact / fall / seizure / aspiration (HOB ↑ _____) / neuro ✓	IV/Lines
Diabetic Mgmt Insulin accu ✓ SS	Consult/ Appts

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PATIENT CIRCLE BRAINSHEET

RM# _____ PT: _____ age: ____ M / F Dr. _____

DX: _____ diet: _____ d/weight

Allergies: _____

O₂: ____ nebs activity: ↑ad lib / bed rest / ↑in chair / PT / walker / assist x

IV fluids: _____ access: _____ PCA (dem / morph)

DNR pain meds (last dose?): _____

voids: BRP / foley / BSC / urinal / diaper SNF / rehab consult (need / done)

UA / C&S (need / done) stool x ____ for guiac / c-diff / WBC

precautions: contact / fall / seizure / aspiration (HOB ↑____°) / neuro ✓

FSBS: ac&hs / q ____ hrs / SS: regular insulin / Novolog

2100: _____ 0730: _____ 1130: _____ 1630: _____

labs: CBC / MP / CE / BNP / Mag / Phos / K / Lytes / H&H / PT/INR / PTT /

CXR / EKG / Echo / MRI / US / CT _____ permit? Y / N ✓list? Y / N

VS 0600 T____ P____ R____ BP____ O₂____

____ T____ P____ R____ BP____ O₂____

Notes: _____

Hx : _____

Labs:

Na: _____

K: _____

BUN: _____

Creat: _____

WBC: _____

H/H: _____

Plat: _____

SBAR BRAINSHEET

S	Patient name		Age		allergies		Physician			
	Room number		Admit date				Attending			
	1 Dx		2 Dx		Code status		Consultants			
	C/O				Advanced directive on chart?		Pgr/#			
B	History						Isolation		Core Measures	
	Surgery:		Surgeon				Restraints		CHF MI PNA	
	Anesthesia		Anesthesiologist			EBL		Fall risk		Vaccine- PNA Flu
A	Cardiac: BP/HR/Peripheral pulses/Edema/Heart sounds						Pain/sedation			
	Current rhythm						Pain scale			
	Daily wt?						Location			
	DVT prophylaxis						Meds type and last dose			
	Pulmonary: Breath sounds/Secretions/ SpO2/UPAs/PIP/ Spontaneous VT & VE				Vent/bipap etc settings		Accu checks		A1C	
	GI		NG/OGT		Diet		GI		Skin Wounds/Drainage	
	BS		Last BM		Prophylaxis				Staples Drains	
	GU Foley/void						Location			
	Output						Ducub photo on admission			
	IV			Date inserted			Psych Social			
Fluids			Gtts							
Meds						Pending orders				
Na	Cl	Bun	gluc	mg	BNP	Coags	Hct	UA	CT	
K	Co	Cr	Ca	Phos	DDimer	INR	W PL	Cultures	CXR	
Cardiac enz		1	2	3		PTT			MRI	
						Next lab	Hgb		Echo	
R	DC Plan. Is pt informed of plan ____ 24 hour orders reviewed ____						Shift goals			

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MEDS-LABS-VITALS BRAINSHEET

Date: _____ Phone# _____ Charted? _____ Voice Care? _____

Room #	Name:	Age:	Code Status:																																																			
DR:	DX:	Allergies:																																																				
Diet:	Activity:	O2:	HT/WT: IV:																																																			
MEDS: 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 00 01 02 03 04 05 06																																																						
TIME: T P R BP POX	TIME: T P R BP POX	TIME: T P R BP POX	Glucometer: Break: Lunch: Dinner: H.S.:																																																			
		IN:	OUT:																																																			
		Monitor Reports: 7-3 3-11 11-7																																																				
HX	REPORT A&O___ Confused AP Reg Irreg Lungs: clear decreased rhonchi insp expir wheezes abd soft nontender distended BSX4 hyper hypo +PP edema - 0 1 2 3 4 LE UE Pain Foley		Plans for the Shift:																																																			
ASSESS A&O___ Confused AP Reg Irreg Lungs: clear decreased rhonchi insp expir wheezes abd soft nontender distended BSX4 hyper hypo +PP edema - 0 1 2 3 4 LE UE Pain Foley		<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">Yesterday</td> <td style="text-align:center;">Today</td> </tr> <tr> <td>RBC</td> <td>(4.2-5.4)</td> <td></td> </tr> <tr> <td>WBC</td> <td>(4.8-10.8)</td> <td></td> </tr> <tr> <td>HGB</td> <td>(M14-18)(F12-16)</td> <td></td> </tr> <tr> <td>HCT</td> <td>(M42-52)(F37-47)</td> <td></td> </tr> <tr> <td>PLTS</td> <td>(150-400)</td> <td></td> </tr> <tr> <td>PT</td> <td>(9.3-11.8)</td> <td></td> </tr> <tr> <td>INR</td> <td>(0.0-3.5)</td> <td></td> </tr> <tr> <td>PTT</td> <td>(23-33.4)</td> <td></td> </tr> <tr> <td>BUN</td> <td>(M9-21)(F7-18)</td> <td></td> </tr> <tr> <td>CREAT</td> <td>(M0.8-1.2)(F.7-1.2)</td> <td></td> </tr> <tr> <td>Na+</td> <td>(135-145)</td> <td></td> </tr> <tr> <td>K+</td> <td>(3.5-5.5)</td> <td></td> </tr> <tr> <td>Mag+</td> <td>(1.8-2.4)</td> <td></td> </tr> <tr> <td>Ca++</td> <td>(8.5-10.5)</td> <td></td> </tr> <tr> <td>DIG</td> <td>(0.9-2.0)</td> <td></td> </tr> <tr> <td>BNP</td> <td>(0-100)</td> <td></td> </tr> </table>			Yesterday	Today	RBC	(4.2-5.4)		WBC	(4.8-10.8)		HGB	(M14-18)(F12-16)		HCT	(M42-52)(F37-47)		PLTS	(150-400)		PT	(9.3-11.8)		INR	(0.0-3.5)		PTT	(23-33.4)		BUN	(M9-21)(F7-18)		CREAT	(M0.8-1.2)(F.7-1.2)		Na+	(135-145)		K+	(3.5-5.5)		Mag+	(1.8-2.4)		Ca++	(8.5-10.5)		DIG	(0.9-2.0)		BNP	(0-100)	
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NEW ORDERS		Troponin Enzymes: + - 1 2 3																																																				

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ICU BOX BRAINSHEET

NAME DOB Rm# Admit Date	Wt:	CODE:	PMD:	1900
	ISO:		Consults:	----- 2000
	ALLERGIES			----- 2100
Diagnosis	Medical Hx		Procedure/Surgery POD#	----- 2200
Diet	BP		LABS	2300
	P			-----
IV	RR			0000
	T			-----
	SpO₂			0100

NEURO	RESP O ₂ : Vent Settings:	Tx:	CARDIAC Tele/Rhythm Pacemaker	0200

				0300

				0400

SKIN	GI/GU		MUSC Activity	0500

				0600

				0700
Orders/Plan:				

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