# Nursing Shift Report Sheet - 4 Patient Layout

RN/LPN Name: _____     Date: ____ / ____ / _____     Shift: [ ] Day  [ ] Eve  [ ] Night

## Patient #1

Name: _____     Room #: _____     Age/Gender: _____ / _____     Code Status: _____

Admitting Dx: _____

Allergies: _____

Isolation Precautions: _____

Lines/Devices: [ ] IV  [ ] Foley  [ ] Central Line  [ ] Drains  [ ] PCA  [ ] Chest Tube

Mobility/Fall Risk: _____

Diet/Bowel/Swallow: _____

Meds/Times: _____

PRNs Given / To Watch: _____

Labs/Diagnostics: _____

Wounds/Skin/Turning: _____

Discharge Planning: _____

Notes/Priorities: _____

## Patient #2

Name: _____     Room #: _____     Age/Gender: _____ / _____     Code Status: _____

Admitting Dx: _____

Allergies: _____

Isolation Precautions: _____

Lines/Devices: [ ] IV  [ ] Foley  [ ] Central Line  [ ] Drains  [ ] PCA  [ ] Chest Tube

Mobility/Fall Risk: _____

Diet/Bowel/Swallow: _____

Meds/Times: _____

PRNs Given / To Watch: _____

Labs/Diagnostics: _____

Wounds/Skin/Turning: _____

Discharge Planning: _____

Notes/Priorities: _____

## Patient #3

Name: _____     Room #: _____     Age/Gender: _____ / _____     Code Status: _____

Admitting Dx: _____

Allergies: _____

Isolation Precautions: _____

Lines/Devices: [ ] IV  [ ] Foley  [ ] Central Line  [ ] Drains  [ ] PCA  [ ] Chest Tube

Mobility/Fall Risk: _____

Diet/Bowel/Swallow: _____

# Nursing Shift Report Sheet - 4 Patient Layout

RN/LPN Name: _____     Date: ____ / ____ / _____     Shift: [ ] Day  [ ] Eve  [ ] Night

Meds/Times: _____

PRNs Given / To Watch: _____

Labs/Diagnostics: _____

Wounds/Skin/Turning: _____

Discharge Planning: _____

Notes/Priorities: _____

## Patient #4

Name: _____     Room #: _____     Age/Gender: _____ / _____     Code Status: _____

Admitting Dx: _____

Allergies: _____

Isolation Precautions: _____

Lines/Devices: [ ] IV  [ ] Foley  [ ] Central Line  [ ] Drains  [ ] PCA  [ ] Chest Tube

Mobility/Fall Risk: _____

Diet/Bowel/Swallow: _____

Meds/Times: _____

PRNs Given / To Watch: _____

Labs/Diagnostics: _____

Wounds/Skin/Turning: _____

Discharge Planning: _____

Notes/Priorities: _____

## Shift Priorities (All Patients)

[ ] Morning Med Pass      [ ] Assessments Complete      [ ] Charting Reminders

[ ] Notify MD / Orders Pending      [ ] Pain / PRN Follow-ups

[ ] Labs to Check / Criticals      [ ] Wound Care / Dressing Changes

[ ] Discharges / Transfers      [ ] Family / Social Work / OT/PT