

Nursing Notes and Signature

مستشفى مارينا الاهلي

Patient ID Label

Date: / /

Shift (A)	Shift (B)	Shift (C)
<ul style="list-style-type: none"> • Patient received on bed, chair, others _____ • pt general condition , tired , weak , conscious, unconscious, oriented, not oriented, others _____ • Pt With O2 : yes or no. if yes , _____ liters/mint, Method of providing O2 N/C, mask, others _____ • Is patient NPO : (yes or no). if no, type of diet _____ • is the NG placed : (yes or no). if yes for feeding, irrigation, others _____ NG size _____ checked in correct place (Right, left) nostril. , place if changed and patient's tolerance of the procedure _____ • IV Fluid frequency _____ Q _____ hr • Cannula size _____ Place _____ • If there are any signs of phlebitis (redness, pain, edema) or not. • If cannula changed during the shift write the size and place _____ • Is the chest tube placed(yes or no). if yes ,place (Right, left) ,functioning (yes or no) describe the fluid in the tube (clear, bloody.) and how much ml in it? _____ • Is Folly's catheter placed (yes or no). if yes , describe the urine in the bag (clear, dark bloody.) and how much ml in it? _____ • Routine /daily labs (_____). • Describe Any changes in V/S during shift _____ 	<ul style="list-style-type: none"> • Patient received on bed, chair, others _____ • pt general condition , tired , weak , conscious, unconscious, oriented, not oriented, others _____ • Pt With O2 : yes or no. if yes , _____ liters/mint, Method of providing O2 N/C, mask, others _____ • Is patient NPO : (yes or no). if no, type of diet _____ • is the NG placed : (yes or no). if yes for feeding, irrigation, others _____ NG size _____ checked in correct place (Right, left) nostril. , place if changed and patient's tolerance of the procedure _____ • IV Fluid frequency _____ Q _____ hr • Cannula size _____ Place _____ • If there are any signs of phlebitis (redness, pain, edema) or not. • If cannula changed during the shift write the size and place _____ • Is the chest tube placed(yes or no). if yes ,place (Right, left) ,functioning (yes or no) describe the fluid in the tube (clear, bloody.) and how much ml in it? _____ • Is Folly's catheter placed (yes or no). if yes , describe the urine in the bag (clear, dark bloody.) and how much ml in it? _____ • Routine /daily labs (_____). • Describe Any changes in V/S during shift _____ 	<ul style="list-style-type: none"> • Patient received on bed, chair, others _____ • pt general condition , tired , weak , conscious, unconscious, oriented, not oriented, others _____ • Pt With O2 : yes or no. if yes , _____ liters/mint, Method of providing O2 N/C, mask, others _____ • Is patient NPO : (yes or no). if no, type of diet _____ • is the NG placed : (yes or no). if yes for feeding, irrigation, others _____ NG size _____ checked in correct place (Right, left) nostril. , place if changed and patient's tolerance of the procedure _____ • IV Fluid frequency _____ Q _____ hr • Cannula size _____ Place _____ • If there are any signs of phlebitis (redness, pain, edema) or not. • If cannula changed during the shift write the size and place _____ • Is the chest tube placed(yes or no). if yes ,place (Right, left) ,functioning (yes or no) describe the fluid in the tube (clear, bloody.) and how much ml in it? _____ • Is Folly's catheter placed (yes or no). if yes , describe the urine in the bag (clear, dark bloody.) and how much ml in it? _____ • Routine /daily labs (_____). • Describe Any changes in V/S during shift _____
<ul style="list-style-type: none"> • seen by consultant(yes / no). • pt medication see cardex. <p>Notes: _____</p>	<ul style="list-style-type: none"> • seen by consultant(yes / no). • pt medication see cardex. <p>Notes: _____</p>	<ul style="list-style-type: none"> • seen by consultant(yes / no). • pt medication see cardex. <p>Notes: _____</p>
<p>Received Nurse _____</p> <p>Transfer nurse _____</p>	<p>Received Nurse _____</p> <p>Transfer nurse _____</p>	<p>Received Nurse _____</p> <p>Transfer nurse _____</p>