

BRAIN SHEET WITH SHIFT HOURS

Pt/DOB: PMHx:		MDs:		Armbands: Falls Allergy: _____ ID bands: on, Name/DOB verified?	
Skin: WNL Temp: Moisture: Turgor: Color: Bruises: Rashes/Redness: Wound Present? Other: Braden:	Chest Tubes: Rt/Lt/M-S # of tubes: Anterior/Posterior/Lateral Crepitus: To Waterseal/Airleak To Suction: Drainage: Dressing: Last changed?	ROM: WNL Full Weakness: Lt/Rt Abnormal: Contractures Deficits	Neuro: WNL Lethargic Agitated Disoriented to: 1 2 3 Non-responsive to: <i>Verbal/tactile/pain</i> Abnormal Speech: Neuro√s q_____	GU: WNL Last Void: I&O cath Foley Urine: Other:	
Wound Care (note site, type, drains, tx, vac settings)		Gastrointestinal: WNL Diet: Aspiration prec. Nausea/vomiting Diarrhea/constip. Abdomen: Bowel Sounds: Last BM: Ostomy: Lt/Rt Colo/Ileostomy Stoma		Tubes: NGT/OGT/Dobhoff Date inserted: Lt/Rt nare Placement √'d Gtube/Jtube/PEG Clamped To Suction: LIWS LCWS Drainage: Tube Feed: Irrigation: Residual:	
Respiratory: WNL Respirations: Breath Sounds: LUL Rales LLL Rhonchi RUL Crackles RML Diminished RLL Bases Retractions/Grunting Nasal Flaring NPC/Prod Cough? O2 _____ RT Q3/4/6/8H CPT	Cardiovascular: WNL JVD: Abnormal Pulse: Edema: pitting/non Calf tenderness: Tele: _____ Peripheral pulses x 2/4/6 Cath Lab? Angioseal? Lt/rt groin Stents? Pacemaker: A/V/AV/D AICD			IV Access: PIV/SL 1 Location Gauge Date inserted IVF PIV/SL 2 Location Gauge Date Inserted IVF PICC/CL/Port SLC/DLC/TLC Power? Site: Insertion depth: Circumference: Dates: Inserted Dressing changed Daily Review? IVF	
Safety: Bed low, etc Call bell in reach Restraints: 1:1 Sitter – Suicide Fall precautions? Seizure precautions?	ROM: Nursing Care: Isolation: Activity: assist/ad lib Bedrest/brp/chair/ambulate Turns:	Equipment: SCDs/CPM Bed: Atmos/Rental Telemetry Continuous motion Continuous pulse ox BSC/Cane/Walker	Today's Labs:	Today's Tests:	
ADLs: Bath/Daily care Incontinent Break/Lunch/Dinner Snack Feeder	D/C plan: Med Rec done? Chart Check? Wound pictures? Core Meas? Pneum/CHF/AMI/SCIP			FSBS AC/HS Q4H/Q6H/BID/____ Turn Q2H/Float Heels PT/OT/SLP Eval/TX	

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Time	Med/Vs/FSBS/Procedure/Turn/Off/assess
0700	
0800	
0900	
1000	
1100	
1200	
1300	
1400	
1500	
1600	
1700	
1800	