Patient Documentation

Pt. Initials ____Room ____Primary Nurse ____Dr. ____Student Nurse _____

Dx: _____

Allergies: _____

Medications	Times

Vital Signs:	T	P	R	BP
	T	P	R	BP

AM Shift
Report:_____
_____
_____
_____
_____
_____

Meds Check MAR & DO_____Read Pt. chart last 24 hours_____
General Check on pt._____VS and Graphed_____Notify nurse of assignment_____
Listen to report_____Meal served fed Pt._____ Bath_____ADL'S_____
Linen changed_____ Head To Toe assess_____ SOAP note checked_____
I & O Complete_____ IV Checked Q 2 Hr_____ Treatment complete_____
Siderails up X 2_____Turn Pt. Q 2 hrs. or PRN_____Complete SOAP Note_____
Report to Nurse_____

Soap notes