

SITUATION	<u>Patient Initials:</u>	<u>Room:</u>	<u>Level of Care:</u>	<u>Admitted From:</u> (home, nursing home, assisted living, etc.)
	<u>Date of Birth:</u>	<u>Age:</u> <u>Sex:</u>	<u>Code status:</u>	
		<u>Gender:</u>	<u>Provider:</u>	
BACK-GROUND	<u>Chief Complaint:</u>		<u>Surgery & Date of Surgery (if applicable):</u>	
	<u>Admitting Diagnosis:</u>		<u>Allergies:</u>	
	<u>Past Medical History / Pertinent Information:</u>		<u>Height:</u>	
	<u>Family History:</u>		<u>Weight:</u>	
ASSESSMENT	<u>History of Present Illness:</u>	Temp: _____ HR: _____ RR: _____ BP: _____ / _____ Oxygenation Saturation: _____ % Oxygen Device: _____ <u>Diet:</u> Last BM: _____ Characteristics:	<u>Safety needs/fall risk/skin risk, etc.:</u>	
	<u>Significant Physical Assessment Findings:</u> General: Chest: Abdomen: Extremities: <u>Pain Assessment:</u>	Last Void: _____ Characteristics: Saline Lock (INT) Site / IV Site: _____ IV Fluids: Rate: (ml/hr)	<u>Activity / Mobility:</u> <u>Mobility Assistive Devices:</u> <u>Restricted Extremities:</u> <u>Isolation Precautions:</u> Standard Contact Airborne Droplet	
	<u>Laboratory Results:</u> (Record pertinent lab results/abnormal lab results) <u>CBC</u> WBC _____ RBC _____ HGB _____ HCT _____ PLT _____ <u>COAGULATION PROFILE</u> Prottime _____ INR _____ PTT _____ <u>OTHER LABS</u> _____		<u>BMP</u> Sodium _____ Potassium _____ Chloride _____ Magnesium _____ Calcium _____ Carbon Dioxide _____ Phosphorus _____ Glucose _____ BUN _____ Creatinine _____ <u>DIAGNOSTIC PROCEDURES</u> Chest X-ray _____	

ASSESSMENT	<u>Scheduled Medications:</u> <i>(med/dose/route/times due or frequency)</i>		<u>PRN Medications & Last Given:</u> <i>(med/dose/route/frequency/last dose)</i>
RECOMMENDATIONS	<p>Needed Changes to Plan of Care:</p> <p>What are you concerned about?</p> <p>Discharge Planning:</p> <p>Pending labs/x-rays, etc.:</p> <p>Additional pertinent information the next shift needs to be aware of:</p>		