

THE VALLEY HOSPITAL
Daily Nurses' Notes

Date: _____

addressograph

	2300 – 0700	0700 – 1500	1500 - 2300
CARDIOVASCULAR 1. Heart Rate/Rhythm 2. Peripheral Pulses/Edema 3. Skin Color/Capillary Refill			
RESPIRATORY 1. Breath Sounds 2. Secretions 3. O ₂ (Type)			
GASTROINTESTINAL 1. Description 2. Bowel Sounds 3. Stools: Characteristics			
GENITOURINARY 1. Urine: Characteristics 2. Foley 3. Discharge			
NEUROLOGICAL 1. Orientation/LOC 2. Perla 3. Paresthesia/Weakness			
MUSCULOSKELETAL 1. Mobility/ROM 2. Joint Swelling			
HEENT 1. Inflammation 2. Discharge 3. Mucous Membranes			
INTEGUMENTARY 1. Rash 2. Lesions 3. Pressure Ulcer 4. Turgor			
PSYCHOSOCIAL NEEDS 1. Level of Anxiety 2. Social Interactions			
PAIN (0–10) Comfort Goal____ Location, Description, Duration, Radiation, Provokes, Relief, Effect on Function <input type="checkbox"/> pain book given (new admit)			
SIGNATURE: Name of Agency (if applicable)			

If restraints in use, follow protocol. Patient education to be documented on interdisciplinary patient/family education form.

