CVICU Report Sheet

HOSPITAL / CLINIC INFORMATION

Name: _____ Unit: _____

Date: _____ dd / mm / yyyy

Shift:

◯ Day ◯ Night

PATIENT INFORMATION

Name: _____ Age: _____

Gender:

◯ Female ◯ Male ◯ Other

MRN: _____ Admission Date: _____ dd / mm / yyyy

Room / Bed: _____

MEDICAL INFORMATION

Primary Diagnosis:

Secondary Diagnosis:

Surgical Procedures: _____ Date of Surgery: _____ dd / mm / yyyy

Consulting Teams: _____

VITAL SIGNS & MONITORING

Blood Pressure: _____ Heart Rate: _____

Respiratory Rate: _____ Temperature: _____

Oxygen Saturation: _____ Pain Score: _____

CARDIAC MONITORING

Rhythm: _____ Pacing: _____

Ejection Fraction (EF): _____

RESPIRATORY SUPPORT

Oxygen Therapy:

- [ ] Nasal
- [ ] Cannula
- [ ] Mask
- [ ] Ventilator

Settings / Rate: _____ ABGs / PaO2 / FiO2: _____

Chest X-Ray Findings: _____

IV ACCESS & LINES

Peripheral IVs: _____ Central Lines: _____

Location: _____ Arterial Line: _____

Location: _____ Swan-Ganz Catheter: _____

MEDICATIONS

Vasopressors / Inotropes: _____ Dosage / Rate: _____

Antibiotics: _____ Dosage / Schedule: _____

Analgesics / Sedatives: _____ Dosage / Schedule: _____

Other Critical Meds: _____ Dosage / Schedule: _____

FLUIDS & NUTRITION

IV Fluids: _____ Rate: _____

Enteral / Parenteral Nutrition: _____ Rate / Type: _____

LAB RESULTS

Latest CBC: _____ Electrolytes: _____

Coagulation Profile: _____ Renal Function Tests: _____

Liver Function Tests: _____

Other Relevant Labs:

NURSING CARE & INTERVENTIONS

Wound Care: _____ Mobility / Physiotherapy: _____

Hygiene Measures: _____ Special Precautions: _____

PLAN / GOALS FOR SHIFT

Medical:

Surgical:

Nursing:

NOTES / COMMENTS

Handoff Notes:

Concerns / Alerts:

Nurse's Signature:

Date: _____ dd / mm / yyyy