Nurse Charting Cheat Sheet

1. PATIENT INFORMATION

Name: _____ Medical Record Number: _____

Date of Birth: _____ dd / mm / yyyy Allergies: _____

2. VITAL SIGNS

Temperature: _____ Heart Rate (HR): _____

Blood Pressure (BP): _____ Respiratory Rate (RR): _____

Oxygen Saturation (SpO2): _____

3. ASSESSMENT

Neurological

Level of Consciousness (LOC):

- ◯ Alert
- ◯ Responsive to stimuli
- ◯ Verbal
- ◯ Pain
- ◯ Unresponsive

Additional Notes:

Pupils:

- ☐ Equal
- ☐ Reactive to light

Additional Notes:

Cardiovascular

Heart Sounds:

◯ Normal ◯ Abnormal

Additional Notes:

Oxygen Delivery:

◯ Room air ◯ Nasal cannula ◯ Mask

Additional Notes:

Gastrointestinal

Bowel Sounds:

◯ Present ◯ Absent

Additional Notes:

Abdominal Assessment:

☐ Soft

☐ Tender

☐ Distended

Additional Notes:

Musculoskeletal

Range of Motion (ROM):

◯ Full ◯ Limited

Additional Notes:

Strength: _____

Additional Notes:

4. INTERVENTIONS

Medications:

Procedures:

Education Provided:

5. FLUIDS AND NUTRITION

Intake

Oral:

- [ ] Fluids
- [ ] Medications

Additional Notes:

IV: _____

Output

Urine: _____

6. PAIN ASSESSMENT

Pain Scale: _____ Pain Location: _____

7. NURSING CARE

Turning and Positioning Schedule: _____ Skin Integrity: _____

8. OTHER OBSERVATIONS

Mental Health:

Infection Control:

9. COMMUNICATION

Interdisciplinary Communication:

Nurse's Signature:

Date: _____ dd / mm / yyyy