Nursing Brain Sheet

PATIENT INFORMATION

Name: _____ Room No.: _____

Age: _____ Gender: _____

Admitting Doctor: _____ Nurse Assigned: _____

PATIENT CARE TRACKING

Date: _____ dd / mm / yyyy Time: _____

Medical history

Present Illness

Diagnosis

Date: _____ dd / mm / yyyy Time: _____

Symptoms

Observations

Date: _____ dd / mm / yyyy Time: _____

Lab Results

Radiology Findings

Date: _____ dd / mm / yyyy Time: _____

Medications

Side Effects/Reactions

Date: _____ dd / mm / yyyy Time: _____

Plan of Care

Care Given

Response to Care

Date: _____ dd / mm / yyyy Time: _____

Updates/Changes

Notes