Nurse Charting Cheat Sheet

1. Patient Information

Name:

Medical Record Number:

Date of Birth:

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: