Shift Organizer

DATE: ROOM NUMBER:	ALLERGIES:
PATIENT NAME: SEX:	REASON FOR ADMISSION:
PATIENT WRIST BAND/STICKER:	

0700–0900	MEDICATIONS TO GIVE:	I&O: OXYGEN: VITAL SIGNS: PAIN: BLOOD SUGAR: IV FLUIDS: LABS:
0900–1100	MEDICATIONS TO GIVE:	I&O: OXYGEN: VITAL SIGNS: PAIN: BLOOD SUGAR: IV FLUIDS: LABS:
1100–1300	MEDICATIONS TO GIVE:	I&O: OXYGEN: VITAL SIGNS: PAIN: BLOOD SUGAR: IV FLUIDS: LABS:
1300–1500	MEDICATIONS TO GIVE:	I&O: OXYGEN: VITAL SIGNS: PAIN: BLOOD SUGAR: IV FLUIDS: LABS:
1500–1700	MEDICATIONS TO GIVE:	I&O: OXYGEN: VITAL SIGNS: PAIN: BLOOD SUGAR: IV FLUIDS: LABS:
1700–1900	MEDICATIONS TO GIVE:	I&O: OXYGEN: VITAL SIGNS: PAIN: BLOOD SUGAR: IV FLUIDS: LABS:
END OF SHIFT REMINDERS	DOCUMENTATION COMPLETED? VITAL SIGNS DOCUMENTED? I&O CALCULATED? IVS INTACT? IV FLUIDS CHANGED? PATIENT COMFORTABLE? LABS DRAWN? ADMINISTERED ALL MEDS?	REPORT GIVEN TO ONCOMING NURSE

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