

MEDICAL RECORD

NURSING NOTES

(Sign all notes)

OBSERVATIONS

Include medication and treatment when indicated

DATE	Hour	
	A.M.	P.M.

U.S. NAVAL HOSPITAL, ROTA, NURSING IN-HOUSE TRANSFER NOTE

1. Originating Department (Please circle): ER MSW APV OR/ PACU MNB OTHER_____

2. Pt AGE: _____ Gender: M F ALLERGIES: _____ Attending Provider: _____

3. Diagnosis: _____ 4. Past Medical History: _____

5. Current Meds: _____ 6. Fall Risk (Circle): Low Mod High Unk

7. Advance Directive: Yes No NA 8. Referrals: _____

9. Patient Valuables: Yes No NA Location: _____ 10. Arrival By: Ambulation Wheelchair Gurney Other_____

TREATMENTS / PROCEDURES

Latest Vital Signs: T: _____ P: _____ R: _____ BP: _____ PAIN: _____ SP02: _____ EKG: _____

Meds Given and Time: _____ Anesthesia/ Sedation: _____

IV Location: _____ Fluids and Rate: _____ Input: _____

Dressings (Location/Type, status): _____ Procedures Performed: _____

Tubes/Drains(Foley, NG JP, etc): _____ Output: _____ EBL: _____

Labs Drawn: _____ Labs Still Needed: _____ Critical Lab Results: _____

Comments: _____

Report given by: _____ Reported to: _____ Dept: ER MSW APV OR/PACU MNB

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate Hospital or medical facility)

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

