



# 12-Hour Shift Brain Sheet

One page per patient · print as many as you need

## PATIENT INFORMATION

Name: \_\_\_\_\_ Room / Bed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Admit Date: \_\_\_\_\_

PRIMARY DIAGNOSIS / REASON FOR ADMISSION

CODE STATUS · ALLERGIES · ISOLATION PRECAUTIONS

DIET · ACTIVITY LEVEL · WEIGHT BEARING STATUS

IV ACCESS · SITE · IV FLUIDS · RATE

O2 DELIVERY · L/MIN · SPO2 GOAL · BREATH SOUNDS

NEURO STATUS · FALL RISK LEVEL · RESTRAINTS

## LAST RECORDED VITALS

HR (bpm)

BP (mmHg)

RR (/min)

Temp (°F)

SpO2 (%)

O2 (L/min)

Pain (0-10)

Blood Sugar

Time Taken

## KEY LABS & RESULTS

Na

K

Cl

CO2

BUN

Cr

Glucose

Hgb

Hct

WBC

Plt

INR / PTT

Troponin

Other

## MEDICATIONS DUE THIS SHIFT

AM MEDICATIONS (TIME · DRUG · DOSE · ROUTE)

PM MEDICATIONS (TIME · DRUG · DOSE · ROUTE)

PRN MEDICATIONS (DRUG · DOSE · LAST GIVEN · REASON)

PROCEDURES / TESTS / IMAGING DUE

TASKS · WOUND CARE · DRESSING CHANGES

PENDING CONSULTS · REFERRALS · PT/OT/SW

## TOP 3 PRIORITIES THIS SHIFT

1

2

3

SHIFT NOTES · CONCERNS · HANDOFF POINTS