# DAILY REPORT SCHEDULE

| PATIENT NAME | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 7AM | 11AM | 3PM | 7PM | 7AM | 11AM | 3PM | 7PM | 7AM | 11AM | 3PM | 7PM | 7AM | 11AM | 3PM | 7PM |
| BP | | | | | | | | | | | | | | | | |
| HR | | | | | | | | | | | | | | | | |
| RR | | | | | | | | | | | | | | | | |
| O2 SAT | | | | | | | | | | | | | | | | |
| TEMP | | | | | | | | | | | | | | | | |
| GLU | | | | | | | | | | | | | | | | |
| PAIN | | | | | | | | | | | | | | | | |
| PAIN MEDS CHECKS | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N | ☐ D<br>☐ R<br>☐ N |
| MISC CHECKS | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ |

## PATIENT MEDICATION SCHEDULE

| PATIENT | 12AM | 3AM | 6AM | 9AM | 12PM | 3PM | 6PM | 9PM | 12AM | 3AM | 6AM | 9AM | 12PM | 3PM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |
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