

**THE VALLEY HOSPITAL**  
Daily Nurses' Notes

Date: \_\_\_\_\_

addressograph

	<b>2300 – 0700</b>	<b>0700 – 1500</b>	<b>1500 - 2300</b>
<b>CARDIOVASCULAR</b> 1. Heart Rate/Rhythm 2. Peripheral Pulses/Edema 3. Skin Color/Capillary Refill			
<b>RESPIRATORY</b> 1. Breath Sounds 2. Secretions 3. O <sub>2</sub> (Type)			
<b>GASTROINTESTINAL</b> 1. Description 2. Bowel Sounds 3. Stools: Characteristics			
<b>GENITOURINARY</b> 1. Urine: Characteristics 2. Foley 3. Discharge			
<b>NEUROLOGICAL</b> 1. Orientation/LOC 2. Perla 3. Paresthesia/Weakness			
<b>MUSCULOSKELETAL</b> 1. Mobility/ROM 2. Joint Swelling			
<b>HEENT</b> 1. Inflammation 2. Discharge 3. Mucous Membranes			
<b>INTEGUMENTARY</b> 1. Rash 2. Lesions 3. Pressure Ulcer 4. Turgor			
<b>PSYCHOSOCIAL NEEDS</b> 1. Level of Anxiety 2. Social Interactions			
<b>PAIN</b> (0–10) Comfort Goal____ Location, Description, Duration, Radiation, Provokes, Relief, Effect on Function <input type="checkbox"/> pain book given (new admit)			
<b>SIGNATURE:</b> Name of Agency (if applicable)			

If restraints in use, follow protocol. Patient education to be documented on interdisciplinary patient/family education form.

