

EMC ACUTE CARE SHIFT REPORT

Room #		Code Status:		Restraints: Vest SR/ x2 x4 5150:	
		Isolation:		Date: Time: Needs Renewal: ☐ Sitter ☐	
		Resident: Intern:			
		Team:		PRECAUTIONS: FALL / ASP / SZ /	
DX:				TESTS/ PROCEDURES: CT/ MRI/ Ultrasound	
ALLERGY:					
N:	PMH/PSH:	Diet/ NPO/ NPO p MN:		STATS/NEW ORDERS/MISCELLANEOUS:	
C:		PIV ☐ Central Line ☐		☐ Admit Orders	
R:		IVF:		☐ Monitored/Non-monitored/ICU	
GU:		MEDS PO:	MEDS IV:		
GI:					
Skin:	Psychosocial:		Blood products:		
DSG:					
Drains:					
Labs:	VITAL SIGNS/PAIN ASSESSMENT:	ACCU-CHECK:		Dentures, Belongings, Valuables (Make sure they go up with the patient.)	
	Intake/Output:				
Labs to be drawn/ Specimens to be collected:					

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