

MERCED COLLEGE

REGISTERED NURSING

Report Off Sheet

Student Name _____ Date _____

Team Leader _____ Client Name _____ Room _____

Diet _____ Meal 1 _____ % Meal 2 _____ %

Activity _____ Tolerated _____

Fingersticks _____

Dressing Changes _____

Meds Given/Charted _____

O₂ _____

Telemetry _____

Vital Signs _____

Bath _____ Oral Care _____ Positioning _____

ROM _____

Intake NG _____ mls Oral _____ mls Output NG _____ mls Urine/Foley _____

Other _____ mls

All forms returned to chart/TL _____

Other Comments _____

Student Contact # _____ Instructor Pager # _____

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January 4, 2008

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