

Merced College  
Vocational Nursing Program

**Patient Information - Short Form**

Student: \_\_\_\_\_ Dates of Care: \_\_\_\_\_  
Team Leader: \_\_\_\_\_ Doctor: \_\_\_\_\_  
Pt. Initials: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Pt. Allergies: \_\_\_\_\_

Admitting Diagnosis:

Pathophysiology:

Additional Diagnoses/Past History:

Reasons/Symptoms Causing Admission:

Current Medications - include medication sheet.

**Nursing Care: (include date ordered by each)**

Diet \_\_\_\_\_ Fluids \_\_\_\_\_ I & O \_\_\_\_\_ Foley \_\_\_\_\_

IV -- Type of Soln \_\_\_\_\_ Rate \_\_\_\_\_ Site \_\_\_\_\_

Additional info (Dsg, Cast/Traction, Neuro Checks, Code Status, etc.):

Code Status \_\_\_\_\_

Vital Signs - q \_\_\_\_\_ Activity \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_

Nursing assessments/interventions related to patient diagnosis:

Nursing Diagnosis	Short Term Goal	Intervention	Evaluation