

Merced College  
Report Off Sheet

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Room \_\_\_\_\_

Documented

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Breakfast              | <input type="checkbox"/> Lunch                    | <input type="checkbox"/> Tolerated                           |  |
| <input type="checkbox"/> <b>Fingersticks</b>    | <input type="checkbox"/> <b>Coverage</b>          | <input type="checkbox"/> <b>Dressing Changes</b>             | <input type="checkbox"/> <b>O<sub>2</sub> Sat</b>  |
| <input type="checkbox"/> <b>Vital Signs</b>     | <input type="checkbox"/> 0800                     | <input type="checkbox"/> 1200                                | <input type="checkbox"/> 1600                      |
| <input type="checkbox"/> <b>NG Residual</b>     | <input type="checkbox"/> 0800                     | <input type="checkbox"/> 1200                                | <input type="checkbox"/> 1600                      |
| <input type="checkbox"/> <b>Bath</b>            | <input type="checkbox"/> <b>Oral Care</b>         | <input type="checkbox"/> <b>Positioning</b>                  |  |
| <input type="checkbox"/> <b>NG Intake</b>       | <input type="checkbox"/> <b>Oral Intake</b>       | <input type="checkbox"/> <b>NG Output</b>                    | <input type="checkbox"/> <b>Output Urine/Foley</b> |
| <input type="checkbox"/> <b>IV Site Assess</b>  | <input type="checkbox"/> <b>IV Site D/C</b>       | <input type="checkbox"/> <b>IV Start</b>                     |  |
| <input type="checkbox"/> <b>Pain Assessment</b> | <input type="checkbox"/> <b>Pain Reassessment</b> | <input type="checkbox"/> <b>Sedation Reassessment (POSS)</b> |  |

Other Comments \_\_\_\_\_

White: Office  
Yellow: Student

Receiving Nurse's Signature: \_\_\_\_\_

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