**Nursing notes**

# [**Sample Nurses Notes**](http://donghoshen-studentnursescommunity.blogspot.com/2012/05/sample-nurses-notes.html)

**CHIEF OF COMPLAINTS: BODY MALAISE & RIGHT SIDE BODY WEAKNESS**

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| Date & time | Nurses notes |
| **12/14/2011 8:00AM** |   Received pt. lying on bed; awake    Responsive & coherent upon interaction |
|  |   c IVF no. 3 D5%NM 1L @ 25 gtts/min inserted@ right metacarpal vein |
|  |   c piggy back 500 cc @ 15cc/hr |
|  |   O2 nasal cannula @ 15 L/min    V/S taken as follows:    T- 37.5 P- 88 bpm R- 28 BP- 130/70mmhg |
| 9:30 AM |   Diet served ate just enough |
|  |   Morning care done |
|  |   Pt. escorted to radiology unit for x-ray |
| 9:50 AM |   X-ray done |
|  |   Pt. place on bed c side rails up |
|  |   Meds given |
| 10:25 AM |   Pt. assisted to ROM |
| 11:00 AM |   Seen & examined by Dr. dacudaw c orders carried out |
| 12:00 PM |   Diet served; ate in small amount |
| 1:00 PM |   Pt. brought to hospitals garden and assisted for ROM |
| 2:30 PM |   Hematoma noted on Lateral part of gluteal muscle |
|  |   Beddings are changed |
| 3:00 PM |   Health teachings given to significant others such as:  1.       Assist pt. in ROM as always  2.       Take medications on time as prescribed  3.       Always ask pt. for current date, time and place  4.       Turn pt. side  to side every hour to |
| 3:30 PM |   IVF consumed 300cc    Due meds given    V/S taken and recorded    I & O measured    Needs attended |
| 4:00 PM |   Endorsed to NOD for continuity of  care |
|  | Noguerra.,SN-II / Sinco.,RPh,RM,RN,MN / Salinas.,RN |
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**SAMPLE CHARTING**

**CHIEF OF COMPLAINTS: DYSPNEA, VOMITING**

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| Date & time | Nurses notes |
| 12/15/2011 4:00 PM |   Received pt. lying on bed; awake    Responsive & coherent upon interaction |
|  |   c IVF no. 2 D5%NaCl 1L @ 60 mcgtts/min inserted @ left cephalic vein |
|  |   02 via face mask @ 60 L/min |
|  |   Weak looking    V/S taken as follows:    T- 36.3 P- 92 bpm R- 18 cpm BP- 120/80mmhg |
|  |   PE Performed |
|  |   Lung sounds assessed c wheezing and crackles heard |
| 5:00 PM |   Vomitus collected in large amount 150cc |
|  |   Wheeled pt. to laboratory for dx test |
|  |   Vomitus collected in large amount 190cc |
| 6:00 PM |   Diet served ate just enough |
|  |   Meds given |
| 7:00 PM |   Seen & examined by dr. sy c orders carried out |
|  |   Bed care done |
| 8:00 PM |   O2 replaced via nasal cannula @ 75 L/min |
| 9:00 PM |   Vomitus collected in small amount 49cc    Health teaching given such as:  1.       Taught pt. the proper  hand washing  2.       Encouraged pt.  not to eat street foods  3.       Encouraged pt. to increased fluid intake  4.       Taught pt. the importance of utensils sterilization |
| 10:00 PM |   Vomiting not noted |
| 11:00 PM |   Due meds given |
|  |   V/S taken and recorded |
|  |   I & O measured    IVF consumed 320cc |
| 11:50 PM |   Needs attended |
| 12:00 PM |   Endorsed to NOD for continuity of care |
|  | Noguerra.,SN-II / Rom.,RN,MN / Ang.,RN |
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**BUTUAN DOCTORS COLLEGE**

                                                                            J.C Aquino Avenue, Butuan City

**SAMPLE CHARTING**

**CHIEF OF COMPLAINTS: Epigastric Pain**

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| Date & time | Nurses notes |
| 12/16/2011 8:00 AM |   Received pt. lying on bed: awake    Responsive & coherent upon interaction |
|  |   c IVF no. 1 PNSS 1L @ 25 gtts/min inserted @ left basilic vein |
|  |   weak & pale looking |
|  |   V/S taken as follows:    T- 35.5 P- 78 bpm R- 20 cpm BP- 130/60 |
| 9:00 AM |   Epigastric pain felt pt. stated pain scaled 9/10 |
|  |   Diet served ate just enough |
|  |   Meds given |
|  |   Morning care done |
| 10:00 AM |   Seen & examined by Dr. layese c orders carried out |
| 11:00 AM |   Health teachings given such as:  1.       Refrain from eating imported goods which manufacturer and expiration date is not indicated.  2.       Encourage pt. to eat well balance diet.  3.       Taught pt. the importance of early consultation to physician if unnecessary pain is felt. |
| 11:30 AM |   Diet served pt. did not ate |
| 12:00 PM |   Meds given |
| 1:30 PM |   Epigastric pain felt by pt. @ scale of 8/10 |
| 2:30 PM |   Pt. brought to laboratory for S/E |
| 3:00 PM |   Place pt. on bed |
| 3:50 PM |   V/S taken and recorded |
|  |   IVF consumed 600cc |
|  |   I &  O measured |
|  |   Needs attended |
| 4:00 PM |   Endorsed to NOD for continuity of care. |
|  | Noguerra.,SN-II / Aromin.,RN,MN / Escasio.,RN |
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**SAMPLE CHARTING**

**CHIEF OF COMPLAINTS: FEVER**

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| Date & time | Nurses notes |
| 12/ 17/2011 4:00 PM |   Received pt. lying on bed: awake    Responsive & coherent upon interaction |
| 5:00 PM |   c IVF no. 1 D5%NaCl 1L @ 60mcgtts/min inserted @ left metacarpal vein. |
|  |   Weak &  Pale looking |
|  |   V/S taken as follows:  T- 38.9 P- 89 bpm R- 26 BP- 130/90 mmhg    PE DONE |
| 6:00 PM |   TSB DONE |
|  |   Meds given |
|  |   Diet served ate in small amount |
| 6:50 PM |   Pt. brought to laboratory for CBC |
| 7:10 PM |   Seen & examine by Dr. Gonzalez c orders carried out. |
| 8:00 PM |   Elevated temperature monitored |
|  |   TSB DONE |
|  |   STAT meds given for fever |
| 9:00 PM |   Convulsion observed notified the attending physician. |
| 9:30 PM |   Temp. flow  down to 37.8 |
|  |   Vomitus  collected in large amount 100 cc |
| 10:13 PM |   Pts. IVF replaced c D5%NM 1L @ 40gtts/min inserted @ right cephalic vein |
|  |   Health teaching given such as:  1.       Consult physician when fever is more than 1 wk.  2.       Clean surroundings to eliminate mosquitoes.  3.       Increased fluid intake. |
| 11:00 PM |   Temp. down to 37.2 |
|  |   Pt. ate in small amount but more on liquids. |
| 11:30 PM |   No fever had been reported and noted. |
|  |   V/S taken and recorded accurately    Due meds given    I & O measured & recorded accurately.    Needs attended. |
| 12:00 PM |   Endorsed to NOD for continuity of care. |
|  | Noguerra.,SN-II / Besa.,RN,MN / Sue.,RN |
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**SAMPLE CHARTING**

**CHIEF OF COMPLAINTS: Fracture pain @ TIBIALIS**

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| Date & time | Nurses notes |
| 12/18/2011 8:00 AM |   Received pt. on O.R Arrival area    s IVF attached    responsive & coherent  upon interaction    weak & pale looking |
| 9:00 AM |   surgeon ordered for IVF |
|  |   c IVF no. 1 D5%NaCl 1L @ 30 gtts/min inserted @ left cephalic vein |
|  |   c O2 via nasal cannula @ 20 lpm |
| 10:00 AM |   start of incision |
|  |   Pt. breathing pattern is diminished |
|  |   Increased O2 saturation  was  ordered @ 60 lpm |
| 11:00 AM |   Bone alignment |
|  |   Pt. shows signs of distress during the operation. |
| 1:00 PM |   Closing area of incision. |
| 1:30 PM |   Pt. brought to recovery room for 2 hours monitoring. |
| 3:30 PM |   Pt. brought to his unit |
|  |   Health teachings given to significant others such as:  1.       Never leave pt. s assistants specially @ home  2.       Elevate extremities if pain occurs  3.       Assist pt. in performing ADL specially grooming  4.       Put side rails to pts. Bed for safety |
|  |   V/S rechecked & recorded |
|  |   IVF consumed 240 cc |
|  |   Needs attended |
| 4:00 PM |   Endorse to NOD  for continuity of care |
|  | Noguerra.,SN-II  / Suguitan.,RN,MN / Delos santos.,RN |
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