Sri Sathya Sai Palliative Care Center - Puttaparthi

**Nurses Notes,** Date: Patient ID:

| **Item** | **8AM to 2PM, Nurse:** | **2AM to 8PM, Nurse:** | **8PM to 8AM, Nurse:** |
| --- | --- | --- | --- |
| **Pain** | Site: Type: Score:Rx: |  | Site: Type: Score:Rx: |  | Site: Type: Score:Rx: |  |
| **Bowel** |  |  |  |
| **Bladder** |  |  |  |
| **Dyspnea** |  |  |  |
| **PPS%** |  |  |  |
| **Activity** |  |  |  |
| **Delirium** |  |  |  |
| **Oral Exam** |  |  |  |
| **Wound** |  |  |  |
| **Bed Sore** |  |  |  |
| **Sleep** |  |  |  |
| **Vomiting** |  |  |  |
| **Opioid Type** |  |  |  |
| **Rx Checking** |  |  |  |
| **Vitals** | **BP: PR: RR:****Temp: SPO2:** | **BP: PR: RR:****Temp: SPO2:** | **BP: PR: RR:****Temp: SPO2:** |