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:** | |