

# NURSE REPORT

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## NURSE REPORT

Prepared by: [Your Name]

### I. Patient Information

Name	Age	Medical Record Number	
Mary Johnson	68 years	MRN: 789012	

### II. Current Condition

#### A. Vital Signs

Vital signs stable: Temperature 36.8°C, Heart rate 75 bpm, Blood pressure 130/78 mmHg, Respiratory rate 16 breaths/min, Oxygen saturation 97% on room air.

#### B. Neurological Status

The individual was fully alert and demonstrated awareness of their own identity, location, and the current time. Upon examination, the pupils were found to be equal in size and responsive to light stimuli. There were no observed indications of confusion or disorientation.

#### C. Cardiovascular Status

The patient exhibits a regular heart rhythm, and good bilateral peripheral pulses are present. There is no evidence of peripheral edema in any of the extremities. Additionally, the patient's skin is warm to the touch and dry.

### III. Interventions

Time	Medication/Treatment	Dosage/Procedure	Response/Evaluation
0800	Acetaminophen	650 mg PO	Pain decreased from 6/10 to 2/10. Patient resting comfortably.

# Nurse To Nurse Report

**Adam Pros**



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