UCLA	Health AC	JTE CARE	SHIFT	REPORT
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Room #	1.151.1		Code Status:		Admission Date:	Weight:	
	MRN:		Advance d Directive:				
Patient Name:			Isolation:		ACTIVITY:	CCP:	
			Team:		THERAPY: PT OT RT ST		
			Intern:		Consultor Nutrition 🗆 Co	sinitural D Capital D	
	(Patient Label)		Resident:		Consults: Nutrition		
			Diet / NPO / NPO p MN:		Restraints: Vest SR/ x2 x4		
					Expire:		
					Date: Time:	Needs renewal	
ALLERGY:			TUBE FEEDS:		PRECAUTIONS: FALL / ASP / SZ FALL RISK SCORE:		
N:		DX/PMH/PSH:	Restrictions:		BED ALARM: ON OFF		
					REASON OFF:		
C:			Dialysis access:		TESTS/PROCEDURES:		
R:			HD days: M T W Th F S Su Fluid removed:				
			PIV 🗌	Central Line	STATS/NEW ORDERS/MISO	CELLANEOUS:	
GU:			IVF:				
GI:			MEDS PO:	MEDS IV:			
Skin:							
OKIII.		Family Assessment: "What is the most	<u> </u> -				
DSG:		important thing I can do for you?"					
DRAINS:		VITAL SIGNS/PAIN ASSESSMENT:	-				
Labs:			VA COINES:		Disabassa Diamat Ossa /Famat	ad alaka af dia ahaana (MAD alam af	
			VACCINES:		Discharge Plan of Care/Expecte care:	ed date of discharge/MD plan of	
			PNEUMOCOCCAL FLU		Teaching: CHF Smoking Stroke Stroke		
	/ Specimens to be		ACCU-CHECK:		MI Other		
collected:		Intake/Output:			Nursing Plan of Care: Initiated	☐ Updated ☐ New ☐	
Room #			Code Status:		Admission Date:	Weight:	
MRN: Patient Name:			Advance d Directive: Isolation:				
					ACTIVITY:	CCP:	
			Team:		THERAPY: PT O	T RT ST	
			Intern:		Consults: Nutrition S	piritual 🔲 Social 🗌	
(Patient Label) ALLERGY:		(Patient Label)	Resident: Diet / NPO / NPO p MN:		Other Restraints: Vest SR/ x2 x4		
					Expire: Date: Time:	Needs renewal	
			TUBE FEEDS:		PRECAUTIONS: FALL / ASP / SZ		
					FALL RISK SCORE:		
N:		DX/PMH/PSH:	Restrictions:		BED ALARM: ON OFF		
C:			Dialysis access:		REASON OFF: TESTS/PROCEDURES:		
			HD days: M T W Th F S Su				
R:			Fluid removed:		OTATOMEN OPPEROME	NELL ANEQUIO	
GU:					STATS/NEW ORDERS/MISO	SELLANEOUS:	
GI:			IVF:	MEDO NA			
			MEDS PO:	MEDS IV:			
Skin:		Family Assessment: "What is the most					
DSG:		important thing I can do for you?"					
DRAINS:		VITAL SIGNS/PAIN ASSESSMENT:	-				
Labs:			VACCINES		Discharge Blog of Care /5:	ad data of disaberre (MID with the	
			VACCINES:		Discharge Plan of Care/Expecte care:	eu date of discharge/MD plan of	
			PNEUMOCOCCAL	FLU 🗆	Teaching: CHF Smokir	ng Stroke	
Labs to be drawn/ Specimens to be		ACCU-CHECK:		MI Other			
collected:]		Nursing Plan of Care: Initiated		
		Intake/Output:			Nursing Plan of Care: Initiated	☐ Updated ☐ New ☐	

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