



SIMCHART® QUICK GUIDES

Chart Notes for Clinical

Rev. 6/13

WE'RE READY TO HELP!

For customer support, please call us at **1-800-222-9570** or visit our online technical support center at evolvesupport.elsevier.com to access self-service options or chat with a live representative.

Chart Notes for Clinical

Clinical Date: _____ Student Name: _____

Patient Identifier 1: _____ Patient Identifier 2: _____ Hospital Floor: _____ Gender: _____ Age: _____

Admitting date and diagnosis, events leading to hospitalization, what has happened since hospitalization:		
Past Medical History:		
Quick Reference Information		
Diet:	Blood Glucose: Before Meals: Bedtime: Other:	Intake/Output Total Last 24 Hours: Intake in mL: Intake estimate: % am tray: % noon tray: % evening tray: Output: Voided measured: Voided unmeasured: Trend:
Activity:	Code Status:	Vital Signs Last 24 Hours: Trend:



Oxygen Therapy:	Cardiac Monitor:	Height:	
Respiratory Treatment:		Weight:	
Allergies:			
Medications			
Routine Medications:	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Name:	Route:	Dose:
PRN Medications:	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Reason for medication:		
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Reason for medication:		
	Name:	Route:	Dose:



	Frequency:	Start Date:	Stop Date:
	Reason for medication:		
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
Stat Medications:	Reason for medication:		
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Reason for medication:		
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Reason for medication:		
	Name:	Route:	Dose:
	Frequency:	Start date:	Stop date:
	Reason for medication:		
	Name:	Route:	Dose:
	Frequency:	Start Date:	Stop Date:
	Reason for medication:		
Large Volume Intravenous Medications	Name:	Route:	Location:
	Rate:	Start Date:	Stop Date:
	Name:	Route:	Location:
	Rate:	Start Date:	Stop Date:
	Name:	Route:	Location:
	Rate:	Start Date:	Stop Date:
	Name:	Route:	Location:
	Rate:	Start Date:	Stop Date:
	Name:	Route:	Location:
	Rate:	Start Date:	Stop Date:



	Rate:	Start Date:	Stop Date:
Procedures			
Procedures to be done this shift (e.g., IVs, Wound/Tube Care; Nasogastric, Foley Catheter, Jackson-Pratt, Penrose, G-tube feeding):			
Previous Laboratory and Diagnostic Test Results:			
Labs to be done this shift:			
Significant Assessment Findings			
Cardiovascular:			
Respiratory:			
Neurological:			
Integumentary:			
Sensory:			
Musculoskeletal:			
Gastrointestinal/Genitourinary:			



Pain:
Psychosocial:
Safety:
Special Precautions/Isolation:
Basic Nursing Care:
Braden Scale:
Morse Fall Scale:
Other:
Patient Care
New Orders:
Care Plans:



Patient Education this Shift/Needs:
Discharge Plans:
SBAR Report Situation: Background: Assessment: Recommendation:
Other Patient Notes:

