**NURSING REPORT SHEET**

**[Hospital Name]**

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| --- | --- | --- | --- |
| Nurse Name: |  | Nurse ID: |  |

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| **NAME** | **MONDAY** | | | **TUESDAY** | | | **WEDNESDAY** | | | | **THURSDAY** | | | | **FRIDAY** | | | | **SATURDAY** | | | |
| **Dept.** | **Shift** | **Hrs.** | **Dept.** | **Shift** | **Hrs.** | **Dept.** | **Shift** | **Hrs.** | **Dept.** | | **Shift** | **Hrs.** | **Dept.** | | **Shift** | **Hrs.** | **Dept.** | | **Shift** | **Hrs.** |
| April | **PICU** | 7 - 9 | 2 | **NICU** | 7 - 8 | 1 | **GW** | 7 - 8 | 1 | **ICU** | | 6 - 8 | 2 | **ICU** | | 7 - 9 | 2 | **ICU** | | 7 - 9 | 2 |
| **ICU** | 9 - 3 | 6 | **PICU** | 9 - 1 | 4 | **NICU** | 9 -2 | 5 | **PICU** | | 9 - 2 | 5 | **GW** | | 8 - 1 | 5 | **GW** | | 8 - 1 | 5 |
| Elise | **NICU** | 9 - 1 | 4 | **GW** | 9 - 2 | 5 | **ICU** | 9 - 2 | 6 | **NICU** | | 8 - 1 | 5 | **NICU** | | 9 - 1 | 4 | **NICU** | | 9 - 2 | 5 |
| **GW** | 2 - 5 | 3 | **ICU** | 2 - 5 | 3 | **PICU** | 4 - 7 | 3 | **GW** | | 5 - 8 | 3 | **PICU** | | 6 - 9 | 3 | **PICU** | | 4 - 8 | 4 |
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