



Clinical Mastery Brain Sheet

nclexmastery.com

Patient initials: _____ Room: _____ Date: _____

Age: _____ M F Admit Date: _____

Diag: _____

Code: Full DNR DNI

Precautions: Skin Fall Seizure Bleeding Infection Repos-Q2hr

Allergies (rx) _____

Activity _____ Foley _____

IV _____ O₂ _____

Drains _____ Diet _____

Vitals ⌚ _____ ⌚ _____

HR _____

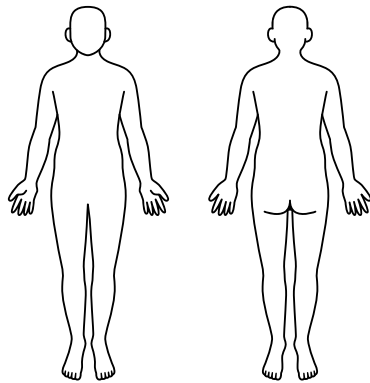
RR _____

BP _____

Temp _____

O₂ _____

Pain _____



Assessments (Q4hrs min)

Neuro/LOC _____

Lungs _____

Cardiac _____

GI/GU _____

Skin _____

Focused _____

Medications

_____ ⌚ _____

_____ ⌚ _____

_____ ⌚ _____

_____ ⌚ _____

_____ ⌚ _____

_____ ⌚ _____

Interventions

_____ ⌚ _____

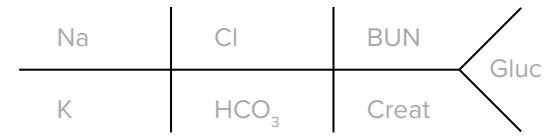
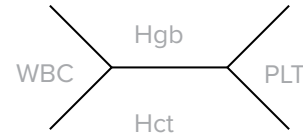
_____ ⌚ _____

_____ ⌚ _____

_____ ⌚ _____

_____ ⌚ _____

Labs



Test Results _____

Report

