



NURSE SUPERVISOR'S DAILY REPORT
 (Attendance and Daily Census)

ATTENDANCE

Date:	Present					Absent					
	Station/ Ward/ Unit	Head Nurse	Staff Nurse	Midwife/ NA	Others	Remarks	Head Nurse	Staff Nurse	Midwife/ NA	Others	Remarks
6am - 2pm Shift	Station A										
	Station B										
	Station C										
	Station E										
	Isolation Ward										
	ICU/ PICU										
	NICU										
	ER										
	Transitory										
	OR										
	DR/HRPU										
HDU											
Nurse Supervisor's Signature over Printed Name											
2pm - 10 pm Shift	Station A										
	Station B										
	Station C										
	Station E										
	Isolation Ward										
	ICU/ PICU										
	NICU										
	ER										
	Transitory										
	OR										
	DR										
HDU											
Nurse Supervisor's Signature over Printed Name											
10pm - 6am Shift	Station A										
	Station B										
	Station C										
	Station E										
	Isolation Ward										
	ICU/ PICU										
	NICU										
	ER										
	Transitory										
	OR										
	DR										
HDU											
Nurse Supervisor's Signature over Printed Name											

	St. A	St. B	St. C	St. E	Isolation	TOTAL
Mechanical Ventilator						
CPAP						
High Flow						
Incubator						

Patients on:	ICU	PICU	NICU	ER	DR / HRP	TOTAL
Mechanical Ventilator						
CPAP						
High Flow						
Incubator						

Number of OR Cases	6am-2pm Shift	_____
	2pm-10pm Shift	_____
	10pm-6am Shift	_____

Number of DR Cases	6am-2pm Shift	_____
	2pm-10pm Shift	_____
	10pm-6am Shift	_____

ER CONSULTATION (24 HOURS): _____

Date: _____

Prepared by:

Nurse Supervisor's Signature over Printed Name

Noted by:

Chief Nurse