



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

<b>ATTENDANCE</b>										
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										
SCU/ PICU										
NICU										
ER										
OR										
DR										
COVID-19 Ward										
						Nurse Supervisor's Signature over Printed Name				
2pm-10pm Shift										
Station A										
Station B										
Station C										
Station E										
Isolation Ward										
SCU/ PICU										
NICU										
ER										
OR										
DR										
COVID-19 Ward										
						Nurse Supervisor's Signature over Printed Name				
10pm-6am Shift										
Station A										
Station B										
Station C										
Station E										
Isolation Ward										
SCU/ PICU										
NICU										
ER										
OR										
DR										
COVID-19 Ward										
						Nurse Supervisor's Signature over Printed Name				

<b>Patients on:</b>	<b>St. A</b>	<b>St. B</b>	<b>St. C</b>	<b>St. E</b>	<b>Isolation</b>	<b>TOTAL</b>
Mechanical Ventilator						
CPAP						
High Flow						
Incubator						

<b>Patients on:</b>	<b>ICU</b>	<b>PICU</b>	<b>NICU</b>	<b>ER</b>	<b>DR / HRP</b>	<b>TOTAL</b>
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