



Documentation Sample Package

This package contains examples of chart templates that are most frequently used in the Inspire Simulation Lab Assessment (SLA) for the LPN, RN and RPN professional assessments. You may not necessarily see all of these during your SLA. You may also see other resources and documentation forms.

Medication Administration Record (MAR)

LAST NAME, Client
1990/MM/DD

35

Personal Health Number: 00000 000 000
Chart Number: LV00000

Allergies

[Allergies listed here]

Scheduled medications

Medications	Scheduled Time	0600	1000	1400	1800	2200
		DATE				
Medication name (Brand) dose route BID Prescriber: Dr. ----- Start Date: YYYY/MM/DD	0600 <i>Initials</i>				1800	
Medication name (Brand) dose route daily Prescriber: Dr. ----- Start Date: YYYY/MM/DD			1000			

LAST NAME, Client 35
 1990/MM/DD
 Personal Health Number: 00000 000 000
 Chart Number: LV00000

Medication Administration Record (MAR)

Allergies

[Allergies listed here]

This MAR is for

DATE

PRN Medications

Medication	Time, dose administered, and initials					
Medication name (Brand) dose route PRN Prescriber: Dr. ----- Start Date: YYYY/MM/DD	0700 5 mg <i>Initials</i>					
Medication name (Brand) dose route PRN Prescriber: Dr. ----- Start Date: YYYY/MM/DD						
Medication name (Brand) dose route PRN Prescriber: Dr. ----- Start Date: YYYY/MM/DD						

Vital Signs Record

DATE:		YYYY MM/DD	YYYY MM/DD	YYYY MM/DD							
TIME:		0800	1000	1200							
T E M P E R A T U R E	ORAL ●	40								40	
		39								39	
	RECTAL ○	38	●	●	●						38
		37									37
	AXILLA X	36									36
B L O O D P R E S S U R E & P U L S E	SYSTOLIC Lying ∨ Standing X Sitting ○	230									230
		220									220
		210									210
		200									200
		190									190
		180									180
		170									170
		160									160
		150									150
		140									140
		130									130
		120									120
	110		∨		∨						110
	100										100
	90		∧	∧	∧						90
	80										80
	70		●	●	●						70
	60										60
	50										50
	40										40
	BP LOCATION - RA, LA		RA	RA	RA						
PULSE LOCATION - A, R		R	R	R							
PULSE RHYTHM - R, IR		R	R	R							
RESPIRATION RATE		16	17	18							
O ₂ SATURATION		99	99	98							
O ₂ RA / L/min / %		RA	RA	RA							
O ₂ MODALITY											
O ₂ SAT ACTIVITY											
WEIGHT kg		80									
INITIALS		LL	LL	LL							

Fluid Balance Record

Date: YYYY/MM/DD								
Time	Type of solution	Initials	INTAKE			OUTPUT		
			P.O.	I.V.	Amount	Urine	Stool	Amount
0000						X		150 mL
0600	Water	L.L.	X		100 mL			
			Total:				Total:	

General Surgery Postop Pre-Printed Order Set

LAST NAME, Client
1990/MM/DD

35

Personal Health Number: 00000 000 000
Chart Number: LV00000

Allergies

[Allergies listed here]

DIET

General Progressive NPO Other: _____

ACTIVITY

As tolerated Falls risk Bed rest Other: _____

MONITORING

Other: _____

OXYGEN THERAPY

LABORATORY

RADIOLOGY

INTRAVENOUS THERAPY AND HYDRATION

Other: _____

MEDICATIONS

Medication name (Brand) dose route frequency
 Medication name (Brand) dose route frequency

TREATMENTS

OTHER

Prescriber's signature

Date

Time

LAST NAME, Client
1990/MM/DD 35

Personal Health Number: 00000 000 000
Chart Number: IV00000

Orders and Directives

Allergies		
[Allergies listed here]		
Date	Time	Orders and Signature
YYYY MM/DD	2200	[Insert note here] ----- Signature

Interprofessional Progress Notes

Date	Time	Profession	Notes
YYYY MM/DD	0730	Nursing	[Insert note here] ----- <i>Signature</i>
YYYY MM/DD	0830	Nursing	[Insert note here] ----- <i>Signature</i>
YYYY MM/DD	0930	Nursing	[Insert note here] ----- <i>Signature</i>

LAST NAME, Client
1990/MM/DD 35

Personal Health Number: 00000 000 000
Chart Number: LV00000

History and Physical

Date	Time	Notes
YYYY MM/DD	0730	[Insert note here] ----- <i>Signature</i>
YYYY MM/DD	0830	[Insert note here] ----- <i>Signature</i>

Lab Results

Sample(s) Collected (Date & Time):	YYYY/MM/DD 0900		
Report Print (Date & Time):	YYYY/MM/DD 1800		
Test Speed (Routine/Urgent/Stat):	Routine		
Sample Source:	Venipuncture		
Lab Test	Result	Flags	Reference Range
HEMATOLOGY =====			
Hemoglobin (HGB)			Female 115 - 155 g/L Male 125 - 170 g/L
Red blood cell (RBC)			Female 3.5 - 5.0 x 10 ¹² /L Male 4.0 - 5.5 x 10 ¹² /L
Hematocrit (HCT)			0.38-0.50 L/L
White blood cell (WBC)			3.5 - 10.5 x 10 ⁹ /L
Platelet			130 - 380 x 10 ⁹ /L
Neutrophils (%)			2 - 7.5 x 10 ⁹ /L
Band forms (%)			< 0.70 x 10 ⁹ /L
Basophils (%)			< 0.10 x 10 ⁹ /L
Eosinophils (%)			< 0.5 x 10 ⁹ /L
Lymphocytes (%)			Female 0.8 - 3.3 x 10 ⁹ /L Male 0.8 - 3.5 x 10 ⁹ /L
Monocytes (%)			0.1 - 1.0 x 10 ⁹ /L
MCV			80-100 fL
RDW			11.5-15.0%
RBC morphology			normochromic
COAGULATION =====			
Bleeding time (IVY)			1- 9 min
International normalized ratio (INR)			0.9 - 1.2
Platelet count (Thrombocytes)			130 - 380 x 10 ⁹ /L
Prothrombin time (PT)			10 - 14 sec
Partial thromboplastin time (PTT)			22 - 30 sec
Thrombin time			14 - 16 sec
RENAL FUNCTION =====			
eGFR			> 60 mL/min/1.73 m ²
Albumin			34 - 50 g/L
Creatinine			Female 22 - 75 µmol/L Male 49 - 93 µmol/L
Urine albumin to creatinine ratio (ACR)			≤ 2.0 g/mol Cr
Urea nitrogen (BUN)			2.1 - 8 mmol/L
Ferritin			Female 9-307 µg/L Male 24-336 µg/L
Iron saturation			0.20 - 0.50
Glucose (random)			4-6 mmol/L
Hemoglobin A1C (HgbA1C)			< 4.8 - 6%
Calcium (total)			2.12 - 2.52 mmol/L
Calcium (ionized)			1.14 - 1.28 mmol/L
Phosphate			0.81 - 1.58 mmol/L
Potassium			3.5 - 5.1 mmol/L
Sodium			136 - 146 mmol/L
Intact parathyroid hormone (iPTH)			1.6 - 9.3 pmol/L
===== END OF RESULTS =====			

Glasgow Coma Scale (GCS)

Date of assessment: _____ Time: _____ Initials: _____

Factors	Criterion	Points
Eye opening	Open before stimulus	4
	After spoken or shouted request	3
	After finger tip stimulus	2
	No opening at any time, no interfering factor	1
Verbal response	Correctly gives name, place, and date	5
	Not oriented but communicates coherently	4
	Intelligible single words	3
	Only moans / groans	2
	No audible response, no interfering factor	1
Best motor response	Obeys 2-part request	6
	Brings hand above clavicle to stimulus on head or neck	5
	Bends arm at elbow rapidly but not predominantly abnormal	4
	Bends arm at elbow, features clearly predominantly abnormal	3
	Extends arm at elbow	2
	No movement in arms/legs, no interfering factor	1
SCORE		

Blood Sugar Log

Date	Time	Blood Sugar Reading	Name and initial	Comments
YYYY MM/DD	1200	_____ mmol/L		
YYYY MM/DD	1700	_____ mmol/L		