DAILY CENSUS REPORT

FOR THE 24-HOUR PERIOD ENDING 11:59 P.M.

DAY OF WEEK | DATE

NURSING UNIT _____

I. BED CENSUS

1. BEDS SET UP _____
2. ASSIGNED BEDS _____
3. UNASSIGNED BEDS _____

II. CLASSIFICATION BY SERVICE

SERVICE RESPONSIBLE FOR PATIENT	REMAINING AT 11:59 P.M. PRECEDING DAY	ENTRIES TO SERVICE			DEPARTURES FROM SERVICE				REMAINING AT 11:59 P.M.	ABSENT ON LEAVE
		ADMISSIONS	TRANSFERS		DEATHS	OTHER DIS-CHARGES	TRANSFERS			
			IN FROM OTHER SERVICE	IN FROM SAME SERVICE			OUT TO OTHER SERVICE	OUT TO SAME SERVICE		
A	B	C	D	E	F	G	H	I	J	K
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9. TOTAL										

III. ENTRIES

SERVICE	NAME		BENEF.
	ADMISSIONS TO HOSPITAL		
	TRANSFERS IN (FROM OTHER SERVICE)	FROM UNIT	
	TRANSFERS IN (FROM SAME SERVICE)		

IV. DEPARTURES

SERVICE	NAME		BENEF.
	DEATHS		
	OTHER DISCHARGES FROM HOSPITAL		
	TRANSFERS OUT (TO OTHER SERVICE)	TO UNIT	
	TRANSFERS OUT (TO SAME SERVICE)		

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