

# Daily cases report

Student name _____	Student ID: _____	Semester (level): _____
Date: _____ Time: _____		
LOCATION/DEPARTMENT (ED OR REC ROOM ICU / CCU FIELD / SRCA )		

## Case 1

Time : .....

Chief compliant	Main interventions	Main diagnosis	Main results	HR	
				RR	
				GCS	
				BP	
				SpO <sub>2</sub>	

## Case 2

Time : .....

Chief compliant	Main interventions	Main diagnosis	Main results	HR	
				RR	
				GCS	
				BP	
				SpO <sub>2</sub>	

## Case 3

Time : .....

Chief compliant	Main interventions	Main diagnosis	Main results	HR	
				RR	
				GCS	
				BP	
				SpO <sub>2</sub>	

Preceptor comment:

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Preceptor name \_\_\_\_\_

Preceptor signature \_\_\_\_\_