NURSING UNIT 24 HOUR REPORT - CONTINUATION SHEET
For use of this form, see AR 40-3; the proponent agency is the Office of The Surgeon General.

WARD/UNIT	DATE

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE

PATIENT'S IDENTIFICATION	DAY	EVENING	NIGHT

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE

PATIENT'S IDENTIFICATION	DAY	EVENING	NIGHT

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE

PATIENT'S IDENTIFICATION	DAY	EVENING	NIGHT

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE

PATIENT'S IDENTIFICATION	DAY	EVENING	NIGHT

DA FORM 3889-1, APR 2009   PREVIOUS EDITIONS ARE OBSOLETE   APD LC v1.00

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE	
PATIENT'S IDENTIFICATION	DAY		EVENING	NIGHT

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE	
PATIENT'S IDENTIFICATION	DAY		EVENING	NIGHT

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE	
PATIENT'S IDENTIFICATION	DAY		EVENING	NIGHT

Check one ☐ SI ☐ VSI ☐ NEW ADM	HOSPITAL DAY	POST-OP DAY	DIAGNOSIS/SURGICAL PROCEDURE	
PATIENT'S IDENTIFICATION	DAY		EVENING	NIGHT

REVERSE OF DA FORM 3889-1, APR 2009