

Room:	Name:	Age/Sex:	Admit:		
Code:	Allergies:	Isolation:			
Attending:		Consults:			
Diagnosis:		PMH:			
Na: K: Ca: Mg: Ph: Cl: Glu: CO2:	RBC: WBC: Hgb: Hct: Platelets: INR: PTT: BUN: Creat:	Meds:			
Diagnostics:		IV:	Fluids:		
Vitals: T: P: R: BP: O2:		<u>Intake</u>	<u>Output</u>		
Neuro:	Neuro/CIWA	Cardio/Tele:	Pain Assess:	Pain Reassess:	Blood Sugar:
Resp:	Lungs/O2	DVT Prophylaxis:			
GI: Diet: Last BM:		Skin:	Edema:	Notes:	
GU:			Mobility:		

Assessment
Reassessment

Education
Treatments

IV's/Lines
Skin

Care plan review
Nursing goals

I&O's
General care

Chart check
Sign off