

Name: _____ Age: ____ y/o M / F Admitted: _____		Diagnosis: _____ Allergies: _____ Isolation: _____		Consults: _____		Room #: _____ Attending: _____ Code Status: _____			
Situation:				PMH: DM / CHF / HTN / CAD / HLD / PVD / COPD / CKD / Hypothyroid / Smoker / ETOH / Drug Abuse / Psych / CVA / Dementia / _____					
Tests:		Pain:		IV: _____ Date: _____ Central: _____		IVF: NS / ____ @ ____ Drips: Abx / Hep / Dilt TPN / Blood		Accu✓: AC/HS / Q __ B _____ D _____ L _____ HS _____	
Neuro		Cardiac		Resp		GI & GU		Skin:	
A&O x __ / Confused Activity: _____ Neuro✓: Q __ Notes: _____		Rhythm: _____ Edema: _____ Pulses: _____ Notes: _____		O2: __L / RA Sounds: _____ CPAP / BIPAP / Nebs Notes: _____		Diet: ____ BM: ____ Diarrhea / Incontinent Voiding / Foley Notes: _____		Labs:	
Plan:									

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