S

Admit date
1 Dx
2 Dx
C/O
Language: Age:_____ M/F

Allergies

Code status
Full
DNR
DNI

B

History

Isolation /Protocols CP
Contact VRE/MRSA
Airborne
Falls Risk Restraints

A

Cardiac:
Peripheral pulses
Edema
Heart sounds
Current rhythm
VTE prophylaxis (by 0000)
HEP SCD's CP
BP
HR

Pain/sedation
Pain scale
Location
Meds type and last dose
PCA
Base_____
Bolus____
Dose_____

Pulmonary: Tx: q____
RR
SpO2

Accu checks
Frequency
Last Results

TEMP

Diet CP

GI
NG/PEG
BS
Last BM

Skin CP
Wounds
Drainage
Drains
Location
Ducub I II III IV US Photo Date_____

GU Foley/void
Output

Psych Social CP

IV HL PICC/CENTRAL (by 0500)
Date inserted_____

Musc/Skel

Mobility CP

Fluids Gtts

Na	Cl	Bun	gluc	mg	BNP
K	Co	Cr	Ca	Phos	DDimer

PT
PTT
INR
Hct
WBC Pl
Hgb
UA CP
Stool
Cultures
CT
CXR
MRI
Echo
ERCP

Next labs/Procedures/Blood
CBC BNP
Consent/Attestation?

R

DC Plan.

Shift goals CP
VS q_____ I/0_____ (Foley/hat)
Daily wt_____

	Meds/procedures		Pain
1900			
2000			
2100			
2200			
2300			
0000			
0100			
0200			
0300			
0400			
0500			
0600			
0700			