Rm: _____ Name _____ CODE: _____ DONE:___

		In	**Out**	**VS**		
				Med		
				Mar		
				IV		
				Post		
				Pt.		
				Strip		
Labs _____				**Tape**		

		IV Fluids	**Re-check**
___	___	NaCl _____	
___	___	Hep _____	
___	___	NTG _____	
___	___		
___	___		

Protocols	**Time**	**Value**	**Replace**	**Re-check**		**MAR Times**		**Glucs ____**		
K+								0700		
Mg								1200		
Heparin								1700		
_____								NOC		
_____								_____		

Rm: _____ Name _____ CODE: _____ DONE:___

		In	**Out**	**VS**		
				Med		
				Mar		
				IV		
				Post		
				Pt.		
				Strip		
Labs _____				**Tape**		

		IV Fluids	**Re-check**
___	___	NaCl _____	
___	___	Hep _____	
___	___	NTG _____	
___	___		
___	___		

Protocols	**Time**	**Value**	**Replace**	**Re-check**		**MAR Times**		**Glucs ____**		
K+								0700		
Mg								1200		
Heparin								1700		
_____								NOC		
_____								_____		