

RM#	Name:	Age:	MD	IV # / @	cc/HR	NG JP G Tube Trach CT	Meds/Notes
Admit Date/DX:		PMH:					
Cardio	Tele 0700 1500	Neuro AAOx	FC	PERRLA	Labs/TX/Test		
RESP	O2	V/S	FSBS				
GI BS	Last BM	DIET	Skin/Wound				
GU VOO	FOLEY	Activity:					

RM#	Name:	Age:	MD	IV # / @	cc/HR	NG JP G Tube Trach CT	Meds/Notes
Admit Date/DX:		PMH:					
Cardio	Tele 0700 1500	Neuro AAO x MAE	FC	PERRLA	Labs/TX/Test		
RESP	O2	V/S	FSBS				
GI BS- quads	Last BM	DIET	Skin/Wound				
GU VOO	FOLEY	Activity:					

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GI BS quads	Last BM	DIET	Skin/Wound				
GU VOO	FOLEY	Activity:					

AIDET, 3 P's Consult → Wound, Dietary, PT, RT, Palliative

0700/0800
0900/1000
1100/1200
1300/1400
1500/1600
1700/1800

	0800	1200	1600	HX
Temp				
HR				
RR				
O2				
BP				

Pain

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AIDET, 3 P's Consult → Wound, Dietary, PT, RT, Palliative

0700/0800
0900/1000
1100/1200
1300/1400
1500/1600
1700/1800

	0800	1200	1600	HX
Temp				
HR				
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O2				
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Pain				

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Temp				
HR				
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BP				

Pain

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AIDET, 3 P's Consult → Wound, Dietary, PT, RT, Palliative

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O2				
BP				
Pain				