Date:

	0700/1900	0800/2000	0900/2100	1000/2200	1100/2300	1200/2400	1300/0100	1400/0200	1500/0300	1600/0400	1700/0500	1800/0600
Room #: Name: MRN: Age: DOB: Sex:												

Diagnosis:		☐ Safety ☐ Tubing ☐ Bath ☐ Oral	PRN Meds
Code Status:	**Weight (kg):**	Diet	
Allergies:		IVF/Access	End-of-Shift: ☐ Assessment ☐ I&O ☐ Care Plan ☐ Education

	0700/1900	0800/2000	0900/2100	1000/2200	1100/2300	1200/2400	1300/0100	1400/0200	1500/0300	1600/0400	1700/0500	1800/0600
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	0700/1900	0800/2000	0900/2100	1000/2200	1100/2300	1200/2400	1300/0100	1400/0200	1500/0300	1600/0400	1700/0500	1800/0600
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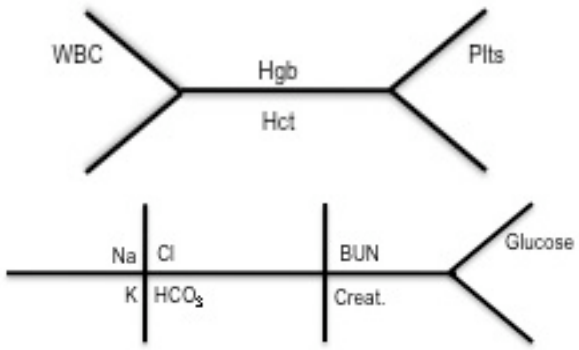
Code Status:	**Weight (kg):**	Diet	
Allergies:		IVF/Access	End-of-Shift: ☐ Assessment ☐ I&O ☐ Care Plan ☐ Education

Room #/Client:



RBC ANC
Protein Albumin
PT/INR aPTT
Urine Dip
Drug Levels
Other

S

B

Neuro:

CV:

Resp:

A

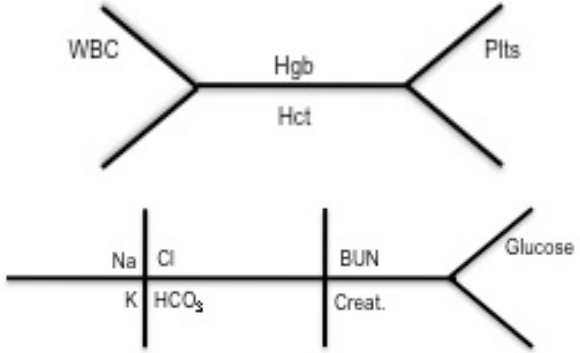
GI/GU:

Skin:

Musculo:

R

Room #/Client:



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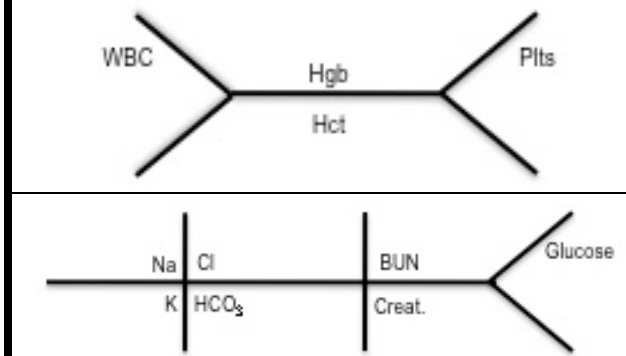

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