

|               |  |  |  |   |             |      |
|---------------|--|--|--|---|-------------|------|
| S             | Room                                       | Name   | Age                                      | Code Status   | MD          | Hour |
|               | DX   | Diet/Supervision:<br>Swallow Precautions Y [ ] N [ ] |  | Fall Risk / Safety<br>HX of Falls Y [ ] N [ ]<br>Sitter/Other Y [ ] N [ ] |             |      |
| B             | Past Med Hx                                | Allergies  | Surgery                                  | Glucose Checks  |             |      |
| A             | Assessment / Significant Changes           |  |  | Labs  | Vital Signs |      |
|               | Neuro                                      |  |  | INR   | I:          | O:   |
|               | Pulm                                       |  |  | IV  |             |      |
|               | C/V  |  |  | NG/GT   |             |      |
|               | G/I LBM                                    |  |  |   | P           | P    |
|               | G/U  |  |  |   | R           | R    |
|               | M/S  |  |  |   | BP /        | BP / |
| Mobility / Tx |  |  |  | Sat   | Sat         |      |
| Skin          |  |  | FIM Done                                 | Pain  | Pain        |      |
| R             | Plan of care, goals, Doc Follow up needed: |  | Interventions (pain, function, behavior) |   | T           | T    |

|               |  |  |  |   |             |      |
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| B             | Past Med Hx                                | Allergies  | Surgery                                  | Glucose Checks  |             |      |
| A             | Assessment / Significant Changes           |  |  | Labs  | Vital Signs |      |
|               | Neuro                                      |  |  | INR   | I:          | O:   |
|               | Pulm                                       |  |  | IV  |             |      |
|               | C/V  |  |  | NG/GT   |             |      |
|               | G/I LBM                                    |  |  |   | P           | P    |
|               | G/U  |  |  |   | R           | R    |
|               | M/S  |  |  |   | BP /        | BP / |
| Mobility / Tx |  |  |  | Sat   | Sat         |      |
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|               | Pulm                                       |  |  | IV  |             |      |
|               | C/V  |  |  | NG/GT   |             |      |
|               | G/I LBM                                    |  |  |   | P           | P    |
|               | G/U  |  |  |   | R           | R    |
|               | M/S  |  |  |   | BP /        | BP / |
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|               | Neuro                                      |  |  | INR   | I:          | O:   |
|               | Pulm                                       |  |  | IV  |             |      |
|               | C/V  |  |  | NG/GT   |             |      |
|               | G/I LBM                                    |  |  |   | P           | P    |
|               | G/U  |  |  |   | R           | R    |
|               | M/S  |  |  |   | BP /        | BP / |
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