Rm: _____ **Pt. Name:** _____ **Age/ Sex:** _____ **Team:** _____

Code:	**Iso/ Precaution:**	**Allergies:**	**Diet:**

Dx/Problems: **Chief complaint:**	**Pain:**

PMH/ PSH:

Neuro: **Cardiac/ Tele:**	**Respiratory:** **Mechanical Vent:** R:_____ TV:_____ FIO2:_____ PEEP:_____
Musculoskeletal:	**Skin:**

GI:	**GU:**	**Drains/tubes:**

Access:

Meds:

0800	1200	1600	***PRN:***
0900	1300	1700	
1000	1400	1800	
1100	1500	1900	

FS:

0500 _____

1100 _____

1700 _____

S/P:

Plan/Pending:

To Do:

- ○ Assessm/ VS
- ○ I/O
- ○ Braden scale
- ○ IV
- ○ Daily C/S
- ○ Fall risk
- ○ NCP
- ○ Notes
- ○ Education
- ○ Telemetry

Rm: _____ **Pt. Name:** _____ **Age/ Sex:**_____ **Team:** _____

Code:	**Iso/ Precaution:**	**Allergies:**	**Diet:**

Dx/Problems: **Chief complaint:**	**Pain:**

PMH/ PSH:

Neuro: **Cardiac/ Tele:**	**Respiratory:** **Mechanical Vent:** R:_____ TV:_____ FIO2:_____ PEEP:_____
Musculoskeletal:	**Skin:**

GI:	**GU:**	**Drains/tubes:**

Access:

Meds:

1900	2300	0300	***PRN:***
2000	0000	0400	
2100	0100	0500	
2200	0200	0600	

FS:

1700 _____

2200 _____

0500 _____

S/P:

Plan/Pending:

To Do:

- ○ Assessm/ VS
- ○ I/O
- ○ Braden scale
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