

ROOM MD				^,	Whites
AGE NAME			8	/ \	The State of the s
SEN M F CODE FULL DNR LIMITED					
NEURO A&Ox:	ADMIT DATE				CONSULTS
GCS	ADMIT REASON / DIAGNOSIS				□ ♡ □ PSYCH □ NEPHRO
RASS					☐ GI ☐ URO ☐ ONCOLOGY
CAM NIH					□ID □PT/OT □ SPEECH □ PULM
CARDIAC	-				SITUATION
NO Tele					☐ SITTER
Tele	PLAN OF CARE				- ☐ FALL RISK ☐ CONFUSED ☐ ALARM
Rhytm					RESTRAINTS SUICIDE WITHRAW
PRECAUTIONS	-				ALLERGIES
William Colors of Commences					
☐ SEIZURE ☐ ASPIRATION	MEDICAL HISTOR	V	····		-
☐ CONTACT ☐ AIRBORNE					
□ NONE □ CHEMO	□ CAD □ COPD □ HLD □ stocke □ MI □ CABG □ DM □ DLD □ Depression □ Anxiety			☐ MI sion ☐ Anxiety	MED & TO DO
GI	□AAA □AFID □CHF □CKD □PAD				:00
DIET C ADA RD Gen NPO	□НТИ □ВРН	□ ETC	OH □ PVD	GERD	.00
☐ FEEDER ☐ RECTAL TUBE	PROCEDURES / TESTS				:00
□ PEG □ COLOSTOMY	☐ Cath ☐ Xray ☐ EGD ☐ Echo ☐ MRI			cho MRI	
□NG □ Fluid & Restriction	Stress EKG CT Pacemaker			acamakar	:00
GU	ACCU-CHEK			accilianci	
☐ Inc ☐ Foley ☐ Condom Cath	MOCO-CHEN				:00
☐ Urinal ☐ Dialysis ☐ Purewick	□ AC	TIME	BS	COVER	
MUSCULOSKELETAL	☐ HS	TIME	BS	COVER	:00
☐ Bedrest ☐ Device	HOURLY 7	TIME	BS	COVER	
□SBA □Limp Alert A/R	VITALS :	T	:	:	:00
□ ADLIB □ up w 1/2					.00
RESPIRATORY					:00
O2	FROM/D/C PLAN				
☐ CPAP ☐ Clear ☐ Crackles					:00
☐ BIPAP ☐ Diminished ☐ Wheezes					
IV SITES	Lang				:00
□ L/R □ NO IV □ PICC	NA MG				
AC Cephalic Fistula Basilic Metacarpal Central					:00
DRIPS/FLUIDS	K		CA		
☐ Hep.Locked					:00
	PH		CR		-00
SKIN	BUN		WBC		:00
SKIN	HGB		PLT		:00
	PT/INR		TROPONI	N	
NOTES		OTHE	R		CONTACT

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