

<b>VITALS</b> T _____ BP _____ HR _____ Sat _____ RR _____	<b>MORSE FALL</b>	<b>ISOLATION</b>	<b>ROOM NUMBER</b>
<b>PATIENT</b> Age Sex Admission Date Service/Provider	<b>DOB</b>  Consults	<b>ALLERGIES</b>  <b>CODE STATUS</b>	<b>DIET</b> <b>BS CHECK</b>
<b>HPI</b>  <b>PMH</b> Social Psych Family	<b>PLAN</b>  Tests/ Procedures  Antic D/C:		
<b>NEURO</b> A/Ox  MSK Gait	<b>LABS</b>		<b>IV Fluids</b>
<b>CARDIAC</b> Rhythm  Pulses Edema	<b>TELE order</b>	<b>Lines</b>	<b>Tubes/ Drains</b>
<b>RESPIRATORY</b> Lung sounds  Supp. O2	Trach  CPAP/BiPAP	<b>Pain</b>	<b>PRNs</b>
<b>GI/GU</b> Urine Voids Foley	BS BM _____	I's	O's
<b>SKIN</b>  Wounds Dressing	Braden _____	<b>GOALS</b> <b>MED PASSES</b>	
<b>Notes</b>			