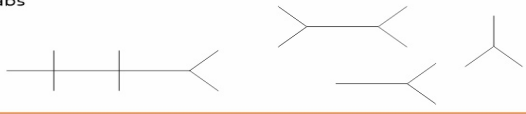


Dx	Patient Sticker	Room #
Hx	Consults	<input type="checkbox"/> CC <input type="checkbox"/> ID
Hospital Course	Allergies	<input type="checkbox"/> NKA
Neuro	<input type="checkbox"/> A+o'3	CV
Resp	<input type="checkbox"/> CTA	GI
		GU
		<input type="checkbox"/> BM: ____
		<input type="checkbox"/> Foley
Skin	IV's	
Meds	Labs	
To Do	Ask MD	
Next Nurse / Notes	Diet: <input type="checkbox"/> Reg <input type="checkbox"/> NPO <input type="checkbox"/> Other: ____	
	Code: <input type="checkbox"/> Full <input type="checkbox"/> DNR <input type="checkbox"/> Other: ____	
	Activity: _____	