

Room:	Name:	Age/Sex:	Admit:
Code:	Allergies:	Isolation:	
Attending:		Consults:	
Diagnosis:		PMH:	
Na: K: Ca: Mg: Ph: Cl: Glu: CO2: Diagnostic:	RBC: WBC Hgb: Hct: Platelets: INR: PTT: BUN: Creat:	Meds:	
		IV:	Fluids:
Vitals: T: P: R: BP: O2:		Intake	Output
Neuro: Resp: GI: Diet: Last BM: GU:	Neuro/CIWA Lungs/O2	Cardio/Tele: DVT Prophylaxis: Skin:	Pain Assess: Pain Reassess: Blood Sugar: Edema: Mobility: Notes: