

NAME/AGE/SEX: _____ CODE STATUS: _____ ATTENDING MD: _____

ADMISSION DX: _____ ISOLATION: _____ DIET: _____

ALLERGIES: _____ VS: _____

PAST MEDICAL HX: _____

MD CONSULTS (PENDING?!): _____

ACCUCHECKS: _____ ACTIVITY/PT/OT: _____

NEURO/ORIENTATION: _____ CARDIAC/TELE: _____

RESPIRATORY/O2: _____ GI/LAST BM: _____

GU/I&O/FLUID RESTRICTION: _____ WOUNDS/SKIN: _____

IV SITE(S): _____ FOLEY/DRAINS/TUBES: _____

RELEVANT LABS/TEST RESULTS: _____

PENDING LABS/TESTS: _____

PSYCHOSOCIAL/FAMILY CONCERNS: _____

DISCHARGE PLANNING: _____

FALL RISK: _____ PROTOCOLS: _____ DVT PROPHYLAXIS: _____

PAIN: _____ OTHER PRNs: _____

