PATIENT BACKGROUND

ROOM | AGE

NAME

SEX ☐ MALE ☐ FEMALE

CODE ☐ FULL ☐ DNR ☐ LIMITED

MD

PRIMARY DIAGNOSIS

ADMIT DATE

ADMIT REASON

HOSPITAL COURSE

SITUATION

☐ FALL RISK ☐ CONFUSED ☐ ALARM
☐ RESTRAINTS ☐ SUICIDE

PRECAUTIONS

☐ NONE ☐ DROPLET ☐ CONTACT
☐ AIRBORNE

ASSESSMENTS

NEURO

CARDIAC

RESPIRATORY

GI / GU

SKIN

MUSCULOSKELETAL

IV SITES

DRIPS / FLUIDS

MEDICAL HISTORY

ACCU-CHECK

TIME	BS	COVER
TIME	BS	COVER
TIME	BS	COVER

VITALS

TESTS / PROCEDURES

MEDICATIONS

ALLERGIES

LABS

NA	MG
K	CA
PH	CR
BUN	WBC
HGB	PLT
PT/INR	TROPONIN

OTHER

PLAN OF CARE

NOTES