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| ROOM: | | | ADMIT DATE: | | HX: | | | |
| NAME: | | | POD: | | HOSPITAL COURSE: | | | |
| AGE: | | SEX: | DX: | | | | | |
| CODE: | | | ALLERGIES: | | | | | |
| PRECAUTION: | | | | | | | | |
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| /10 | /10 | /10 | | | | | | |
| ACCESS: | | | I & O: | | DIET: | | | |
| GTTS: | | | | | PILLS: | | | |
| TUBES/DRAINS: | | | | | CGB: | | | |
| NEURO: | | | GI: | | GU: | | MOBILITY | |
| | | | | | | | | |
| RESPIRATORY: | | | INTEG: | | AM | | PM | |
| | | | | | 12: | | 12: | |
| CARDIAC | | | MUSCULOSKELETAL: | | 1: | | 1: | |
| | | | | | 2: | | 2: | |
| NOTES: | | | | | 3: | | 3: | |
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