

ROOM:			ADMIT DATE:				HX:			
NAME:			POD:				HOSPITAL COURSE:			
AGE:		SEX:	DX:							
CODE:			ALLERGIES:							
PRECAUTION:										
VS: []	VS: []	VS: []	NA		MG					
/ /	/ /	/ /	K		CA					
/	/	/	PH:		CR					
%	%	%	BUN		WBC					
/10	/10	/10	HGB		PLT					
ACCESS:			PT/		TROP					
GTTS:			INR							
TUBES/DRAINS:			OTHER							
NEURO:			I & O:				AM		PM	
							12:		12:	
							1:		1:	
			GI:	GU:			2:		2:	
							3:		3:	
							4		4	
							5		5	
							6		6	
							7		7	
							8		8	
							9		9	
							10		10	
							11		11	
RESPIRATORY:			INTEG:							
CARDIAC			MUSCULOSKELETAL:							
NOTES:										