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