PATIENT BACKGROUND

ROOM	AGE

ADMIT DATE

SITUATION

- ☐ FALL RISK ☐ CONFUSED ☐ ALARM
- ☐ RESTRAINTS ☐ SUICIDE

NAME

SEX ☐ MALE ☐ FEMALE

CODE ☐ FULL ☐ DNR ☐ LIMITED

MD

PRIMARY DIAGNOSIS

ADMIT REASON

HOSPITAL COURSE

PRECAUTIONS

- ☐ NONE ☐ DROPLET ☐ CONTACT
- ☐ AIRBORNE

ASSESSMENTS

NEURO

MEDICAL HISTORY

TESTS / PROCEDURES

CARDIAC

ACCU-CHECK

TIME	BS	COVER
TIME	BS	COVER
TIME	BS	COVER

MEDICATIONS

RESPIRATORY

VITALS

ALLERGIES

GI / GU

LABS

PLAN OF CARE

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

SKIN

MUSCULOSKELETAL

OTHER

IV SITES

NOTES

DRIPS / FLUIDS