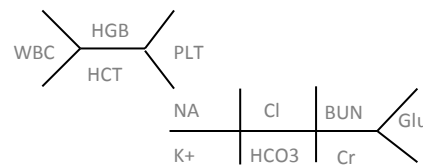


Rm \_\_\_ Age \_\_\_ Admit \_\_\_  
 Intials \_\_\_ ♀ ♂ Diet \_\_\_  
 Dr. \_\_\_\_\_  
 Dx \_\_\_\_\_  
 Hx \_\_\_\_\_  
 Surg \_\_\_\_\_  
 Activity \_\_\_\_\_  
 Dr. Orders \_\_\_\_\_  
 \_\_\_\_\_  
 IV \_\_\_\_\_ Rate \_\_\_\_\_  
 Site \_\_\_\_\_ Gauge \_\_\_\_\_ Δ \_\_\_\_\_  
 O2 \_\_\_\_\_ %@ \_\_\_\_\_ NC/M/NR  
 Isolation \_\_\_\_\_  
 CT JP Penrose Trach G-tube  
 J-tube Teds Plexis Foley  
 Urinal Commode NG

Report:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Labs \_\_\_\_\_  
 PT/INR \_\_\_\_\_/\_\_\_\_\_



Assess: Pain # \_\_\_\_\_  
 A&O \_\_\_\_\_ Pupils R\_\_\_\_\_/\_\_\_\_\_  
 Lungs A \_\_\_\_\_ P \_\_\_\_\_  
 ♥ \_\_\_\_\_ Cap Refil \_\_\_\_\_  
 Skin \_\_\_\_\_ Edema \_\_\_\_\_  
 Grips/Push UE \_\_\_/\_\_\_ LE \_\_\_/\_\_\_  
 Pulses R\_\_\_\_\_/\_\_\_ P\_\_\_\_\_/\_\_\_  
 Abd \_\_\_ BS \_\_\_ Flatus \_\_\_ BM \_\_\_  
 Drsgs/Wounds \_\_\_\_\_  
 Numb \_\_\_\_\_ Nausea \_\_\_\_\_  
 Dizzy \_\_\_\_\_ SOB \_\_\_\_\_  
 C/DB \_\_\_\_\_ Move Feet \_\_\_\_\_

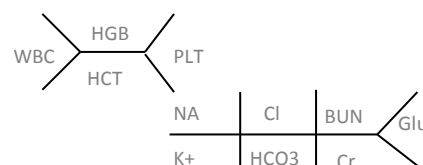
TX's	I's
	O's

admit: T \_\_\_ P \_\_\_ R \_\_\_ BP \_\_\_/\_\_\_  
 O2 \_\_\_ @ \_\_\_ Pain \_\_\_  
 BS \_\_\_\_\_  
 08: T \_\_\_ P \_\_\_ R \_\_\_ BP \_\_\_/\_\_\_  
 O2 \_\_\_ @ \_\_\_ Pain \_\_\_  
 BS \_\_\_\_\_

Meds:  
**07 08 09 10 11 12 13 14**

Rm \_\_\_ Age \_\_\_ Admit \_\_\_  
 Intials \_\_\_ ♀ ♂ Diet \_\_\_  
 Dr. \_\_\_\_\_  
 Dx \_\_\_\_\_  
 Hx \_\_\_\_\_  
 Surg \_\_\_\_\_  
 Activity \_\_\_\_\_  
 Dr. Orders \_\_\_\_\_  
 \_\_\_\_\_  
 IV \_\_\_\_\_ Rate \_\_\_\_\_  
 Site \_\_\_\_\_ Gauge \_\_\_\_\_ Δ \_\_\_\_\_  
 O2 \_\_\_\_\_ %@ \_\_\_\_\_ NC/M/NR  
 Isolation \_\_\_\_\_  
 CT JP Penrose Trach G-tube  
 J-tube Teds Plexis Foley  
 Urinal Commode NG

Report:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Labs \_\_\_\_\_  
 PT/INR \_\_\_\_\_/\_\_\_\_\_



Assess: Pain # \_\_\_\_\_  
 A&O \_\_\_\_\_ Pupils R\_\_\_\_\_/\_\_\_\_\_  
 Lungs A \_\_\_\_\_ P \_\_\_\_\_  
 ♥ \_\_\_\_\_ Cap Refil \_\_\_\_\_  
 Skin \_\_\_\_\_ Edema \_\_\_\_\_  
 Grips/Push UE \_\_\_/\_\_\_ LE \_\_\_/\_\_\_  
 Pulses R\_\_\_\_\_/\_\_\_ P\_\_\_\_\_/\_\_\_  
 Abd \_\_\_ BS \_\_\_ Flatus \_\_\_ BM \_\_\_  
 Drsgs/Wounds \_\_\_\_\_  
 Numb \_\_\_\_\_ Nausea \_\_\_\_\_  
 Dizzy \_\_\_\_\_ SOB \_\_\_\_\_  
 C/DB \_\_\_\_\_ Move Feet \_\_\_\_\_

TX's	I's
	O's

admit: T \_\_\_ P \_\_\_ R \_\_\_ BP \_\_\_/\_\_\_  
 O2 \_\_\_ @ \_\_\_ Pain \_\_\_  
 BS \_\_\_\_\_  
 12: T \_\_\_ P \_\_\_ R \_\_\_ BP \_\_\_/\_\_\_  
 O2 \_\_\_ @ \_\_\_ Pain \_\_\_  
 BS \_\_\_\_\_

Meds:  
**07 08 09 10 11 12 13 14**

Bed: Patient:	Bed: Patient:
<p data-bbox="92 170 785 203">Is there any areas you should focus on during assessment:</p> <p data-bbox="92 313 810 378">Is there any abnormal labs you need to report to the doctor: Lab Why abnormal?</p> <p data-bbox="92 527 699 592">Is there medications that you found concerns with: Medication Why concern?</p> <p data-bbox="92 917 420 950">Things to Report to Doctor:</p>	<p data-bbox="1060 170 1753 203">Is there any areas you should focus on during assessment:</p> <p data-bbox="1060 313 1778 378">Is there any abnormal labs you need to report to the doctor: Lab Why abnormal?</p> <p data-bbox="1060 527 1667 592">Is there medications that you found concerns with: Medication Why concern?</p> <p data-bbox="1060 917 1388 950">Things to Report to Doctor:</p>