RM | NAME | AGE | WEIGHT | DX | HX | CODE

POA | FAMILY CODE | TGLN #: | CONSULTS

Allergy

STORY

ACCESS

LABS

cbc
wbc plts

na+
k+

cl-
co2

urea
gluc
creatinine

pH | co2 | po2 | HCO3

iCa+

MgSO4+

PO4+

INR
PTT
LACTATE

NEURO

Pupils:

U:
Strength:
L:

Cough: ☐
Gag: ☐

/5

NIHSS:

RESP

LUNGS

LUNGS

CVS

PULSES

IVF

TESTS RESULTS

GI | ACCU: | 24hr BG:

DIET:

OG/NG/KAO: LVL @ CM

FLUSHES : ML/HR :

GOAL :

BS:

PENDING

GU

NEEDS

SKIN

ID | 24hr TMAX:

ABx:

MED TIMES:

☐ ☐
☐ ☐
☐ ☐