

Rm	Name	Age	Code Full DNR/I	Adm	Allergies	Isolation
Diagnosis				PMH HTN DM HLD MI AFIB CABG CHF CA SBO COPD DEMENTIA CKD ESLD CVA CAD SZ OSA DVT PE ANEMIA GIB HEP ICD/PM ASTHMA HYPOTHYROID SURGERY ETOH/DRUG PSYCH		
Report				OTHER		
				MD/Team		
				Consults PT OT ST RT WC SW ♥ GI GU PULM NEPH HEME/ONC PSYCH SURG/ORTHO OTHER		

N A&Ox Nonverbal Neuro checks	DISCHARGE	Current home:
	Estimated D/C:	D/C to:
CV Tele: BP: Edema:	POA:	Needs:
R RA O2 LPM: Trach Vent	MEDICATIONS	
	_____	_____
	_____	_____
GI Cont. Incont. LBM: Diet/FR: BS: AC/HS Q6 TF: _____ @ ___ /hr Flush ___ ml q ___ hr TF goal met? Y / N	_____	_____
	_____	_____
GU Cont. Incont. Foley	Continuous:	
SKIN Intact Wounds Incisions	PRN:	
IV/DRAINS PIV CVC Drains	ORDERS/TO DO	
MOBILITY ↑ ad lib SBA 1 2 NWB: cane walker Turn Q2H	TELE SCDS CHG WT ORTHOS DRSG CHANGE LABS	
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	•	•
	•	•

TESTS	LABS	OTHER
CXR: EGD:	WBC Hgb Hct Pit	INR PTT
EKG: COLONOSCOPY:	Na Cl BUN Gluc	
CT: OTHER	K CO ₂ Creat	
ECHO:	Ca TP AST LDH	Bil
US:	PO ₂ Aib ALT AP	
MRI:		
STRESS:		
	COLLECT	
	Lab Unit	
	NEXT DRAW	
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