

ROOM / PT				
DOB / AGE				
ADMIT				
DX / HPI				
PMH				
CODE	FULL DNR	FULL DNR	FULL DNR	FULL DNR
ALLERGIES				
PRECAUTION	<input type="checkbox"/> Con <input type="checkbox"/> Enh <input type="checkbox"/> Drop <input type="checkbox"/> SZ	<input type="checkbox"/> Con <input type="checkbox"/> Enh <input type="checkbox"/> Drop <input type="checkbox"/> SZ	<input type="checkbox"/> Con <input type="checkbox"/> Enh <input type="checkbox"/> Drop <input type="checkbox"/> SZ	<input type="checkbox"/> Con <input type="checkbox"/> Enh <input type="checkbox"/> Drop <input type="checkbox"/> SZ
DIET				
VITALS				
ACTIVITY				
IV	Site: Date: Gauge: Fluids: Rate: <input type="checkbox"/> SL w/ PO	Site: Date: Gauge: Fluids: Rate: <input type="checkbox"/> SL w/ PO	Site: Date: Gauge: Fluids: Rate: <input type="checkbox"/> SL w/ PO	Site: Date: Gauge: Fluids: Rate: <input type="checkbox"/> SL w/ PO
NEURO	A/O x neuro ✓	A/O x neuro ✓	A/O x neuro ✓	A/O x neuro ✓
Cardiac				
Respiratory				
GI	LBM: <input type="checkbox"/> BM protocol. <input type="checkbox"/> incont	LBM: <input type="checkbox"/> BM protocol. <input type="checkbox"/> incont	LBM: <input type="checkbox"/> BM protocol. <input type="checkbox"/> incont	LBM: <input type="checkbox"/> BM protocol. <input type="checkbox"/> incont
GU	Inc Fol Cdm Pure BSC	Inc Fol Cdm Pure BSC	Inc Fol Cdm Pure BSC	Inc Fol Cdm Pure BSC
Skin				
Musculo-skeletal				
PAIN				
PROPHYLAXIS	<input type="checkbox"/> IPC <input type="checkbox"/> Xar <input type="checkbox"/> Lov <input type="checkbox"/> Hep	<input type="checkbox"/> IPC <input type="checkbox"/> Xar <input type="checkbox"/> Lov <input type="checkbox"/> Hep	<input type="checkbox"/> IPC <input type="checkbox"/> Xar <input type="checkbox"/> Lov <input type="checkbox"/> Hep	<input type="checkbox"/> IPC <input type="checkbox"/> Xar <input type="checkbox"/> Lov <input type="checkbox"/> Hep
Notes				
LABS TESTS PROCED				

PATIENT				
0700				
0800	Activity Neuro ✓	Activity Neuro ✓	Activity Neuro ✓	Activity Neuro ✓
VS	T: P: R: BP: O ₂ :	T: P: R: BP: O ₂ :	T: P: R: BP: O ₂ :	T: P: R: BP: O ₂ :
0900				
1000	Activity	Activity	Activity	Activity
1100				
1200	Activity Neuro ✓ I&O's	Activity Neuro ✓ I&O's	Activity Neuro ✓ I&O's	Activity Neuro ✓ I&O's
VS	T: P: R: BP: O ₂ :	T: P: R: BP: O ₂ :	T: P: R: BP: O ₂ :	T: P: R: BP: O ₂ :
Meds (Dose, route, schedule)				
✓ LIST	<input type="checkbox"/> Assess <input type="checkbox"/> Orders <input type="checkbox"/> IV <input type="checkbox"/> Kardex <input type="checkbox"/> Inc/Wnd <input type="checkbox"/> NAARS <input type="checkbox"/> Care Plan <input type="checkbox"/> Med Rec <input type="checkbox"/> Teaching <input type="checkbox"/> MRSA/C.diff	<input type="checkbox"/> Assess <input type="checkbox"/> Orders <input type="checkbox"/> IV <input type="checkbox"/> Kardex <input type="checkbox"/> Inc/Wnd <input type="checkbox"/> NAARS <input type="checkbox"/> Care Plan <input type="checkbox"/> Med Rec <input type="checkbox"/> Teaching <input type="checkbox"/> MRSA/C.diff	<input type="checkbox"/> Assess <input type="checkbox"/> Orders <input type="checkbox"/> IV <input type="checkbox"/> Kardex <input type="checkbox"/> Inc/Wnd <input type="checkbox"/> NAARS <input type="checkbox"/> Care Plan <input type="checkbox"/> Med Rec <input type="checkbox"/> Teaching <input type="checkbox"/> MRSA/C.diff	<input type="checkbox"/> Assess <input type="checkbox"/> Orders <input type="checkbox"/> IV <input type="checkbox"/> Kardex <input type="checkbox"/> Inc/Wnd <input type="checkbox"/> NAARS <input type="checkbox"/> Care Plan <input type="checkbox"/> Med Rec <input type="checkbox"/> Teaching <input type="checkbox"/> MRSA/C.diff