

Date: \_\_\_\_\_

Room		BP HR RR Temp O <sub>2</sub> Pain	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	
Client																
Age	Sex															
<b>Code Status</b>																
O <sub>2</sub> Supp.																
IVF																
CBG																
<b>Precautions</b>																
	Intake															
	Output															
<b>Diagnos(es):</b>																
<b>Allergies:</b>																
<b>Report</b>										<b>Needs/Procedures</b>						

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Room/Client		Medications										
0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900

**PRN Orders**

Labs													
	WBC	RBC	Hgb	Hct	Protein	Albumin	BUN	Creat.	PT/ INR	aPTT	Na <sup>+</sup>	K <sup>+</sup>	Other Lytes

Room/Client		Medications										
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