

Date:

Room #: Name: MRN: Age: DOB: Sex:	0700/1900 0800/2000 0900/2100 1000/2200 1100/2300 1200/2400 1300/0100 1400/0200 1500/0300 1600/0400 1700/0500 1800/0600
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Diagnosis:	<input type="checkbox"/> Safety <input type="checkbox"/> Tubing <input type="checkbox"/> Bath <input type="checkbox"/> Oral	PRN Meds
<b>Code Status:</b>	<b>Weight (kg):</b>	Diet
<b>Allergies:</b>		IVF/Access

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Room #/Client:			Room #/Client:			Room #/Client:		
Report	Labs		Report	Labs		Report	Labs	
S	WBC		S	WBC		S	WBC	
	Platelets			Platelets			Platelets	
	RBC			RBC			RBC	
	Hgb			Hgb			Hgb	
	Hct			Hct			Hct	
B	Protein		B	Protein		B	Protein	
	Albumin			Albumin			Albumin	
	BUN			BUN			BUN	
	Creatinine			Creatinine			Creatinine	
	PT/INR			PT/INR			PT/INR	
A	aPTT		A	aPTT		A	aPTT	
	Na <sup>+</sup>			Na <sup>+</sup>			Na <sup>+</sup>	
	K <sup>+</sup>			K <sup>+</sup>			K <sup>+</sup>	
	Other Lytes			Other Lytes			Other Lytes	
	R	Other			R		Other	