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| --- | --- | --- |
| **Name:** | **Doctor/Resident:** | **Room:** |
| **Date of Admission:** | **Diagnosis:** | **Code**  |
| **Room No:** | **Status:** | **Iso:**  |
| **Allergies:** |
| **PMH:** |
| **Ca:** | **Cl-:** |
| **Mg:** | **Glu:** |
| **Ph:** | **K:**  |
| **INR:** | **CO2:** |
| **PTT:** | **Hgb:** |
| **Na+:** | **Hct:** |
| **BUN:** | **Platelets:** |
| **Al:** | **WBC:** |
| **Diagnostics:** |
| **Wounds/Incisions/Drains:** |
| **Diet:** |
| **Intake** | **Output** |
| **Intake** | **Output** |
| **Vitals & Frequency:** |
| **T:** |  |  |  |  |  |  |
| **P:** |  |  |  |  |  |  |
| **R:** |  |  |  |  |  |  |
| **BP:** |  |  |  |  |  |  |
| **O2:** |  |  |  |  |  |  |
| **Activity:** | **Tele:** | **Meds:** |
|  |  |  |
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