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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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