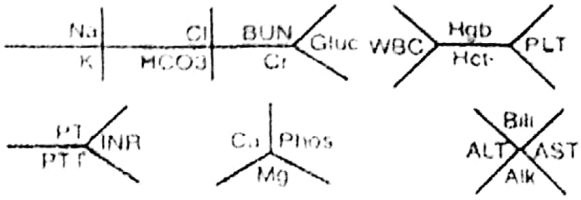
Patient:	Room:
Admission Date:	Service:
Allergies:	
Chief Complaint:	
Hx:	

Age:

Code Status:

Isolation:

LABS:



Blood Sugar:

Neuro/Musculoskeletal:	
Pulm:	
O2:	
Trach:	
CV:	
HR:	Rhythm:
T-Max:	BP Range:
GI:	
Fluid Restriction:	
Diet:	
BM:	
GU:	
Foley:	
Skin:	
Drains:	
Dressing changes:	
Activity:	
Pain:	
Venous access:	IVF:
PLAN OF CARE:	

SERIAL LABS:

TO DO LIST:

CHARTING:

- ☐ Sign in to treatment team
- ☐ Vital + Pain (IMU q2hr; Tele or M/S q4hr)
  - ☐ 08/20 ☐ 12/00 ☐ 16/04
  - ☐ 10/22 ☐ 14/02 ☐ 18/06
- ☐ Daily Care q2hr
  - ☐ 08/20 ☐ 12/00 ☐ 16/04
  - ☐ 10/22 ☐ 14/02 ☐ 18/06
- ☐ Head to Toe Assessment
- ☐ Reassess: ☐ 12/00 ☐ 16/04
- ☐ IV ☐ Fall Risk ☐ Braden Scale
- ☐ ECG, QTc
- ☐ Patient Education
- ☐ Care Plan
- ☐ I&O q2hr
  - ☐ 08/20 ☐ 12/00 ☐ 16/04
  - ☐ 10/22 ☐ 14/02 ☐ 18/06
- ☐ Charge Update

If applicable

- ☐ Pain Reassessment, RASS, POSS, O2, RR (IVP: 30-45 mins; PO: 60-75mins)
- ☐ CIWA (q2hr, q4hr, per MD order)
  - ☐ 08/20 ☐ 12/00 ☐ 16/04
  - ☐ 10/22 ☐ 14/02 ☐ 18/06
- ☐ Custodial: Skin check q2hr (Daily Care)
  - ☐ 08/20 ☐ 12/00 ☐ 16/04
  - ☐ 10/22 ☐ 14/02 ☐ 18/06
- ☐ Restraint: Skin check q2hr (Daily Care)
  - ☐ 08/20 ☐ 12/00 ☐ 16/04
  - ☐ 10/22 ☐ 14/02 ☐ 18/06