

Room

Time

Full
DNR
DNR-CC

Allergies?

Situation:

Wt. _____

Ht. _____

BP _____

HR _____

Resp _____

O2 % _____

Temp _____

Pain _____/10

Background:

Arthritis Asthma Cancer COPD Depression/Anxiety Diabetes

DVT GERD (Heart) A-Fib, CAD, HF, MI, HTN, Pacemaker

KidneyStones Liver PE Renal Stroke/TIA

Blood Thinners? Y/N

Surgeries? Stents Heart Knee

Assessment

Treatment

ORDERS

___ ECG ___:

___ Trop _____

___ INT _____

___ Urine

___ **Pregnancy Test**

___ Flu Swab

Abnormal Labs

Table with 2 columns: Assessment, Treatment. Multiple rows for data entry.