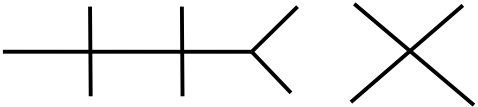


Dx		PMH	
Neuro		Cards	
Resp		GI	
GU		Skin/Wound	
Assessment Routine VS q4° T _____ BP _____ HR _____ O ₂ _____ RR _____ LS _____		Labs  PT/INR _____ PTT _____	
Meds 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 FS 8 _____ 12 _____ 17 _____ 18 _____ 22 _____		IV gtts	
Plans			
Activity		Precaution	
		Fall Bleed ASP Cont Air Drop	
		Diet NPO HH 2gNA _____ADA Renal	
Name & Age		Code	
		Full DNR/I	
		Allergy NKDA	MD

MR# _____

Rm _____