

<b>Room #</b>	MRN: Patient Name:  (Patient Label)	<b>Code Status:</b> <b>Advance d Directive:</b>	Admission Date:	Weight:		
		Isolation:	ACTIVITY:	CCP:		
		Team: Intern: Resident:	THERAPY: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> RT <input type="checkbox"/> ST	Consults: Nutrition <input type="checkbox"/> Spiritual <input type="checkbox"/> Social <input type="checkbox"/> Other <input type="checkbox"/>		
		Diet / NPO / NPO p MN:	Restraints: Vest SR/ x2 x4 Expire: Date: Time: Needs renewal <input type="checkbox"/>			
<b>ALLERGY:</b>		<b>TUBE FEEDS:</b>	<b>PRECAUTIONS:</b> FALL / ASP / SZ <b>FALL RISK SCORE:</b>			
<b>N:</b>  <b>C:</b>  <b>R:</b>  <b>GU:</b>  <b>GI:</b>  <b>Skin:</b>  <b>DSG:</b>  <b>DRAINS:</b>	<b>DX/PMH/PSH:</b>  Family Assessment: "What is the most important thing I can do for you?"  <b>VITAL SIGNS/PAIN ASSESSMENT:</b>	Restrictions:	<b>BED ALARM:</b> ON <input type="checkbox"/> OFF <input type="checkbox"/> <b>REASON OFF:</b>			
		Dialysis access:	TESTS/PROCEDURES:			
		HD days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su Fluid removed:  PIV <input type="checkbox"/> Central Line <input type="checkbox"/>  IVF:  <b>MEDS PO:</b> <b>MEDS IV:</b>	<b>STATS/NEW ORDERS/MISCELLANEOUS:</b>			
		VACCINES:				
Labs:	Intake/Output:	ACCU-CHECK:	Nursing Plan of Care: Initiated <input type="checkbox"/> Updated <input type="checkbox"/> New <input type="checkbox"/>			
Labs to be drawn/ Specimens to be collected:						
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<b>N:</b>  <b>C:</b>  <b>R:</b>  <b>GU:</b>  <b>GI:</b>  <b>Skin:</b>  <b>DSG:</b>  <b>DRAINS:</b>	<b>DX/PMH/PSH:</b>  Family Assessment: "What is the most important thing I can do for you?"  <b>VITAL SIGNS/PAIN ASSESSMENT:</b>	Restrictions:	<b>BED ALARM:</b> ON <input type="checkbox"/> OFF <input type="checkbox"/> <b>REASON OFF:</b>			
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Labs:	Intake/Output:	ACCU-CHECK:	Nursing Plan of Care: Initiated <input type="checkbox"/> Updated <input type="checkbox"/> New <input type="checkbox"/>			
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