

Patient name:		Room:		Doctor:									
Sex/Age:                      DOB:		Code Status: Full Code / DNR		Surgeon:									
MRN:		Isolation: None / Contact / Droplet / Airborne		Other:									
Admitting Dx:		Other Dx / Pt History:											
Labs:                      Na:                      Mg:                      RBC:                      Hbg:                      Platelets:													
K:                      Ca:                      WBC:                      Hct:                      Other:													
Vital Signs:	Time:												
	RR/O2												
	HR:												
	BP:												
Meds (circle times):	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900
PRN meds:													
IV access (gauge, location):			Continuous IV fluids (type/rate):										
Resp:                      O2? Y / N                      If YES: ___L/min			Skin (wounds/pressure injuries):										
Cardio:                      Tele? Y / N													
Neuro:                      LOC?													
MS:                      Mobility: Independent / Assist / Bedrest													
GI/GU:                      Diet:			Blood sugar checks? Coverage: Basal / Correction / Nutrition										
Last BM:													
Incontinent? Urine / Bowel / Both													
Foley / Condom Cath / Purewick / Dignicare													
Tests/procedures scheduled:			Assessment results:										
To-do items / Notes:													
<i>Level Up RN</i>													