Date: Room: H: W:

MD: NP/PA: #: Allergies:
Isolation: Family:
Admit/Surgery:

Hx: DM HTN CKD OSA HLP Smoker Obesity CHF

NEURO
LOC/Pupils: Movement:
CAM: PAIN:
Temp: Restraints:
Activity:

WBC: Abx:

CV
HR/Rhy: Pacer:
BP: Goal:
Pulses:
Edema:

CVP: IABP:
PA:

Hgb: K: Mg: Phos: Ical: Na:

RESP Int: Ext:
O2: IS:
Vent:
ETT:

CT: ECMO/LVAD:
RPM: Watts:
Flows:

GI
Tube: Insulin:
TF/Flush: Diet:
BM:
AST/ALT: TBili:

GU
Foley:

CVVHD/fistula: Creat:

Skin: TEDS/SCDS/Mepilex

Drains:

Lines

GTTS:
Hep:

Epi: Amio:

Levo: Prop:

D5W:

LABS
aPTT: pH:
Plt: CO2:
INR: pO2:
Lactate: HCO3:

T&C: Tacro: Vanc:

Notes: