

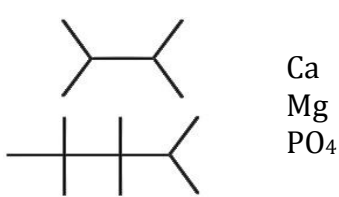
Name: _____ Age: _____ POD/HD#: _____
Procedure: _____ Indication: _____

Subjective:

Objective:

Vitals: T_{max} _____ T_{current} _____ HR - _____ BP _____
O₂ Sat. % - % on

INs: PO: _____ OUTs: (shift) urine: - -
IV fluid rate: _____ BM: _____
TPN: _____ drain: _____

Labs:

Ca
Mg
PO₄

Meds:

Scheduled:

PRN:

PE: Gen:
CV:
Pulm
Abdom:
Wound:

A/P:

Neuro/Pain:
CV:
Resp:
FEN/GI:
GU:
ID:
Prophylaxis:
Dispo:

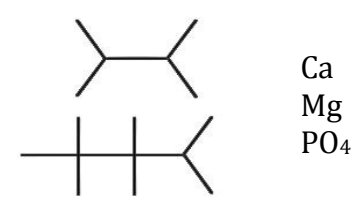
Name: _____ Age: _____ POD/HD#: _____
Procedure: _____ Indication: _____

Subjective:

Objective:

Vitals: T_{max} _____ T_{current} _____ HR - _____ BP _____
O₂ Sat. % - % on

INs: PO: _____ OUTs: (shift) urine: - -
IV fluid rate: _____ BM: _____
TPN: _____ drain: _____

Labs:

Ca
Mg
PO₄

Meds:

Scheduled:

PRN:

PE: Gen:
CV:
Pulm
Abdom:
Wound:

A/P:

Neuro/Pain:
CV:
Resp:
FEN/GI:
GU:
ID:
Prophylaxis:
Dispo: