

Date _____

Shift _____

Unit _____

Erin's Worksheet

Room #	Name	Age	Wt.	Dx.	MD:	Allergies	
Diet: TF:	I&O:	<u>REPORT</u>		Hx:	Na ____/____	<u>MEDS:</u>	
				Kardex:	K ____/____		
					Mg ____/____		
VS: IV Site: IVF:	P.Ox:			Assess:	Phos ____/____	<u>PRN:</u>	
					Ca ____/____		
							BUN ____/____
Gtt: Gtt: Gtt:					Crt ____/____		
							PTT ____/____
							INR ____/____
02: Activity: Monitor: Drsgs:					WBC ____/____		
							Hgb ____/____
							Plts ____/____
Drains:	NA:				FS-1 ____ FS-3 ____		
							FS-2 ____ FS-4 ____
							Trop-1 ____
Isol:					Trop-2 ____		
							Trop-3 ____
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