

TODAY'S DATE		SHIFT		UNIT		Page							
[C] [M] [W] [I&O] [Note]		<u>Kardex -</u>		Blood Sugars		Medications		Drips		IV FLUIDS		LABS	
Allergies _____		CODE STATUS _____ AGE _____		_____		_____		Rate of _____ cc/o		Rate of _____ cc/o		Times _____ / _____	
Room _____ Bed (1) (2)		Replacement (K) _____ (Mag) _____ (Phos) _____		_____		_____		Rate of _____ cc/o		Rate of _____ cc/o		NA _____ / _____	
Report -				Vital Signs		02		OUTPUT		LOCATION IV'S		*K+ _____ / _____	
DX/HX _____				_____		NC / MASK RA / High Flo Oximiser / Bi Pap / C Pap		_____cc (BR) (F) (U)		Tri/D/L		Ca _____ / _____	
								INPUT		IJ [L] [R]		HGB _____ / _____	
				LPM _____ SATS _____%				Fl Restrict _____		PICC [L] [R]		PLT _____ / _____	
								LUNG SOUNDS		PIV [L] [R]		BUN _____ / _____	
Wounds / Incisions / Drains				Chest Pain		Cardiac Monitor SB / SR / ST/ RATE _____		Central _____ Arm _____		AC _____ Hand _____		CR _____ / _____	
								BOWEL SOUNDS		DIET		INR _____ / _____	
Pain				PVC _____ PAC _____ PJC _____		Other _____		NPO _____ @ _____		Cardiac _____ Other _____		TROP _____ / _____	
								TF _____ cc / hour		BM _____ Act _____ (1) (2) Bedrest _____			
A-Fib / A-Flutter / VT / SVT / V-Fib - Rate _____%										PTT _____ / _____		WBC _____ / _____	

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Pain				PVC _____ PAC _____ PJC _____		Other _____		NPO _____ @ _____		Cardiac _____ Other _____		TROP _____ / _____	
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A-Fib / A-Flutter / VT / SVT / V-Fib - Rate _____%										PTT _____ / _____		WBC _____ / _____	