Room# Isolation: ◯
Name:
Age/Sex: **Code Status:**
Allergies:

Admit Date & C/C:

PMHX:
HTN • HLD • CAD • PAD • AFib • CHF ___% • COPD • DM ___ • __ Thyroid • CKD __ • OSA

ATTENDING:

TEAM:

NEUROLOGICAL: Fever:
Orientation:
Ambulation:

CARDIAC: Paced: ◯
Rate: LVAD: ◯
Rhythm:
Pulses: Pressures:

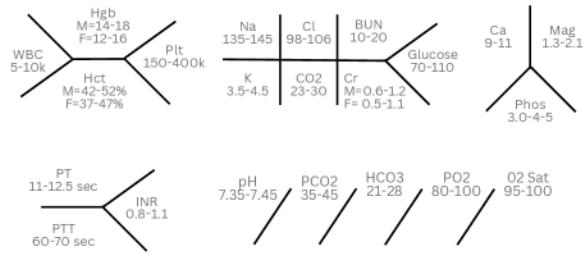
SKIN:

TUBES/LINES/DRAINS:_____

RESPIRATORY:
O2:
Sounds:

GI/GU: ACHS: ◯
Diet:
Last BM: Foley/Void:

MEDS/ORDERS:



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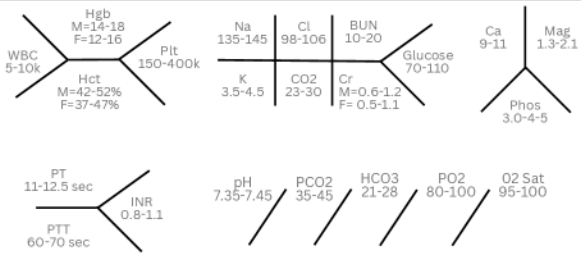

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