

<u>Room</u>	<u>Age</u>		
<u>Allergies</u>	<u>Code</u>	<u>Fall Risk</u>	<u>Self/Partial/Complete</u>
<u>Dx</u>		<u>Assessment</u>	<u>lbm</u>
<u>Recent hx</u>		Neuro Pain Resp CV GI GU Mobility Skin	
<u>PMH</u>			
<u>Plan of care</u>		<u>IV's/ports/skin punctures</u> <u>Vital Signs</u>	
<u>Labs/tests</u>		<u>Drips</u>	

<u>Room</u>	<u>Age</u>		
<u>Allergies</u>	<u>Code</u>	<u>Fall Risk</u>	<u>Self/Partial/Complete</u>
<u>Dx</u>		<u>Assessment</u>	<u>lbm</u>
<u>Recent hx</u>		Neuro Pain Resp CV GI GU Mobility Skin	
<u>PMH</u>			
<u>Plan of care</u>		<u>IV's/ports/skin punctures</u> <u>Vital Signs</u>	
<u>Labs/tests</u>		<u>Drips</u>	