

**CODE:**

<b>RM:</b>	<b>Name:</b>	<b>Age:</b>	<b>M/F</b>	<b>LOC:</b>	<b>Fall Score:</b>	<b>Dr.</b>	
<b>Dx (current):</b>	<b>Admit Date:</b>		<b>Recent Labs:</b>				
<b>Dx: (admit):</b>	<b>From:</b>		<b>Last BM:</b>				
<b>Hx:</b>	<b>Dc to/when:</b>		<b>RN Draw:</b>				
<b>SURG:</b>		<b>ABx:</b>	<b>NWB PWB WBAT TTWB TWB %WB:</b>				
<b>CIWA: 7pm: / Times:</b>				<b>1p 2p 3p Indep. Hoyer FWW Cane Other:</b>			
				<b>Precautions:</b>			
<b>F/C:</b>		<b>TUBES-DRAINS-PEG-ILEO-COLO</b>	<b>WOUNDS</b>		<b>Fall Score:</b>		
<b>Date Placed:</b>						<b>Braden:</b>	
<b>IV's / where / how long?</b>						<b>BA?</b>	
<b>IV Fluids:</b>						<b>scd/teds:</b>	
						<b>Turn: q2 / Indep</b>	
						<b>Issues/needs:</b>	
<b>O2: _L @Home? Tx:</b>		<b>DIET:</b>	<b>1:1 Feed?</b>	<b>TF?:</b>	<b>ALLERGIES:</b>		
<b>Cpap / Bipap / NOC O2:</b>		<b>GLU CHECKS:</b>		<b>LAST BM:</b>			

<b>VITALS</b>	<b>GLU</b>	<b>BP</b>	<b>P/R</b>	<b>T</b>	<b>O2/sat/∇'s</b>	<b>I/O-Time</b>	<b>LOC/∇'s</b>
< 7PM:	ac:						
> 7PM:	hs:						
> 2AM:	3a:						

<b>MEDS</b>						<b>PRN's / PCA</b>	<b>Med Comments:</b>

**TODO: CHG BATH BM VOID POSITION PATIENT: 7: 9: 11: 01: 03: 05: 6:30:**

**NEW ORDERS:**

<b>Incoming Report:</b>	<b>CHANGES:</b>

<b>Outgoing Report:</b>	<b>DC Plan:</b>
	<b>Dc date:</b>
	<b>Where to:</b>
	<b>DME/Needs:</b>
	<b>DC Barriers:</b>
	<b>Expected dc date:</b>

**Charted:** I/O's - V/S x3 - IV x3 - Pain q2h/w/meds - F/C x2 - Sepsis - All Meds Completed - ProgNote - Overall changes in?: Neuro - Card - Pulm - GI - GU - Integ - Psy Endo - Line Draws - Q1 Rounds - Chart Positions Q2h - Brains Last Updated: 8/29/25

**VITALS:****HEENT/Neck/Jug/Color qual/Integ/Wounds/NEEDS:****Time:****Time:****Pulm/Resp/NEEDS:**

Resp/qual/secretions/:

O2sat/NEEDS:

**Cardiac/NEEDS:**

Murmur: Irreg: Pain: Ortho BP needs?:

Needs:

Integ.Color:

Cap. Refill:

Edema:

**GI/NEEDS:**

Bt's: n/v/where?:

**LAST BM:**

slp?:

Appetite??

Abd. Pain/where?:

**NG/Peg/1:1/Needs:****INTAKE:**

Time:

What?:

Time:

What?:

**GU/NEEDS:**

F/C Purewick Urinal BSC Rect.Tube Incontinent

I/O's, color, smell, density, discharge:

Current I/O wnl?:

color/smell/look ok?:

Pain?

Gen / Peri ok?:

**U IN****U OUT****BM**

Time: amt: color/smell:

Time: amt:

Time:

Time: amt: color/smell:

Time: amt:

amt:

Time: amt: color/smell:

Time: amt:

Time: amt: color/smell:

Time: amt:

**NEURO:**

LOC:

INDEP?:

PERLA:

CHANGES/NEW?:

Needs: w/c walker cane 1p 2p 3p Indep  
BED ALARM?? Recent Falls/when?:

Strength/grasp/sensation: RUE:

LUE:

RLE:

LLE:

Symmetry?:

Issues? :

Speech/Swallow?:

**NEED SLP/why?:****INTEGUMENT:**

Orders:

**ROUNDS:****PAIN #****NAUSEA****WHERE?:****NAUSEA:**

Prn's available/comments:

7pm:

9pm:

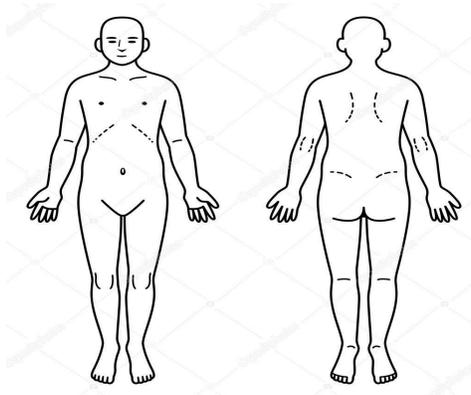
11pm:

1am:

3am:

5am:

7am:



- IVTD = IV Type & Date Placed, Dres = Dressing, WS = Wound and Stage, P = Potential, Exc = Excoriation – Brains Last Updated 9/8/23