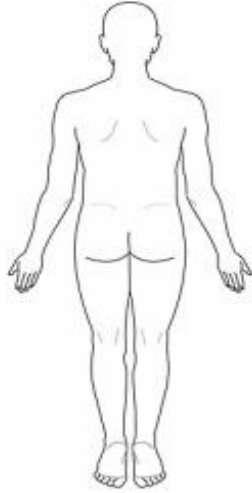
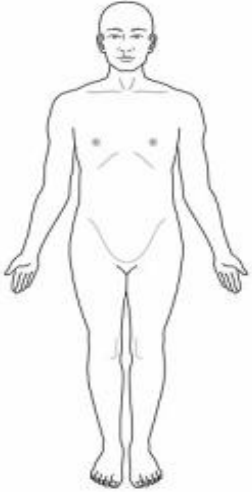


Name: _____ Admit Dx: _____



- BM _____
- OBS
 - LDA
 - Wound
 - Risk
 - ADL
 - PIN
 - EDU
 - MAP
 - Chart
 - I/O
 - _____
 - _____

Sig Med Hx:

Report: _____

NOTES

A

MEDS

19 20 21
22 23 00
01 02 03
04 05 06
07

FS Ac/Hs

21 _____
06 _____

PAIN

Pre/Re

19 ___/___
21 ___/___
23 ___/___
01 ___/___
03 ___/___
05 ___/___
07 ___/___

PCA

WBStatus

Mobility

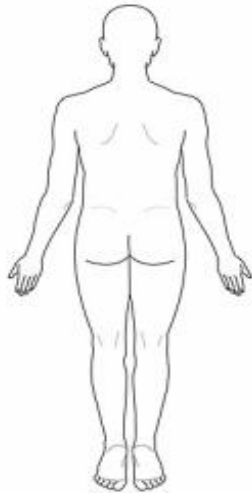
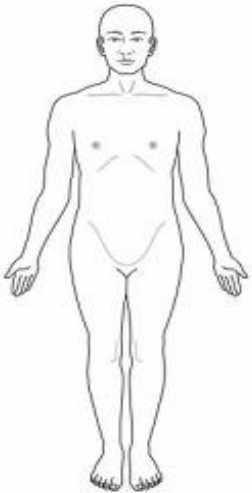
Fall Risk

Doctor: _____

ORDERS & To Do:

LABS:

Name: _____ Admit Dx: _____



- BM _____
- OBS
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 - Wound
 - Risk
 - ADL
 - PIN
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PCA

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Mobility

Fall Risk

Doctor: _____

ORDERS & To Do:

LABS: