

ROOM #	ISO:	CODE	AGE	ALLERGIES	ADMIT DATE:	DC PLAN:						
ADMITTING DIAGNOSIS/HISTORY:												
VITALS	TIME	BP	HR	O2	T	RR	BS	WBC: _____ 4.5-11	pH: _____ 7.35-7.45			
								Hgb: _____ 12-18	pCO <sub>2</sub> : _____ 35-45			
								Hct: _____ 36-49	pO <sub>2</sub> : _____ 70-100			
								Plts: _____ 100-450	HCO <sub>3</sub> : _____ 19-25			
								Na <sup>+</sup> : _____ 135-145	PT: _____ 10-12			
NEURO:	A&O x _____							K <sup>+</sup> : _____ 3.5-5.2	PTT: _____ 30-45			
RESP	LUNG SOUNDS		Vent		O2			Cl <sup>-</sup> : _____ 95-107	INR: _____ 1-2			
CARDIO	RHYTHM:		PULSES:		EDEMA			Mg: _____ 1.6-2.4				
GI	NPO	NG	LBM:	DIET:				Phos _____ 2.4-4.1				
GU	FOLEY		DIALYSIS				TO DO TODAY:					
MS/SKIN	AMBULATORY WOUNDS:		SCDS	SKIN INTACT								
IVS	S/F/R/D: _____											
	S/F/R/D: _____											
	S/F/R/D: _____											
DAILY CHECKS	0700		0800		0900		1000		1100		1200	
	1300		1400		1500		1600		1700		1800	