

Nurse Dan's RN Brain

Date	Hospital	Unit	Registry
Name	♂ ♀ Age	Room	DX/CC
Code Status MD 		Allergies	Diet/NPO

Precautions	Goals
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Time	Action	Lines/Tubes/Wounds			
		IV <input type="checkbox"/> L	<input type="checkbox"/> NG	<input type="checkbox"/> Foley	<input type="checkbox"/> _____
		IV <input type="checkbox"/> R	<input type="checkbox"/> PEG	<input type="checkbox"/> Dress	<input type="checkbox"/> _____

Vital Signs							
Time	Pain	HR	RR	BP	Temp	SpO2	BG

Meds						
Med	Time	Route	Dose	Indication	Contraindication/Protocol	

WBC 4.5-11 Hgb 12.0-17.5 Hct 34-52 Pit 150-450	INR 0.8-1.2 PT 10-13 PTT 25-35	Ca TP AST ALT PO2 Alb LDH AP Bili	Na 135-145 Cl 97-127 CO2 22-26 K 3.5-5.0 BUN 8-21 Creat 0.6-1.2 Gluc 70-100
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S	B	A	R
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