

REPORT SHEET

NAME			DOCTOR/RESIDENT				ROOM	CODE STATUS		
DIAGNOSIS			ISOLATION		ALLERGIES					
PMH/ADMISSION DATE						REPORT				
LABS			Na							
Hgb			K+							
Hct			MG							
WBC			CA							
Platelets			Phos							
INR/PT			Gluc							S.O./POA/Support Systems
PTT			CL							IV Site/Gauge Change date:
AST			Cre							IVF:
ALT			CO2							
Bili										
Albumin										
Wounds/Incisions:				Time						
Drains/Tubes:				Accucheck						
Elimination				Temp						
Foley Y/N				HR						
Size:				RR						
Insertion Date:				BP						
				SpO2						
				Pain						
Last BM:		O2 Needs			Telemetry					
Orders/To Be Done:			Activity/ADLs:		Med Times:		Crushed Whole			
					800					
					900					
					1000					
					1100					
		1200								
		Diet		1300						
		Fall Risk		1400						
		Braden Score:		1500						
				PRN Meds:						