

Patient _____ Level _____ Team _____ Code _____ Allergies _____ Room _____

PMH

Neuro

IV Access

Precautions

Motor/Mobility

Diet

DVT

Lungs

Cardio

GI

Story

GU

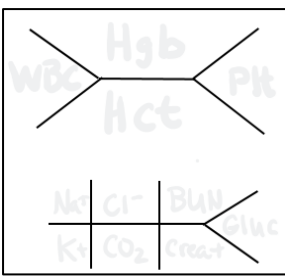
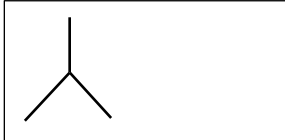
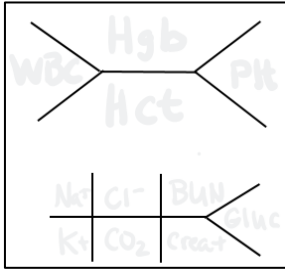
Skin

Tests/Radiology

Misc.

Plan

Meds



Patient Info

Name:

Room #

Age:

DOB

Allergies

Code Status

Full

DNR

DNI

Admitting Dx:

Activity/Ambulation:

Cane RW WC Lift

IV Fluids:

Hx:

I/O + -

Precautions

Aspiration

Bleeding

Fall

Seizure

Neutropenic

MRSA

Airborne

Droplet

Radiology

X-Ray

CT Scan

MRI

US

Vital Signs

HR:

Resp:

Temp:

BP:

O2 Sat:

Room Air NC

NRB

LPM _____

Pain:

Plan/Interventions

1.

2.

3.

4.

5.

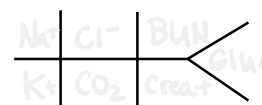
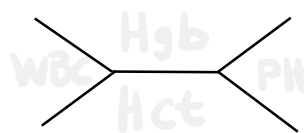
6.

7.

8.

9.

Labs



Other

RBC ___ Mag ___ PO4 ___

PT ___ INR ___ PTT ___

Ca ___

Cultures

Blood Urine Flu

Tubes

Drainage

Catheters

Feed/NG

Cardio – EKG, Rhythm, Pulses

Respiratory – IS, Sounds, SOB, Cough

Musculoskeletal – Fx, Sprains, Arthritis

Skin – Color, Edema, Wounds

GU – Catheter, U/A, UTI, CBI

Abdominal/GI – Last BM, bowel sounds

Neuro/LOC – PERRLA, GCS

HEENT - Mucosa, teeth, hearin

Nutrition/Diet – liquids, Cardiac, crushed

Medications:

Notes:



Concept Map Bundle

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