Left Panel

ROOM	Name Age Allergies:		ISO Contact Enteric Droplet	CODE Full Modified DNAR
DX Adm:			**MD** SIP ACSS ID GI TFM Nephro Neuro / IR / Surg Ortho/Spine Pulm Trauma	

PMH AFib Asthma CAD Cancer CHF CKD COPD CVA DM2 ESRD EtOH
GERD HPLD HT HTN MI OSA PolySub Psych Seizure TIA Trauma

Neuro	Moves / Follows	Neuro✓: CIWA✓:	**IV** PICC Midline CVC LAC LFA L____ RAC RFA R____ Port HD Fistula
C/V	AFib / NSR	Goal:	**Drips**
Resp	Hi-Flow / NC / Mask / Trach: _____ Home O2:	Sat:	**Drains**
GI	NG / OG / Dob / PEG: _____ Whole / Crushed	Diet: BS✓:	**PRNs**
GU	BR / Cmd / Urinal / Ext / Foley: _____ Continent / Urgency / Incontinent	BM:	

Skin		Temp: Turns: DVT:	**WBC** _____ **Mg** _____ **H/H** _____ **BUN** _____ **Na** _____ **Creat** _____
Pain		Mobility: Standby / 1 / 2 FWW / Bed	**K** _____ **Trop** _____ **Ca** _____ **PT/INR** ____ **Phos** ____ **Lact** _____

PLAN:

Insulin:
Assess: 8 12 16
Meds: 9

Turns: 8 10 12 14 16 18   **NIH**   **CHG**   **I/O**

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Insulin:
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Turns: 8 10 12 14 16 18   NIH   CHG   I/O