



University of the Assumption
College of Nursing and Pharmacy
 City of San Fernando, Pampanga



Name of Patient/Age/Diagnosis/Room/Bed Name of Student	Vital Signs	IVF/Rate/Level	Medications (Time and Status)	Diet	Doctor's Order (C-A-R-E-D)	Special Remarks

Team Leader: _____

Date and Shift: _____

Credit to: James Mallari, RN, UASN 2019



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