

Name:  
Pager:

Date:

<b>Rm:</b> <b>Nurse:</b> <b>Name:</b>	<input type="checkbox"/> Sickest <input type="checkbox"/> Unstable  <input type="checkbox"/> Watcher	<b>Summary</b> Dx:	<b>Action List</b> <input type="checkbox"/> Meds: <input type="checkbox"/> Labs: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Situational Awareness</b>
<b>Age:</b> ♂ ♀	<input type="checkbox"/> Stable	Access:		
<b>Rm:</b> <b>Nurse:</b> <b>Name:</b>	<input type="checkbox"/> Sickest <input type="checkbox"/> Unstable  <input type="checkbox"/> Watcher	<b>Summary</b> Dx:	<b>Action List</b> <input type="checkbox"/> Meds: <input type="checkbox"/> Labs: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Situational Awareness</b>
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