

*Name:**Pager:**Date:*

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