

Name:
Pager:

Date:

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