Republic of the Philippines
City of Cebu
CEBU CITY MEDICAL CENTER
A PHIC ACCREDITED HEALTH CARE PROVIDER
N. Bacalso Avenue corner Panganiban Street, Cebu City, Philippines 6000

MEDICATION SHEET

Name of Patient: _____ Area & Bed No.: _____ Case No.: _____

Allergies: _____

Medication					

NURSE'S NAME AND SIGNATURE

NURSE'S NAME & SIG.	6-2	NURSE'S NAME & SIG.	2-10	NURSE'S NAME & SIG.	10-6

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KARDEX

Name of Patient: _____ Age: _____ Sex: _____ Status: _____
Date of Birth: _____ Religion: _____ Nationality: _____
Date of Admission: _____ Time of Admission: _____ Case No.: _____ MSS Classification: _____
Physician: _____ Impression/Diagnosis: _____

TREATMENT

V/S: _____
I & O: _____
NVS: _____
POSITION: _____

ATTACHMENTS

- ☐ O2: _____ L/MIN _____
- ☐ NGT _____
- ☐ OGT _____
- ☐ FBC _____
- ☐ CTT _____
- ☐ ETT SIZE: ___ LEVEL: ____
- ☐ TRACHEOSTOMY

ATTACHED TO:

- ☐ PPV _____ L/MIN
- ☐ MECHANICAL VENTILATOR

MODE: _____ FIO2: _____
BUR: _____ PFR: _____
TV: _____ PEEP: _____

- ☐ CARDIAC MONITOR
- ☐ PULSE OXIMETER

OTHERS:

IVF/ INFUSIONS

DATE	BOTTLE NO.	IVF	RATE

DATE	BOTTLE NO.	INFUSION	RATE

REFERRALS

DEPARTMENT:

RE:

DATE	LABORATORY/DIAGNOSTIC	DATE	LABORATORY/DIAGNOSTIC

PROCEDURES/OPERATIONS

DATE CONTRAPTIONS STARTED

IV ACCESS: _____
IV TUBING: _____
NGT: _____
FBC: _____
ETT: _____
OTHERS:
_____
_____

DIET, RESTRICTIONS AND ALLERGIES

DIET:

LOF: _____
AM: _____
PM: _____
NOC: _____

ALLERGIES:

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NURSES PROGRESS NOTES

Name of Patient: ______________________ Area & Bed No.: __________ Case No.: __________

DATE	TIME	FOCUS	D-ata	A-ction	R-esponse

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DOCTOR'S ORDER

Name of Patient: ______________________________ Area & Bed No.: _____________ Case No.: __________

DATE	TIME	PROGRESS NOTES	DOCTOR'S ORDER

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TPR SHEET

Name of Patient: _____ Area & Bed No.: _____ Case No.: _____

DATE																													
PR . RR	TE MP °C	AM			PM			AM			PM			AM			PM			AM			PM			AM			PM	
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	10-6																												
		BLOOD PRESSURE						BLOOD PRESSURE						BLOOD PRESSURE						BLOOD PRESSURE						BLOOD PRESSURE					
	6-2																												
	2-10																												
	10-6																												
		WEIGHT:						HEIGHT:						HC:						AG:						MUAC:					