DIET

ALLERGIES

LIKES DISLIKES

FEED ASSIST

TUBE FEEDINGS

FLUIDS

RESTRICT ENCOURAGE

I&O

TOILET/OUTPUT

COMMODE

FOLEY SIZE

DATE INSERTED

DUE TO VOID

TEST URINE

GUIAC

OSTOMY CARE

VITAL SIGNS

TPR

BP

NEURO WGT.

BATH

SELF SHOWER TUB

ASSIST COMPLETE

SPECIAL SKIN CARE

SITZBATH

ACTIVITY

AMBULATE

ASSIST

UP IN CHAIR

BEDREST

TURN ROM

SUPPORTIVE

ELASTIC STOCKINGS

SUPPORTIVE/SAFETY

SIDE RAILS

TRAPEZE

FOOT BOARD

AIR/FORM MATTRESS

BED BOARD

RESTRAINTS

PRECAUTIONS

SUCTIONING

NASO PHARYNGEAL

TRACH

N/G TUBE

CHEST TUBE

DRESSINGS

SIMPLE

COMPLICATED

TELEMETRY

PATIENT TEACHING

CORONARY

DIABETIC

PRE-OP

POST-OP

ONCOLOGY

OSTOMY

RESPIRATORY

DIET

MEDICATION

OTHER

PHYSICAL THERAPY

RESPIRATORY THERAPY

E.K.G.	DATE

ORDERED	TESTS/PROCEDURES	DONE	DATE	LABORATORY

DATE VISITED	SOCIAL SERVICES

DATE	DAILY LAB & TES

NEXT OF KIN	RELATIONSHIP	HOME TELEPHONE	BUSINESS TELEPHONE	D.L.	SAC. OF SI

ROOM NO.	NAME	AGE	HOSPITAL NO.	PRIMARY PHYSICIAN	RELIGI

DISCHARGE PLANNING

DATE	MEDICATION & IV's	PRESCRIBED TREATMENTS	7 – 3	3 – 11	11 –

ADMITTING DIAGNOSIS:

CURRENT DIAGNOSIS:

OPERATION:

ALLERGIES:

DATE	REFERRALS/CONSULTATIONS	DATE REQUIRED	DATE SEEN

NEXT OF KIN	RELATIONSHIP	HOME TELEPHONE	BUSINESS TELEPHONE	D.L.	SAC. OF SI

ROOM NO.	NAME	AGE	HOSPITAL NO.	PRIMARY PHYSICIAN	RELIGI

ATE	PROBLEM(S) WITH GOALS	INTERVENTION	INIT.	DATE