

PATIENT

RM _____ INITIALS · AGE · SEX _____ ADMITTED _____

ADMITTING DIAGNOSIS _____

PAST HISTORY _____

ALLERGIES · REACTION _____ DIET _____

ACTIVITY _____ LINES · DRAINS · O₂ _____

☐ FULL CODE ☐ DNR ☐ DNI ☐ ISOLATION ☐ FALL RISK

PATHOPHYSIOLOGY IN TWO LINES: WHAT IS GOING ON IN THE BODY

MEDS

TIME	MED · DOSE · ROUTE	WHY THIS PATIENT GETS IT	CHECK BEFORE GIVING

LABS AND TESTS

LAB	RESULT	H · L	WHY IT MATTERS HERE

VITALS

TIME			
BP			
HR			
RR			
TEMP			
SP0 ₂			
PAIN			

ASSESSMENT: WHAT I FOUND, HEAD TO TOE

PRIORITY PROBLEMS

#	PROBLEM	GOAL	WHAT I WILL DO	DID IT WORK?
1				
2				
3				

TEACHING · GOING HOME

QUESTIONS FOR MY INSTRUCTOR
