DATE _____ SHIFT _____ UNIT _____ TECH _____ CHARGE _____

RM _____ NAME · AGE _____

DX _____

ALLERGIES _____

DIET _____ LINES _____

☐ FULL ☐ DNR ☐ DNI ☐ ISO ☐ FALL ☐ TELE

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RM _____ NAME · AGE _____

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NOTES

WHOLE SHIFT _____

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NOTES · TELL THE CHARGE NURSE