

Code: DNR FULL MIX

Hand off Report:
MD:

History (Hx):

Primary Dx:

Secondary Dx:

Labs:

Meds: 7 Rights to Medication Administration:
Patient [] Mediation [] Dose [] Time [] Route [] Documentation [] Response []

0700/1900

0800/2000

0900/2100

1000/2200

1100/2300

1200/2400

1300/0100

1400/0200

1500/0300

1600/0400

1700/0500

1800/0600

Allergies:

A&O X: Person Place Reason Time Elimination

Resp : RA/___LO2

Mobility :

Bed Alarm []

Cardio :

HEENT

Skin:

LDA lines/drains/airways

Last BM :

Diet: clear liquid soft reg

GU-

Void Foley Incont

I & O's: [] [] []

Vitals

0800:

Temp:

BP:

HR:

RR:

Pain:

1200:

Temp:

BP:

HR:

RR:

Pain:

1600:

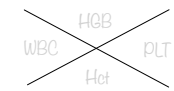
Temp:

BP:

HR:

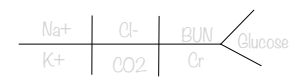
RR:

Pain:



[] Phos:

[] Mag:



To Do:

[] Head to toe

[] Flush & assess lines

[] Pain assessment/reassessment

[] SCDs

[] ADLs

[] Care Plan

Notes:

Room #: