Code: DNR FULL MIX

Allergies:

Hand off Report:
MD:

History (Hx):

Primary Dx:

Secondary Dx:

Labs:

A&O X: Person Place Reason Time

Resp: RA/___LO2

Mobility :
Bed Alarm [ ]

Cardio :

HEENT:

Skin:

LDA lines/drains/airways

Elimination:

GI-

Last BM:

Diet: clear liquid soft reg

GU-
Void Foley Incont

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

HGB
WBC PLT
Hct

[ ] Phos:
[ ] Mag:

Na+ Cl- BUN Glucose
K+ CO2 Cr

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

Vitals:

0800:
Temp:
BP:
HR:
RR:
Pain:

1200:
Temp:
BP:
HR:
RR:
Pain:

1600:
Temp:
BP:
HR:
RR:
Pain:

To Do:

[ ] Head to toe
[ ] Flush & assess lines
[ ] Pain assessment/reassessment
[ ] SCDs
[ ] ADLs
[ ] Care Plan

Notes:

Room #: