

Patient name:

CLP#:

Location:

Bed:

Date:

POD #:

Abx Day #:

S:

VS:Tm: Tc: RR: HR:

BP: O₂ Sat: % on FiO₂
 Vent SIMV PC PS / /
ABG: / / / /

Breakdown:

I/O:

IVF / Urine Out:

Tube feed / woundvac:

Drains: JP1: JP2: JP3: JP4:

PE:

Cardiac:

Resp:

Abd:

Ext: T&K

Labs:



LA:

Mg: PT

i Ca: INR

Phos: PTT

Studies:

Pain Control:

Nutrition:

TO DO:

Notes

AM Labs

PT/OT

Antiemetic

T & K

Pain

Colace

Prevacid

Abx

SQ hep

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