

**REPORT SHEET**

NAME			DOCTOR/RESIDENT			ROOM	CODE STATUS	
DIAGNOSIS			ISOLATION			ALLERGIES		
PMH/ADMISSION DATE						REPORT		
LABS								
Hgb		Na						
Hct		K+						
WBC		MG						
Platelets		CA						
INR/PT		Phos						
PTT		Gluc			S.O./POA/Support Systems			
AST		CL			IV Site/Gauge      Change date:			
ALT		Cre			IVF:			
Bili		CO2						
Albumin								
Wounds/Incisions:				Time				
				Accucheck				
Drains/Tubes:				Temp				
Elimination				HR				
				RR				
Foley Y/N				BP				
Size:				SpO2				
Insertion Date:				Pain				
Last BM:		O2 Needs			Telemetry			
Orders/To Be Done:			Activity/ADLs:		Med Times:		Crushed    Whole	
					800			
					900			
					1000			
					1100			
		1200						
		Diet	1300					
		Fall Risk	1400					
		Braden Score:	1500					
					PRN Meds:			