

Name/Age:	Code Status:	Room #: DofA:	Assessment & Nursing Care: NEURO: PULM: O2: CV: GI/GU: Last BM Foley PEG MS: Brace/Device: SKIN: Incision Wounds/Pressure Ulcers IV:	Notes:	Fall Risk
MD/Surgeon:	Allergies: DX: HX: Diet:	MEDS IVF:			
		PRNs (Last):			
		FSBS:			
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