

PROBLEM LIST	MEDS
1	
2	
3	
4	
5	

DOA:
ID:
CC:
HPI /Birth Hx:

PE Notes:

ROOM:
WT: (%)

PMHx/PSurgHx:

HT: (%) HC: (%)
Birth Wt:

Home Meds:

Radiology/Studies/Labs

SHx:

IMMUN:
ALL:

ROS:

FamHx:


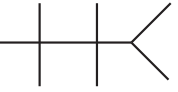




PMD/Consults:



LABS



TO DO



Events:


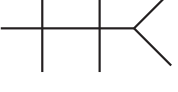
/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>



/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>

/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>

/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>

/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>

/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>

/	Wt: ±	Tm	HR	BP	R	O2sat	/	
			Ca	I	_____ =	cc/k/d	<input type="checkbox"/>	<input type="checkbox"/>
				O		cc/k/h	<input type="checkbox"/>	<input type="checkbox"/>
P	L	M	E	B			<input type="checkbox"/>	<input type="checkbox"/>