

Room #	Initials	Age	Sex	Admit Date	Admit Dx	Code
Medical Hx					Dx tests	
Diet		Activity/Mobility		Allergies		Labs
IV access: _____ IV sol/rate: _____ IV total: _____			FSBS <input type="checkbox"/> 0700: _____ 1200: _____		Insulin Given 0700: _____ 1200: _____	
Treatments:						
Input IV total: _____ PO total: _____ Total input: _____		Output F/C <input type="checkbox"/> Last BM _____ Total output: _____		Pain Pain goal: _____ <input type="checkbox"/> PCA: _____		
Vital Signs COS: T ____ P ____ R ____ BP ____ SaO2 ____ pain ____/10 0800: T ____ P ____ R ____ BP ____ SaO2 ____ pain ____/10 1200: T ____ P ____ R ____ BP ____ SaO2 ____ pain ____/10					O2 Type	
Reminders/Meds						
07		11		_____		
08		12		_____		
09		13		_____		
10		14		_____		
Discharge Planning:						
Pt. Ed:						

Medications (Name/dose/frequency/route/special considerations)			
Running I&O Shift Totals			
Notes:	Time	Intake	Output
	Total		