

Name:

Allergies:

Code Status:

Isolation:

**Medical History:**

**Past Medical History:**

**NEUROLOGICAL**

PEERLA: \_\_\_ mm      Brisk/Sluggish

A&O x \_\_\_ Disoriented to: \_\_\_\_\_

Sedation Level: \_\_\_\_\_

Pain Score: \_\_\_ Last pain med: \_\_\_\_\_

\_\_\_\_\_

**RESPIRATORY**

ET/Trach size: \_\_\_ Placement: \_\_\_ @ \_\_\_\_\_

Vent settings/O2: \_\_\_\_\_

Breath sounds: \_\_\_\_\_

Secretions: \_\_\_\_\_

\_\_\_\_\_

**CARDIOVASCULAR**

Heart Rate: \_\_\_ Rhythm: \_\_\_\_\_

BP: \_\_\_ Pressors: \_\_\_\_\_

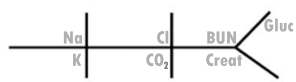
Edema: \_\_\_\_\_

Pulses: \_\_\_\_\_

Temp \_\_\_ Last Cultures: \_\_\_\_\_

SCDs: \_\_\_ Anticoagulants: \_\_\_\_\_

\_\_\_\_\_



IV Access: \_\_\_\_\_

\_\_\_\_\_

**GASTROINTESTINAL**

Bowel Sounds: \_\_\_\_\_

Last BM/Rectal Tube: \_\_\_\_\_

Diet: \_\_\_\_\_

NG/OG/Tube Feeds: \_\_\_\_\_

\_\_\_\_\_

**GENITOURINARY**

Urinal/Foley      Urine output: \_\_\_\_\_ mL

Color: \_\_\_\_\_

\_\_\_\_\_

**INTEGUMENTARY**

Wounds: \_\_\_\_\_

\_\_\_\_\_

**MUSCULOSKELETAL/ADL**

\_\_\_\_\_

**PSYCH**

\_\_\_\_\_

**TO DO**

\_\_\_\_\_

\_\_\_\_\_