

Room #	TX:	Neuro:	T:	T:
Name:		Resp:	P:	P:
DX:		CardioVasc:	R:	R:
REPORT	MED'S	Extremities:	BP:	BP:
		GI / GU	Intake:	Output:
		Skin:	TO DO / CAREPLAN	
		Pain:		
MD'S	IV's	OTHER:	TEACHING:	
ALLERGY				
ACTIVITY	LABS			
DIET				

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