

Rm: _____ Name: _____ Age: _____ Code: Full DNR
Allergies: _____ History: _____
Story: _____

Neuro: Cardio: Labs/Imaging:
A x 0: _____
Assist x ____ Walker W/C

Respiratory: Gastrointestinal: Fluids/Lines/Drains:
RA / O2 Diet: _____

Genitourinary: Skin: Plan:
Foley -D/C:
LBM/Cont x ____

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