Student Name: _____ Date: _____

S	Patient: (***Adult*** / Teen / Child / infant) ***M*** / F Admit date: X/XX/*20XX* Weight (kg): 72 kg Height: 1 Dx: 2 Dx:	Physician Service: Consults (Ex: Speech, PT/OT, Surgery, Neuro) *Neurology*

B	**History**: **Home Medications:** **Pertinent RECENT History**:	Allergies (reactions) Code status DNR/AND Advance directive: Y / N	Isolation: Restraints: Y / N Type: Vaccine- PNA / Flu

A	**Neuro:** LOC/Hand Grips/Pulls & Pushes/Pupil Rxn/ Pupil Size/ GCS		**Vital Signs:** T/ P/ R / BP/ O2
	Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular		**Pain** ***None*** Pain scale Location
	Pulmonary: Breath sounds/Secretions	Oxygen: _____L O2	Accu checks: Frequency: Results
	GI : Last BM: NGT OGT	**Diet** Breakfast % eaten: Lunch % eaten:	**Skin:** Wounds/Drainage Staples /Drains Location:
	GU:	Placed on:	
	IV Site & Type *Site appearance:*	Date inserted:	Psych Social:

Na	Cl	Bun	Gluc	Mg	BNP	Hct	Notes:
K	Co	Cr	Ca	Phos	DDimer	WBC Plt Hgb	

R	**Recommendations:**