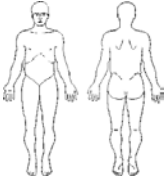

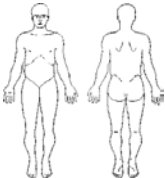



FACILITY: _____

	Pt	Rm	CC/New active
BP	P	RR	T
PE			New Meds/changes/Key meds Yes <input type="checkbox"/> No <input type="checkbox"/>
		Wounds? Y N	Narcotics?
LABS 			Orders
Accu:			
Therapy			DC Plan

	Pt	Rm	CC/New active
BP	P	RR	T
PE			New Meds/changes/Key meds Yes <input type="checkbox"/> No <input type="checkbox"/>
		Wounds? Y N	Narcotics?
LABS 			Orders
Accu:			
Therapy			DC Plan