Name:	Room #	Physcician/Team:	
Diagnosis		Code: Allergies:	
Background/ History			
Vitals:		Access/Drips:	
Neuro	Cardiac Cardiac	Respiratory	Gastra
Renal	Musculoskeletal	Skin/ Wounds.	Laps/Results
Intake and Output:			
To Do List.			
Notes:			