Room number:	Room number:
Name:	Name:
Gender:	Gender:
Age:	Age:
Code status:	Code status:
Allergies:	Allergies:
7.1116.18.631	7.11.01.61.001
Pertinent data:	Pertinent data:
Orientation status:	Orientation status:
Pain:	Pain:
i uiii.	i uiii.
Diet:	Diet:
Level of assistance:	Level of assistance:
Last BM:	Last BM:
Urinary:	Urinary:
Activity:	Activity:
Level of assistance:	Level of assistance:
Assistive device used:	Assistive device used:
<u>Vital Signs:</u>	<u>Vital Signs:</u>
Temp:	Temp:
Spo2:	Spo2:
BP:	BP:
HR:	HR:
RR:	RR:
Weight:	Weight:
Plan:	Plan: