

Room number:

Name:

Gender:

Age:

Code status:

Allergies:

Pertinent data:

Orientation status:

Pain:

Diet:

Level of assistance:

Last BM:

Urinary:

Activity:

Level of assistance:

Assistive device used:

**Vital Signs:**

Temp:

Spo2:

BP:

HR:

RR:

Weight:

**Plan:**

Room number:

Name:

Gender:

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Code status:

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**Plan:**