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| DATE: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Temp** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **HR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **RR /O2 sat** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Na+ (137-145)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **K+ (3.5-5)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Urea (3.2-7.1)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cr (58-110)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **eGFR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cl/CO2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CRP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ESR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Alk Phos** **(38-126)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GGT (<49)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **AST (15-45)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ALT (10-65)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **INR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **WBC (3.1-9.7)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Neut (1.2-6)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Hgb (135-169)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Plts (137-375)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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-------------------------------------------------**Microbiology**--------------------------------------------------------

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| **Date** | **Site** | **Organism** | **Sensitivities** |
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 Date/ Daily Plan/Update

Vaccines

Allergies:

**Patient Monitoring**

**Form**

Pertinent Vitals/P/E on Admission:

Vitals:

CNS/Neuro:

HEENT:

Resp:

CVS:

GI:

GU:

Endocrine:

MSK/Skin:

\*Fluid/Electrolytes, Heme, Micro- See back of form

Diagnostics (Chest Xray, CT, GI scope etc):

Initial Problem List/ Including DRPs:

Past Medical History

History of Present Illness

Social Hx

Chief Complaint:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

Male □ Female □ Admission Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current

PTA Medications

OTCs/Herbals:

Community Pharmacy

Compliance/Compliance Aids?