

Patient Info:

ALLERGY:

Activity Up _____ Bedrest _____ BRP _____ Commode Chair _____ Dangle _____
 Amb. _____ Chair _____ Trans. via _____
 Cough _____ DB _____ Leg Ex. q. _____ Sp. Instructions _____
 Turn q. _____ Position _____ Sp. Skin & B.C. _____ q _____ c _____

Bath Complete _____ Assist _____ Minimal _____ Tub _____ Shower _____ Shampoo _____
 Other _____

M.C.: Assist _____ Staff _____ Special _____ c _____
 Dentures: U _____ L _____ Cleaning: Self _____ Assist _____ Staff _____

Meals: NPO _____ Self _____ Assist _____ Feed _____ Tube Feeding _____
 Sp. Instructions _____

TREATMENT

INHALATION THERAPY TX	Sp. Procedures (Cats: Scans etc.)
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Adm./Date	Age	Religion	Diagnosis	Surgical	Date
Rm.	Name		Doctor(s)	Consultant	

O. R. - X-Ray - Lab

Daily/Freq.

Mo.
Day

ALLERGY:

Diet: _____

Isolation: _____

Nourishment: _____ F.F. _____ Amt. _____

Intake: _____ Amt. _____

Output: _____

Temp. _____ O _____ R _____ A _____

BP _____ RA _____ LA _____ Both _____ Other _____

Pulse: _____ R _____ AP _____

Resp. _____ Cranio. Ck. _____

Wgt. _____

C & A _____ Coverage _____

I.V.'s _____

Discharge Planning

Skin Test Date Done Read Results

Patient Teaching: Dx, Diet, OR, Lab, X-Ray
Date What Who When