NURSE’S NOTES:

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<th>TEMP.</th>
<th>PULSE</th>
<th>RESP.</th>
<th>B/P</th>
<th>PULSE OX</th>
<th>SKIN COLOR/COND.</th>
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<th>DOSE</th>
<th>ROUTE</th>
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<th>DOSE</th>
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**DRUGS ADMINISTERED**

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<th>ROUTE</th>
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<th>TIME</th>
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<th>ROUTE</th>
</tr>
</thead>
</table>

**NOTIFIED**

| ( ) Police |   |
| ( ) Coroner |   |
| ( ) Social Services |   |
| ( ) Mental Health |   |
| ( ) Other |   |

**VALUABLES GIVEN TO:**

| ( ) Family | ( ) Police |
| ( ) Family | ( ) Coroner |

Name:__________________

NURSE’S SIGNATURE:__________________