HOSPITAL MEDICATIONS/FLUIDS

Name	Start	Stop

PROBLEM LIST

NOTES

Name Age MR# Admit
Code Birthdate PCP Rm

CC:

HPI:

PMH:

Transfusions/Psych/Surgery/Immunizations

ALLERGIES:

SOCIAL
Smoking
EtOH
Drugs

FAMILY

CA, DM, HTN, CAD, Obesity, TB, COPD, Stroke, Similar

MEDS @ home:

EXAM
T HR RR BP O2 BMI
GENERAL:
SKIN:

HEENT:
NECK:

LUNGS:

HEART:

ABD:

EXT:
NEURO:
OTHER:

STUDY/ Cultures	DATE	RESULTS

TO DO	NOTES
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DATE	T	HR	RR	BP	O2		Ins	Outs
						CPK		PROT
						CK-MB		ALB
						TROP		T/BIL
L B S E								AST
						PT		ALT
					ESR	INR		LDH
ABG / / / /					CPK	PTT		GGTP

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