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| --- | --- |
| Room: Name:  Code:  Isolation:  Allergies:  MD/Consults:  Hx:  Dx::  Neuro:  Resp:  Cardiac:  Mus/Skel/Mobility:  GI/GU/Diet:  Skin:  Labs:      IVs and infusions:  Plans for Shift/Extra Notes: | Room: Name:  Code:  Isolation:  Allergies:  MD/Consults:  Hx:  Dx::  Neuro:  Resp:  Cardiac:  Mus/Skel/Mobility:  GI/GU/Diet:  Skin:  Labs:      IVs and infusions:  Plans for Shift/Extra Notes: |