# **Patient Information**

## **Reason for Admission**

#### **Past Medical History**

#### **Importance Issues/Priorities**

## Plan for the day

Strengths/Deficits/ Risks
Nursing Interventions
<u>Outcomes</u>
Vital Signs:

<u>Medication</u>	<u>Category</u>	<u>Indication</u>	Monitoring/Side Effects



**Blood Gases: Arterial / Venous** 

**Serum/Urine Osmolality** 

# **Head-to-Toe Physical Assessment**

<u>Neurological</u>	<b>Genitals/Urinary Tract</b>
<u>Cardiovascular</u>	<u>Integument</u>
	<u>Hematology</u>
Respiratory	<u>Pain</u>
	<u>Infection</u>
GI/Nutrition	<u>Psychosocial</u>