McL	AREN FLINT PNEUMONIA		NURSING CARE	CARD		Use Pencil Only
DATE ORDERED	TREATMENTS & DRESSINGS	DATE ORDERED	X-RAY	DATE SCHEDULED	DATE ORDERED	DAILY LAB WORK
			CXR-PA & Lat			
:			·			
						,
					DATE ORDERED	LABORATORY
						CBC on 3rd day of Admission
DRAINS	& PACKING					
DATE ORDERED	EQUIPMENT					
			FALL RISK			DIAGNOSTIC TESTS/SPECIMENS
					, ,	Blood cult x 2 15"apart
		DATE ORDERED	EKG			Sputum gm. st. C&S-trap if needed
Ht.	CODE STATUS					
144						
Wt.						

INTRAVENOUS THERAPY										FLUID RESTRICTIONS: DIET:					TUBE FEEDING:		
DATE	ATE									4 - 4							
ORDERED									Totalcc								
									ACTIVITY.	BRF	P Adv. as	s tol.					
										Bed	w						
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	BLOOD PRODUCTS:									v.s. q 4° x 24°, t q shift. Call Dr. > 25 or other sig Neurc resp. dist.			€ 102	C	AILY WT.		
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DATE ORDERED	CONSULTS	CONSULTS NOTIFY HERE DATE SPECIAL COMMENTS & INFOR						IENTS & INFORMATI	ON		Durable Power of Attorney:						
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SIGNIFICANT PAST MEDICAL HISTORY:											DRG/LOS: BRADEN SCALE:						
												CALE:	and an extension of the contract of the contra				
DIAGNOSI	S:																
POST DIAGNOSIS OR SURGERY:																	
•											ALLERGIES						
MEDICAL RECC	ORD NO		PATIEN	NT			ROOM NO		DO	CTOR			AGE	ADM	DATE		

M-1339 F (9/2014)