

SBAR

<div data-bbox="131 317 701 422" style="border: 1px solid black; padding: 5px; text-align: center;">Patient Sticker</div> <p>Room #: _____</p> <p>Diagnosis: _____</p> <p>Psychiatrist: _____</p> <p><input type="checkbox"/> AFV <input type="checkbox"/> INV <input type="checkbox"/> DEF <input type="checkbox"/> CO <input type="checkbox"/> ITT signed: _____</p> <p>Reason for Admission</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>CLOZARIL Patients:</u></p> <p>First CBC with manual diff done and enrollment packet faxed: Date/Time/Initial: _____</p> <p style="text-align: center;"><u>WEEKLY CBC WITH MANUAL DIFF:</u></p> <p>1. Date: _____ Faxed: _____ Result: _____</p> <p>2. Date: _____ Faxed: _____ Result: _____</p> <p>3. Date: _____ Faxed: _____ Result: _____</p> <p>4. Date: _____ Faxed: _____ Result: _____</p> <p>Depakote Level: 1. _____ 2. _____ 3. _____</p> <p>Lithium Level: 1. _____ 2. _____ 3. _____</p> <p>Allergies: _____</p> <p>Precautions/Alerts: _____</p> <table border="1" data-bbox="756 957 1536 1123"><tr><td data-bbox="756 957 1146 1123">Abnormal Labs/Tests:</td><td data-bbox="1146 957 1536 1123">DVT Score/Reasons Why:</td></tr></table>	Abnormal Labs/Tests:	DVT Score/Reasons Why:
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<p>Psych HX: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Medical HX: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Legal Issues-Jail Hold: _____</p> <p>_____</p> <p>_____</p>	<p>Medical Consult: _____ Date Seen: _____</p> <p>Family DR: _____</p> <p>Consulting DR: _____</p> <p>Reason: _____</p>		
<p>Check Off:</p> <p>Profile Completed <input type="checkbox"/></p> <p>Home Medications Verified <input type="checkbox"/></p> <p>Admission Labs Checked: CBC, CMP, UA, UDS, ETOH, Lipids, TSH, Free T4 <input type="checkbox"/></p>	<p>Discharge Plan:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Additional Information:</p> <p>_____</p> <p>_____</p> <p>_____</p>			

