Student _____ **WORK PACKET** Date _____

Room	Patient	Allergies							
		M F	Diagnosis Surgery Date	VS q O_2 Neuro I.S.	BR Chair AMB	Diet TF NGT Foley I&O	Dressing	IV PCA	CBG q (blood sugar) _____ _____ Other
B/P T P R 0800 1200									
Parameters:		MEDS ACTIVITY	0800	0900	1000	1100	1200	1300	1400

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