

Personalized Patient Worksheet

Nurse/Team _____ DNR 8607/Code 99

Patient Room # _____ Name _____ Age _____

Allergies _____

Diagnosis _____

Diet _____ Fluids: PO _____ IV _____ Type _____

Restrictions: BR _____ BRP _____ OOB/Chair _____ Ambulate with assist _____

Activity _____

Assessment _____

Treatments

1 _____

2 _____

3 _____

4 _____

5 _____

Monitor

1 Vital Signs: Temp _____ Pulse _____ AHR _____ BP _____ Parameters _____

2 Cardiac Monitor: Rhythm _____ Rate _____

3 Neurologic Status _____

4 CMS _____ Traction _____