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ID:

24h Events/Consults:

| I&O's | Meds: |
|-------|-------|
| Net:  |       |
| In:   |       |
| Out:  |       |

| VITALS           | LABS/IMAGING |
|------------------|--------------|
| T                |              |
| HR               |              |
| BP               |              |
| RR               |              |
| SpO <sub>2</sub> |              |

| Hospital Issues | To-Do/Orders             |                          |
|-----------------|--------------------------|--------------------------|
| Diet/GI:        | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulm:           | <input type="checkbox"/> | <input type="checkbox"/> |
| VTE:            | <input type="checkbox"/> | <input type="checkbox"/> |
| MIVF:           | <input type="checkbox"/> | <input type="checkbox"/> |
| L/T/D:          | <input type="checkbox"/> | <input type="checkbox"/> |
| Pain:           | <input type="checkbox"/> | <input type="checkbox"/> |
| Dispo:          | <input type="checkbox"/> | <input type="checkbox"/> |

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