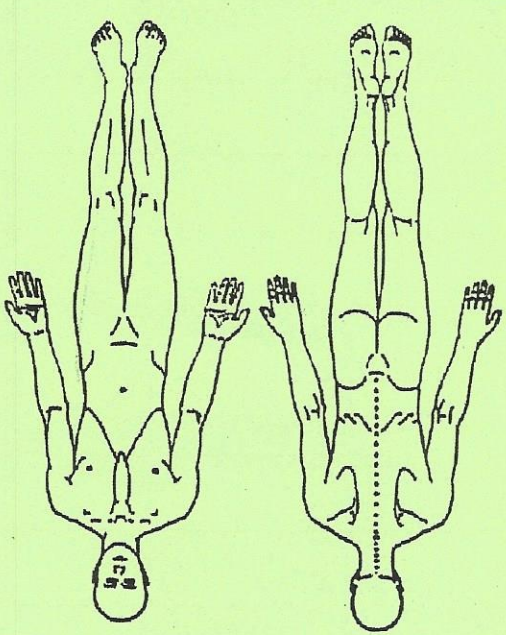


Patient Name:		Age:		Date of Birth:	Date:	NSNR#
Physicians:		Allergies:		Code Status		
<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DNR		Decision Maker/Contact:				
Current Problem						
History						
ABGs		Chemistry				
pH $pCO_2$ $PO_2$ $HCO_3$ $sO_2$ BE Lactic K D-Dimer PTT CL NA Creat Hct Hgb WBC Gluc		Phos MG Ca D-Dimer PTT CL NA Creat Hct Hgb WBC Gluc				
Protocols						
Pulmonary:		Renal:				
Vent Settings:		Hemostasis Time:				
$O_2$ Mode Rate PS PEEP Vt		Pain Medications:				
Neuro:		GI:				
Endocrine:		Musculoskeletal/Skin:				
Endocrine: Musculoskeletal/Skin: Neuro: Cardiovascular: Pulmonary: Renal:		Hematology: Pain Medications: Hemostasis Time: GI: Musculoskeletal/Skin: Endocrine:				
Tests:		Echo		Heart Cath		CXR
Planned Procedures:		Discharge Plan:				
Echo Heart Cath CXR Labs CT		Drips: 				

Q1 hr	gtt	VS	18:0	Sepsis Bundle	TIME ZERO
Q2 hr	Restraints			STAT Venous Lactic Acid	
08	10	12	14		
20	22	00	02	Cultures: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Sputum	
Q4 hr	SAS	Oral Care	Residuals	CVP	Fluids
08	12	16	20	PCT	Vasopressors
Q Shift					
Foley	10	22		ABX	given @
IV totals	18	06		ABX	given @