



IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Permission to treat from: ☐ Self ☐ Parent ☐ Guardian ☐ Present / By Phone ☐ Unable to Contact



0200000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PRINT NAME

Initials

OBSERVATION FLOW SHEET

Time	BP	P	R	T	O2%	Pain (0-10)	GCS		Nursing Notes

MEDICATIONS

FLUIDS

Time	Medication	Dose	Route	RN Initials	Time	Solution	Rate	D/C Time	Total Infused	RN Initials

DISCHARGE INFORMATION

BELONGINGS LIST

<input type="checkbox"/> Discharged <input type="checkbox"/> Admitted to: _____ <input type="checkbox"/> Transferred to: _____ Mode: <input type="checkbox"/> Ambulatory <input type="checkbox"/> W / C <input type="checkbox"/> Crutches <input type="checkbox"/> Carried <input type="checkbox"/> Stretcher <input type="checkbox"/> Stroller With: <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Police <input type="checkbox"/> _____	<input type="checkbox"/> Learning Barrier _____ <input type="checkbox"/> None identified <input type="checkbox"/> Discharged Teaching Performed <input type="checkbox"/> Patient verbalized understanding Discontinued: <input type="checkbox"/> IV / Saline Lock <input type="checkbox"/> N / A <input type="checkbox"/> Foley <input type="checkbox"/> N / A <input type="checkbox"/> O2 <input type="checkbox"/> N / A <input type="checkbox"/> NG <input type="checkbox"/> N / A	<input type="checkbox"/> Bra/underpants <input type="checkbox"/> Bracelet x <input type="checkbox"/> Cane <input type="checkbox"/> Clothes cut-off <input type="checkbox"/> Coat/jacket <input type="checkbox"/> Dress <input type="checkbox"/> Dentures <input type="checkbox"/> Earrings x <input type="checkbox"/> Glasses <input type="checkbox"/> Gown	<input type="checkbox"/> Hat/belt <input type="checkbox"/> Necklace x <input type="checkbox"/> Pajamas <input type="checkbox"/> Pants <input type="checkbox"/> Purse <input type="checkbox"/> Rings x <input type="checkbox"/> Robe <input type="checkbox"/> Shirt x <input type="checkbox"/> Shorts <input type="checkbox"/> Skirt	<input type="checkbox"/> Slippers <input type="checkbox"/> Socks/shoes <input type="checkbox"/> Suitcase <input type="checkbox"/> Sweater <input type="checkbox"/> Walker <input type="checkbox"/> Wallet <input type="checkbox"/> Watch <input type="checkbox"/> Wheelchair <input type="checkbox"/> Diaper Bag Other: _____	DISPOSITION: <input type="checkbox"/> to unit with/on pt <input type="checkbox"/> home with patient with family <input type="checkbox"/> valuables to safe # _____ other _____
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DISPOSITION: ☐ HOME (AHR) ☐ LWOBS (ATO) ☐ LWOD (ATM) ☐ AMA (AMA) ☐ OUTPATIENT CLINIC (ARC) ☐ JAL (ATR) ☐ NRSG HOME (ATE)

TRANSFER: ☐ ACUTE CARE FACILITY (ATH) ☐ REHAB / ☐ PSYCH ☐ EXPIRED (D8Z) ☐ ADMITTED TO UVA (ATF)

Discharging RN:

Time: _____