PATIENT KARDEX

ADM. DATE:

ALLERGIES - DRUG:
FOOD:
OTHER:

SPECIAL CONSIDERATIONS OR PRECAUTIONS:

___ RESTRICTED CONSENT
___ ADVANCED DIRECTIVES

PATIENT HISTORY:

FAMILY / SOCIAL HISTORY:

PRIMARY NURSE:
ASSOCIATES:

ATTENDING: PAGER:
PRIMARY RESIDENT: PAGER:
DC PLANNER: PAGER:
SOCIAL WORKER: PAGER:
PT / OT THERAPIST:
INTAKE:

OUTPUT:

IV FLUIDS:

SURGERIES:

ACTIVITY / RESTRICTIONS:

ASSISTIVE DEVICES:

NUTRITION:

RESPIRATORY EQUIPMENT:
OXYGEN ___ PER ___
___ CARDIAC MONITOR
___ APNEA MONITOR
___ AMBU / RUSCH BAG WITH MASK
___ BS MIST
___ PULSE OXIMETER
___ OTHER: ___
VENTILATOR:
IMV ___ FIO_2 ___
PEEP ___ P / P ___

TEMP
PULSE
RESP
BP
NEUROLOGICAL
CIRC CHECKS
WEIGHT ___ FREQ. ___ HEIGHT ___ FREQ. ___

DIAGNOSIS:

NAME:

AGE:

ROOM:

FORM NO. 8853

CONSULTS:	LABWORK:	PROCEDURES:
	CBC	
	DIFF	
	PLTS	
	T & C	
	LYTES	
	CO_2	
	BUN	
	CRT	
	CA	
	MAG	
	PHOS	
	SGOT	
	SGPT	
	BIU T / D	
	GLUC	
TESTS:		
	URINE ANALYSIS	
	C & S	

FORM NO. 8853