Census			Fluid Restrictions						Feeding Tubes Wa			/anderguards			
			Name		ml	Name	ml		Name	Туре	Name	Exp. Date	Name	Exp. Date	
							,								
Meeting	Day/Time														
AM Clinical:													-		
NAR:				ed Liquids											
Wound Round	ds:		Name	Consistency		Name	Consistenc	У	_		Falls				
QAPI									_		Name	Date	Name	Date	
Admissio	ns														
Upcomin	g Discharg	es	Antibiotic	cs					At Risk				Trach/	Special Resp. Care	
			Name			Reason		Stop Date			Reasor	1	Name	Туре	
Coumadi	n Therapy														
Name	INR	Next Draw Date											Change	e of Condition	
		,								,		'			
							,								
											_				
			<b>Isolation</b>					In Hous	se Pressu	re Wounds					
<b>Dialysis</b>			Name	Sign	Cart	Type	Care Plan	Name	Type/Stage	•					
Name	Day of the V	Veek			•	•					Cath	eter			
	'				,		'				Name	Diagnosis			
			Hospice												
			Name			Company									
								<b>PICCS</b>	/IV/TPN				Other:		
											1				