

Patient Name

Dosing Weight

Age / Gender *(pronouns)*

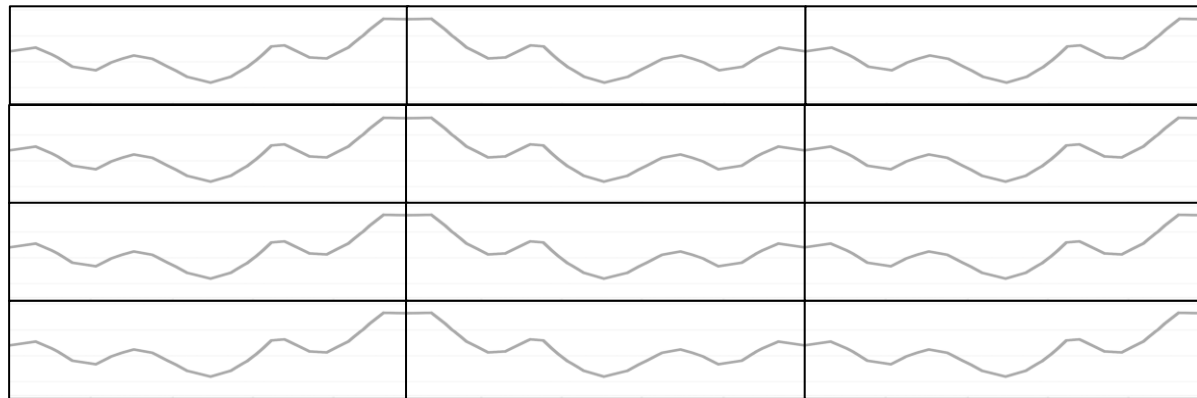
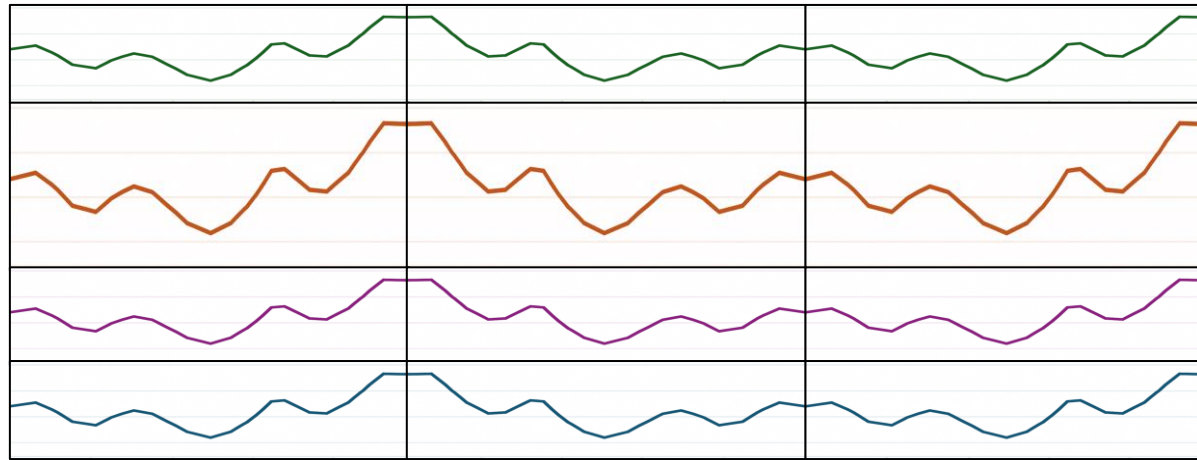
Actual Weight
MRN

Allergy list: allergy 1, allergy 2,
allergy 3, allergy 4

PICU Team Name

Code Status

Preferred Language



6hr 4hr 2hr 3hr 6hr 12hr 24hr

Meds: Prev 6 hours

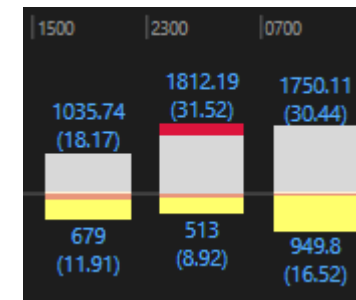
| | |
|------------|------|
| Antibiotic | Time |
| Sedation | Time |
| Antibiotic | Time |
| Sedation | Time |

Meds: Next 6 hours

| | |
|------------|------|
| Antibiotic | Time |
| Sedation | Time |
| Antibiotic | Time |
| Sedation | Time |

Fluid Status

24hr Fluid Status: +240 mL
Last UOP: 8 hr ago



Treatment Team

- Face Attending Name
- Face Fellow Name
- Face First Call Provider Name
- Face RN Name
- Face RT Name

Caregiver Name Caregiver Name
Caregiver Name Caregiver Name

Procedure / Imaging Date - Time
Procedure / Imaging Date - Time
Procedure / Imaging Date - Time

Lab Link

Lab Link

Lab Link

Lab Link

Lab Link

Lab Link

Lab Link

Lab Flowsheet

Imaging Link

Imaging Link

Imaging Link

Imaging Link

Imaging Link

Imaging Link

Imaging Link

ED Admit View