

Pt name \_\_\_\_\_

Room number \_\_\_\_\_

**One-liner**

**Labs**

**Hospital course**

**New Imaging**

**24-hour events**

**Subjective**

Pain/urine/BM/walking/eating?

**Assessment/Plan**

**1.**

**Objective**

Vitals

**2.**

Trends

PE:

Gen \_\_\_\_\_

Card \_\_\_\_\_

Pulm \_\_\_\_\_

Abd \_\_\_\_\_

Ext \_\_\_\_\_ SCDs?

**3.**

**Ins/Outs**

\_\_\_\_\_ mL/hr

Don't forget:

- Check for DVT ppx (SCDs?)
- Incentive spirometry (postop)
- Review home meds
- Social work
- PT/OT
- Abdominal binder