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| Date: Time Precautions: [ ]  Yes [ ]  No Type From: To: For: Vital Signs: P \_\_\_\_\_\_\_\_\_\_ R \_\_\_\_\_\_\_\_\_\_ BP \_\_\_\_\_\_\_\_\_\_ Pain Scale \_\_\_\_\_\_\_\_\_\_ Code Status: Fall Risk: [ ]  Yes [ ]  No Restraints: [ ]  Yes [ ]  NoLevel of Consciousness: [ ]  Oriented [ ]  Anxious [ ]  ConfusedNurse Signature: Phone: (Send copy of current MAR and actual chart including Medication Reconciliation)  |
| Post Procedure / Treatment Status Return time:  [ ]  Tolerated well [ ]  See progress note or: Staff Signature: Phone:  |
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| Date: Time Precautions: [ ]  Yes [ ]  No Type From: To: For: Vital Signs: P \_\_\_\_\_\_\_\_\_\_ R \_\_\_\_\_\_\_\_\_\_ BP \_\_\_\_\_\_\_\_\_\_ Pain Scale \_\_\_\_\_\_\_\_\_\_ Code Status: Fall Risk: [ ]  Yes [ ]  No Restraints: [ ]  Yes [ ]  NoLevel of Consciousness: [ ]  Oriented [ ]  Anxious [ ]  ConfusedNurse Signature: Phone: (Send copy of current MAR and actual chart including Medication Reconciliation)  |
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