

Room# _____ 6: _____
_____ 7: _____
 Print Strip _____ 8: _____
 Assess _____ 9: _____
 Focused _____ 10: _____
 Safety _____ 11: _____
 Pain _____ 12: _____
 Routine _____ 1: _____
 Hygiene _____ 2: _____
 CHG _____ 3: _____
 Foley _____ 4: _____
 Lines/Drains _____ 5: _____
 Teach _____ 6: _____
 POC _____ INs _____
 AM Note _____
 PM Note _____ OUTs _____

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