Pt initials:	Provider	Vitals Pain/scale	e:	DX:	S
Age MRN		T			
	Code status	P R			
Wt/Ht Allergies	Code status	BP 02 sat:			
Patho:	HX:	IV Fluids:		Caregiver/Support contact	В
		Rate:			
		Rate.			
		Location/size:			
		Diet:			
Meds DUE*:	Orders/Protocols:	Diet:	Assessment		Α
		Gen/HEENT:			
		Neuro:			
		1.00.01			
		Bulmo(yont cottings):			
PRN/Rescue:		Pulmo(vent settings):			
		CV:			
Labs/results:	Tests/results:	- CV:			
WBC PIL DT DTT		CI/CII/draina/tubaa).			
WBC Hgb Plt PTT PTT Na CI BUN Gluc K CO ₂ Creat		GI/GU(drains/tubes):			
Na CI BUN Gluc					
Ca TP AST LDH BIII		M/S:			
PO, Alb ALT AP					
PLAN:		Skin (incisions/wounds):			R
I LAN.					ĸ
		Developmental:			
Comfort cares: Oral Peri Bath Lir					
School dates. Claim ten Bath Emericing					

^{*}Calculate safe dose ranges according to wt. for this pediatric patient on reverse side of SBAR.