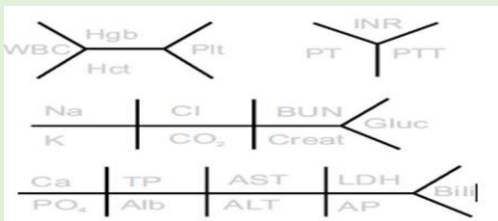| Pt initials: Age MRN Wt/Ht Allergies	Provider Code status	Vitals Pain/scale: T P R BP 02 sat:	DX:	S
Patho:	HX:	IV Fluids: Rate: Location/size: Diet:	Caregiver/Support contact	B
Meds DUE*: PRN/Rescue:	Orders/Protocols:	**Assessment** Gen/HEENT: Neuro: Pulmo(vent settings): CV:		A
Labs/results: 	Tests/results:	GI/GU(drains/tubes): M/S: Skin (incisions/wounds):		
PLAN: Comfort cares: Oral Peri Bath Linen chng		Developmental:		R

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