Medicine Wards Checklist - Senior

Date _____ Team _____ SIDE 1 / 2

O Orders C Consultants H Write the handoff L Labs for tomorrow

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01 Patient / room _____ Main issue _____

VELCRO

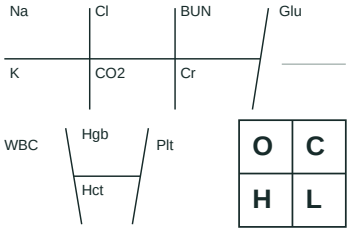
V Vitals _____ **C** Consultants _____

E Exam _____ **R** Radiology _____

L Labs _____ **O** Other / glucose trends _____

PLAN CHANGES _____

LABS



DISCHARGE

- ☐ **W10** Transfer / referral form
- ☐ **M** Medication reconciliation
- ☐ **A** Appointments
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02 Patient / room _____ Main issue _____

VELCRO

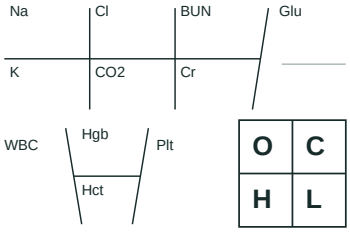
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03 Patient / room _____ Main issue _____

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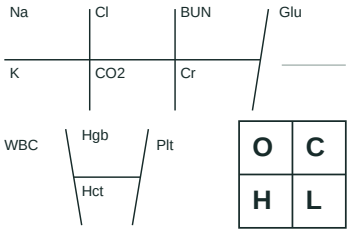
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04 Patient / room _____ Main issue _____

VELCRO

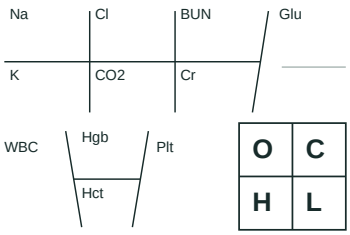
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05 Patient / room _____ Main issue _____

VELCRO

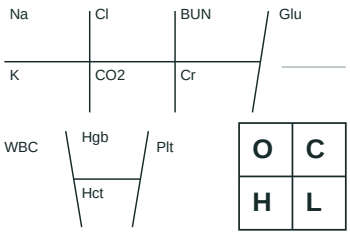
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Medicine Wards Checklist - Senior

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06 Patient / room _____ Main issue _____

VELCRO

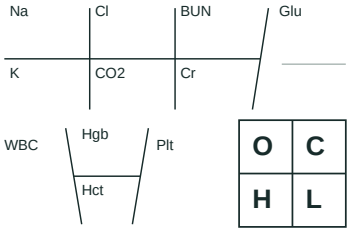
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07 Patient / room _____ Main issue _____

VELCRO

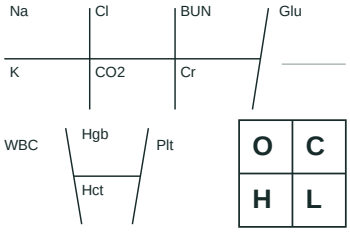
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08 Patient / room _____ Main issue _____

VELCRO

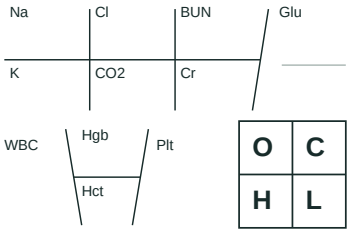
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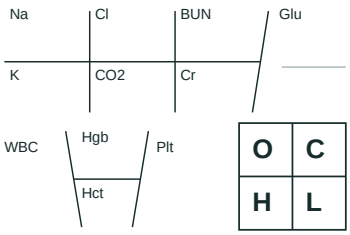
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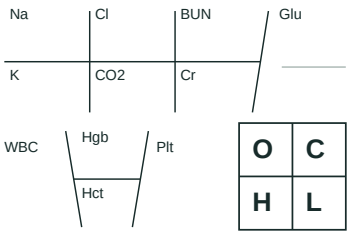
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