

Condition	Allergies (include reaction if known)	Vital Signs	Activity
Stable <input type="checkbox"/> Serious <input type="checkbox"/> Critical <input type="checkbox"/> Other <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Q Shift <input type="checkbox"/> Q 4 hr <input type="checkbox"/> QID <input type="checkbox"/> BID <input type="checkbox"/> Other <input type="checkbox"/> <hr/> <hr/> <hr/> <hr/> <hr/>	Ad Lib <input type="checkbox"/> Bathroom w Assist <input type="checkbox"/> Bed Rest <input type="checkbox"/> Ambulate daily as tolerated <input type="checkbox"/> Other <input type="checkbox"/> <hr/> <hr/> <hr/> <hr/> <hr/>