

<p>Name: _____ Room: _____ BP : _____ ACCU: _____ Pain med time: 1h.....2h.....3h.....4h...</p>	<p>Name: _____ Room: _____ BP : _____ ACCU: _____ Pain med time: 1.....2.....3.....4.....</p>
<p>Name: _____ Room: _____ BP : _____ ACCU: _____ Pain med time: 1.....2.....3.....4.....</p>	<p>Name: _____ Room: _____ BP : _____ ACCU: _____ Pain med time: 1.....2.....3.....4.....</p>
<p>Name: _____ Room: _____ BP : _____ ACCU: _____ Pain med time: 1.....2.....3.....4.....</p>	<p>Plan: _____ <input type="checkbox"/></p> <p>Plan: _____ <input type="checkbox"/></p> <p>Plan: _____ <input type="checkbox"/></p> <p>Plan: _____ <input type="checkbox"/></p> <p>Plan: _____ <input type="checkbox"/></p> <p>Plan: _____ <input type="checkbox"/></p> <p>Plan: _____ <input type="checkbox"/></p>

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