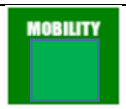
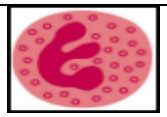
Room: Name:

☐	 Gown	☐	 Glove	☐	 Mask	☐	 Face Shield	☐	 Wash with Soap
☐	 Gown Glove Mask	☐	 Gown Glove Wash w/soap	☐	 Mask & Glove	☐	 Gown & Glove	☐	 Face Shield & Glove
☐	 N-95 mask	☐	 Negative Pressure	☐	 Immune Heath Care worker	☐	 Visitor Restriction	☐	 **See Nurse Before Entry**
☐	 Name Alert	☐	 Interpreter Needed	☐	 Hearing Impaired	☐	 Visual Impaired	☐	
☐	 Fall Risk	☐	 Mobility Level_____	☐	 Latex Allergy	☐	 Neutropenic Precautions	☐	 Hazardous drugs/Chemo Precautions
☐		☐	MidLine	☐	 Central Line	☐	 Urine Device	☐	
	 NPO		 Fluid Restriction/No Pitcher		 Input & Output		 Daily Weights		
☐	 AICD off	☐	 AICD On	☐	 No Compressions	☐		☐	
☐	 Aspiration Risk	☐	 Bleeding Risk	☐	 Hip Precautions	☐	 Seizure Precautions	☐	 Limb Alert=_____