

General:
DVM: ,
Deposit: 0
Template: Admit Surgery

Patient:
Fluffy
Canine - Mix - M - **AGE**
~~Color~~ - **COLOR**
~~IV CATHETER INFO #ONE~~
~~IV CATHETER INFO #TWO~~

Client:
Smith, Tina
Tel:
Tel:

Problem List:



Time 9:45:13 AM	5	6	7	8	9	10	11	12	13	14	15	16	Close	Workflow						
Monitoring													Treatment	Tech Exam	Orders In	Pre-op BW	Catheter			
Tech Initials																				
Temperature																				
Pulse																				
Resp. rate														19m 27s						
Attitude														Orders Complete	Pre-op	Premedication	Induction			
Activity																				
Fluid																				
Medication															0/3					
Procedure														Surgery	Recovery	Call The Owner				
IV Catheter Placement																				
X-ray Picker List																				
Blood work Pick List																				
Big 4 Bloodwork																				
BG (Big 4)																				
PCV (big 4)																				
TP																				
Azo Stick (Big 4)																				
														Notes						

General:
DVM: ,
Deposit: 0
Template: Admit Surgery

Patient:
Fluffy
Canine - Mi
Birthday: --
Color: --

Client:
Smith, Tina

Problem List:



IV Catheter

Size: G

Length: Inch

Location: J C S Left Right

Date:

Workflow

- Orders In
- Pre-op BW
- Catheter
- Pre-op
- Premedicati on
- Induction

<input type="radio"/> Time 9:45:27 AM	5	6	7	8	9
Monitoring <input type="button" value="+"/>					
<input type="radio"/> Tech Initials					
<input type="radio"/> Temperature					
<input type="radio"/> Pulse					
<input type="radio"/> Resp. rate					
<input type="radio"/> Attitude					
Activity <input type="button" value="+"/>					
Fluid <input type="button" value="+"/>					

