

Provena St. Mary's Hospital Emergency Department  
Change of Shift – Sign Out Form

Bed	Name of Patient  <i>Patient Sticker</i>	Summary:
FOLLOW-UP ON:		DONE-Y/N
<input type="checkbox"/> Re-assess Patient & document on chart Specific re-assessment of: <input type="checkbox"/> Check Labs: CBC CPCM HCG ETOH ABG EKG <input type="checkbox"/> Check X-rays/US: <input type="checkbox"/> Check CT reports: Head C-Spine Chest AB Pelvis <input type="checkbox"/> Call PMD Dr. _____ <input type="checkbox"/> Call Dr. _____ <input type="checkbox"/> Psych Eval. <input type="checkbox"/> Repeat Blood ETOH or Repeat _____ Lab Test		

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