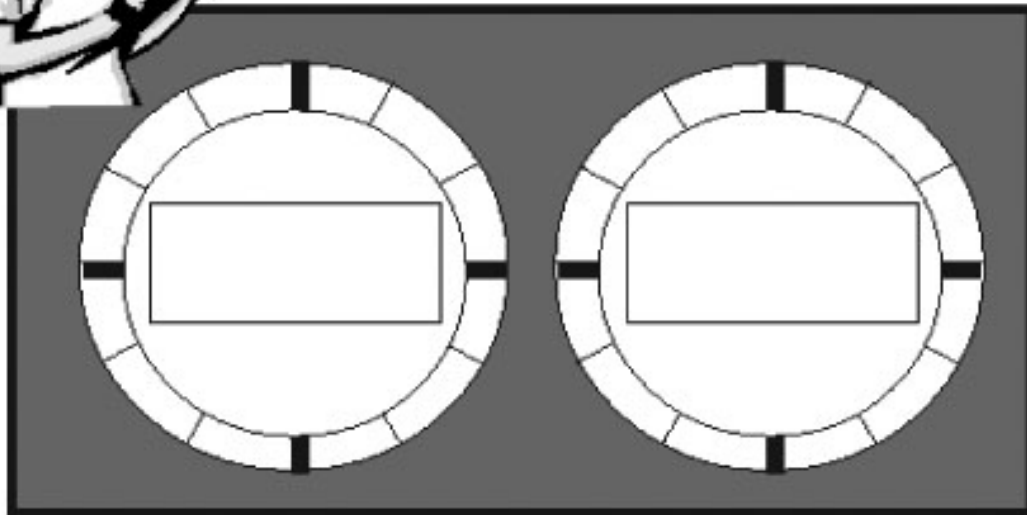


PNEUMONIA



START

FINISH



Please Fill In Times and Leave Q/A Sheet At Charge Desk:

PULSE OX: _____

CXR: Completed: _____

Reviewed: _____

BLOOD C/S To Lab _____

ANTIBIOTIC: Name _____

Time Given: _____

Route _____

Dose _____

Please complete and leave in Yellow Folder at Charge Desk marked Joanne.

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PT. LABEL

Source: Inova Alexandria (VA) Hospital.