

BED	S	B	A	R
17	Name..... Age..... DOA..... Cons.....  Allergies <input type="checkbox"/>  Weighed <input type="checkbox"/>	Reason for admission..... Diagnosis..... Relevant History..... ..... .....	Pews..... Oxygen..... Home o2..... O2 prescribed <input type="checkbox"/> Nutrition.....  IVI Fluids..... Bloods <input type="checkbox"/> Medication.....	Notes
18	Name..... Age..... Cons.....  Allergies <input type="checkbox"/>  Weighed <input type="checkbox"/>	Reason for admission..... Diagnosis..... Relevant History..... ..... .....	Pews..... Oxygen..... Home o2..... O2 prescribed <input type="checkbox"/>  Nutrition.....  IVI Fluids..... Bloods <input type="checkbox"/> Medication.....	Notes
19	Name..... Age..... Cons.....  Allergies <input type="checkbox"/>  Weighed <input type="checkbox"/>	Reason for admission..... Diagnosis..... Relevant History..... ..... .....	Pews..... Oxygen..... Home o2..... O2 prescribed <input type="checkbox"/> Nutrition.....  IVI Fluids..... Bloods <input type="checkbox"/> Medication.....	Notes
20	Name..... Age..... Cons.....  Allergies <input type="checkbox"/>  Weighed <input type="checkbox"/>	Reason for admission..... Diagnosis..... Relevant History..... ..... .....	Pews..... Oxygen..... Home o2..... O2 prescribed <input type="checkbox"/> Nutrition.....  IVI Fluids..... Bloods <input type="checkbox"/> Medication.....	Notes
21	Name..... Age..... Cons.....  Allergies <input type="checkbox"/>  Weighed <input type="checkbox"/>	Reason for admission..... Diagnosis..... Relevant History..... ..... .....	Oxygen..... Home o2..... O2 prescribed <input type="checkbox"/> Nutrition.....  IVI Fluids..... Bloods <input type="checkbox"/> Me	