HOSPICE FACILITY KARDEX

Date	Routine Medications	Time

Date	PRN Meds

TREATMENTS:

Code Status: ❑ No Code ❑ Full Code ❑ Organ Donor
Fall Risk: ❑ Yes ❑ No Personal Alarm: ❑ Yes ❑ No

FAMILY INFO:

Date	IV Site/Fluids	Time

IV: Site Care:_____ Dressing Change:_____

Activity:_____

Diet:_____

Oxygen:_____

Output:_____ Catheter Change Due:_____

Primary Caregiver:

Funeral Home:

DOB: Allergies:

Age:_____ Religion:_____ Adm. Date:_____ Level of Care:_____

PATIENT NAME - Last, First, Middle Initial	ROOM #	DIAGNOSIS	PHYSICIAN

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