KARDEX

Name: ______________________ Age: ____ Sex: ____ Civil Status: ________ Wt: ______ Ward: ________
Address: ______________________ Date of Admission: ___________ Time: ___am ___pm Religion: ________

Classification: [ ] Medical [ ] Surgical [ ] Pediatrics [ ] OB [ ] Gyne
Membership: [ ] PHIC [ ] Non-PHIC [ ] Others
Chief Complaint:
Attending Physician: ______________________
Admitting Diagnosis: ______________________

Diet: ______________________

LABORATORY AND DIAGNOSTIC PROCEDURE		MEDICATION		SPECIAL ENDORSEMENT AND REMARKS	
Date and Time		Date and Time		Date and Time	

Name: _____ Age: ____ Sex: ____ Civil Status: _____ Wt: _____ Ward: _____

Address: _____ Date of Admission: _____ Time: ____am ___pm Religion: _____

LABORATORY AND DIAGNOSTIC PROCEDURE		MEDICATION		SPECIAL ENDORSEMENT AND REMARKS	
Date and Time		Date and Time		Date and Time	

INTRAVENOUS FLUID

Doctor's Order	Date/Time Ordered	Date/Time Started	Bottle No.	Intravenous Fluid	No. of gtts/Min.	Intravenous Fluid Balance			Date/Time Consumed	Charge Nurse
						6-2	2-10	10-6		