|  |  |  |  |
| --- | --- | --- | --- |
| **Day : ( Indicate visit #)** | | | **Today’s Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **For Nursing Staff** | **Item** | **Procedure** | |
|  |  | Admit to CRC on (specify date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | Contact (Specify telephone numbers of at least two study personnel) | |
|  |  | Informed Consent \_\_\_ Signed and in the Medical Chart  \_\_\_ Must be signed upon Admission prior to any procedure | |
|  |  | H & P to be done by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIC# \_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | Activity (Indicate special instructions for activity) | |
|  |  | Diet (Specify type and at what time meal is to be provided. Specify any additional services needed (e.g. calorie count, nutrition assessment, anthropometry, fluid restrictions, time period during which patient will need to be NPO.) | |
|  |  | Vital signs (Indicate number of times and any specific instructions)  **BP1 \_\_\_\_\_\_ / \_\_\_\_\_\_ Temp \_\_\_\_\_\_\_ RR \_\_\_\_\_\_\_ HR \_\_\_\_\_\_\_\_** | |
|  |  | Weight : **\_\_\_\_\_\_\_\_\_\_ kg** | |
|  |  | Height: \_\_\_\_\_\_\_\_\_\_ **cm** | |
|  |  | Medications: | |
|  |  | Instructions for study specific medications if indicated | |
|  |  | Data collection instruments to be done by study staff (Only need mention if interspersed with clinical procedures and need to be done at specific times) | |
|  |  | Admission labs: **Indicate specifically what tubes you require and where you would like them to be sent. Lab personnel will meet with you for details.** | |
|  |  | Snack (if indicated) | |
|  |  |  | |
|  |  | Discharge from CRC | |