**Sample Sign-Out Form**

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| **Attending** |  | Pager/phone |  | Other Contact Info and Preferences |  |

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| **Name, DOB, Location**(ICU patients: indicate the need for routine cross-cover) | **Acuity Score**(1-4) | **Code Status\*** | **Diagnosis and Problem List\*\***Consultants | **Meds\*\*\*** | **Potential Problems**(if-then format) | **To Do** |
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Acuity score: 1 lowest (general floor), 2 low (acute floor/monitored bed), 3 high (stable ICU, step down), 4 highest (unstable)

\* Full, DNR-arrest, DNR-CC, CC

\*\* Admitting diagnosis, pertinent problems (e.g. CAD s/p MI for chest pain, CKD, LV dysfunction, pneumonia)

\*\*\* Pertinent meds: antibiotics, drips, pressors, anti-HTNs, etc.