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 Raleigh NC 27612  
 919-845-5132 Tel  
 919-870-0205 Fax



1109 Hope Mills Road  
 Fayetteville, NC 28304  
 910-486-8705 Tel  
 910-486-0725 Fax

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Case #: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Date	Time	Duration	Color	Action Taken	Pt Response	Witness	Comments	Initials
			Pink Pale Cyanotic	Cleared Area Monitored 911 called Notified Caregiver	Return to baseline Non-Responsive Transferred Care to: Caregiver or EMS			
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Print Name: \_\_\_\_\_

Nurse Signature and Title: \_\_\_\_\_