

Patient Information Card

Patient Name: Skyler Hansen		Age: 18	Gender: Male
Allergies: No known allergies			
Diagnosis: Diabetic Type 1 (new onset)		Unit: Medical Unit	
History:		Physician:	
Type of operation:		Advanced directives:	
Height: 72 inches (182 cm)	Weight: 154 lbs (70 kg)	Diet: Regular ADA diet	
Consultation:		Fall precautions:	
Consent for treatment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraints:	
Major support: Lives with parents and siblings		Isolation precautions:	
Phone:		Immunizations: Current	
Social history:			
Student. Active in sports; denies smoking or illicit drug use; occasionally drinks alcohol			
Race/religion:		Medication brought from home:	
Monitoring:	Respiratory:	Medication:	
<input checked="" type="checkbox"/> I&O <input checked="" type="checkbox"/> Vital signs Every 4 hours <input type="checkbox"/> Telemetry <input checked="" type="checkbox"/> SpO ₂ <input type="checkbox"/> Neuro checks <input type="checkbox"/> Neurovascular	<input type="checkbox"/> Incentive spirometry <input type="checkbox"/> O ₂ <input type="checkbox"/> Cannula <input type="checkbox"/> Oxygen mask <input type="checkbox"/> Non-rebreather mask <input type="checkbox"/> Bag-mask ventilator <input type="checkbox"/> Nebulizer	<input checked="" type="checkbox"/> IV access Saline lock R forearm <input type="checkbox"/> IV fluid <input type="checkbox"/> IV medication <input type="checkbox"/> Oral medication <input checked="" type="checkbox"/> IM/SC medication Insulin program 7:00 Intermediate-acting Insulin 22 units Fast-acting Insulin 6 units 12:00 Fast-acting Insulin 6 units 17:00 Intermediate-acting Insulin 8 units Fast-acting Insulin 6 units	
Diagnostic studies:	Drains:		
<input checked="" type="checkbox"/> Lab Fingerstick glucose before meals and at bedtime <input type="checkbox"/> X-ray <input type="checkbox"/> 12-lead ECG <input type="checkbox"/> CT scan	<input type="checkbox"/> Foley <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> LCS <input type="checkbox"/> LIS <input type="checkbox"/> Hemovac <input type="checkbox"/> Feeding tube <input type="checkbox"/> Chest tube <input type="checkbox"/> Dressing change		
Activity of daily living:		Discharge planning:	
<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Total care		Schedule diabetic educator visit	