Admission Note

Date: ____________ **Time:** ____________

Patient Demographics

Employed as Healthcare Worker ☐ Yes ☐ No

Patient is pregnant? ☐ Yes ☐ No

Gestational Age: ____________ weeks

Or Expected Due Date: ____________

Post-partum patient? ☐ Yes ☐ No

Outcome: ☐ live birth ☐ still birth Delivery Date: ____________

Patient is Infant? ☐ Yes ☐ No

Gestational Outcome: ☐ Term birth (≥37wk GA) ☐ Preterm birth(<37 wk GA)

Breastfeed: ☐ Yes ☐ No

If child, vaccinations up to date? ☐ Yes ☐ No

Home Medications

Allergies

Comorbidities ☐ None ☐ Unknown

Type 1 Diabetes	☐	Chronic kidney disease	☐
Type 2 Diabetes	☐	Asthma	☐
Hypertension	☐	Chronic pulmonary disease (not asthma)	☐
Epilepsy	☐	Tuberculosis	☐
Sickle Cell disease	☐	Cardiomyopathy	☐
Rheumatic Heart Disease	☐	Stroke	☐
HIV	☐	Malnutrition	☐

Mental Health Condition:

Smoking: ☐ Current ☐ Past ☐ Never

Other:

Onset/Admission

Transfer from other facility? ☐ Yes ☐ No

Transfer facility: ____________ Admission Date: ____________

Known contact with COVID-19 patient in 14 days prior to symptoms ☐ Yes ☐ No

Admission Condition Status: ☐ Mild ☐ Moderate ☐ Critical

First Line Medications

☐ Chloroquine phosphate 500mg PO bid for 10 days

Other, specify:

Second Line Medications

☐ Lopinavir/ritonavir 400mg/100mg PO q12h x 14 days

☐ Remdesivir

☐ Other: ____________

Antibiotics

☐ Ceftriaxone ____ gm q ____ hours ☐ Amoxicillin ______ q ____ hours

☐ Doxycycline 100 mg BID

Patient Name:

Patient Id:

Age:

EMR Id:

Sex:

Hospital day #:

Patient History

Symptom start date: ____________

Fever	☐	Chest pain	☐
Cough	☐	Muscles aches (Myalgias)	☐
With sputum production	☐	Fatigue/malaise	☐
Shortness of breath (Dyspnea)	☐	Nausea/vomiting	☐
Sore throat	☐	Diarrhea	☐
Runny nose	☐	Loss of taste/smell	☐
Headache	☐	Confusion	☐

Other, specify:

Vitals

Temp	°C °F	Cap refill time	☐ < 3 sec ☐ ____ sec
Pulse	bpm		
RR	bpm	Pain:	☐ None ☐ Mild ☐ Moderate ☐ Severe
BP	/ mmHg		

O2 ______ % on ______ L/min ☐ room air

Physical Exam

System	Normal	Findings
HEENT	☐ Yes ☐ No	
Neck	☐ Yes ☐ No	
Pulmonary	☐ Yes ☐ No	
Cardiovascular	☐ Yes ☐ No	
Abdominal	☐ Yes ☐ No	
Urogenital	☐ Yes ☐ No	
Rectal	☐ Yes ☐ No	
Musculoskeletal	☐ Yes ☐ No	
Lymph nodes	☐ Yes ☐ No	
Skin and mucosa	☐ Yes ☐ No	
Neurological	☐ Yes ☐ No	
AVPU	☐ Alert ☐ Verbal ☐ Pain ☐ Unresponsive	

Other, specify:

Supportive Care

☐ Oxygen ________ L/min ☐ Analgesic: ____________

☐ Mechanical Ventilation ☐ Mask ☐ Mask with non-rebreather

☐ Nasal Cannula ☐ CPAP ☐ BiPAP ☐ FiO2

☐ IV Fluids ____________ ml/hour specify: ____________

☐ Central ☐ Peripheral

☐ IV Fluids ____________ ml/hour specify: ____________

☐ Central ☐ Peripheral

☐ IV Fluids ____________ ml/hour specify: ____________

☐ Central ☐ Peripheral

Other Medications

Admission Note

COVID-19 Testing

Specimen Date	Specimen Type	Test Type	Test Result
___/______/ ___	☐ Nasal swab ☐ Oropharyngeal swab ☐ Venous blood ☐ Finger prick (blood)	☐ Antibody test (IgM/IgG)	☐ Negative ☐ Positive IgM ☐ Positive IgG ☐ Invalid ☐ Positive IgM and IgG
		☐ Antigen test	☐ Negative ☐ Positive ☐ Invalid
		☐ RT PCR test	☐ Negative ☐ Positive ☐ Invalid
___/______/ ___	☐ Nasal swab ☐ Oropharyngeal swab ☐ Venous blood ☐ Finger prick (blood)	☐ Antibody test (IgM/IgG)	☐ Negative ☐ Positive IgM ☐ Positive IgG ☐ Invalid ☐ Positive IgM and IgG
		☐ Antigen test	☐ Negative ☐ Positive ☐ Invalid
		☐ RT PCR test	☐ Negative ☐ Positive ☐ Invalid
___/______/ ___	☐ Nasal swab ☐ Oropharyngeal swab ☐ Venous blood ☐ Finger prick (blood)	☐ Antibody test (IgM/IgG)	☐ Negative ☐ Positive IgM ☐ Positive IgG ☐ Invalid ☐ Positive IgM and IgG
		☐ Antigen test	☐ Negative ☐ Positive ☐ Invalid
		☐ RT PCR test	☐ Negative ☐ Positive ☐ Invalid

Other testing

Test	result	Test	result	Test	result	Test	result
Haemoglobin	g/L or g/dL	Lymphocyte count	cells/μL	Sodium	mmol/L	Glucose	mmol/L or mg/dL
Haematocrit	%	Neutrophil count	cells/μL	Potassium	mEq/L	Total Bilirubin	μmol/L or mg/dL
WBC count	x109/L or x103/μL	Lactate	mmol/L or mg/dL	BUN	mmol/L or mg/dL	ALT/SGPT	U/L
Platelets	x109/L or x103/μL	CRP	mg/L	Creatinine	μmol/L or mg/dL	AST/SGOT	U/L

ABG Test:

pH	PO2 mmHg	HCO3 mmol/L	BE mmol/L
PCO2 mmHg	TCO2 mmol/L	SO2 %	Lactate mmol/L

☐ Chest X-Ray Result:	☐ Abdominal Ultrasound ☐ Cardiac Ultrasound Result:

Other findings:

Other diagnostic tests:

Diagnosis

COVID-19: ☐ Confirmed ☐ Suspected ☐ No

Secondary/Other Diagnoses:

Disposition

☐ Admit to ward ☐ Admit to COVID-19 Isolation

☐ Discharge to home isolation ☐ Death

☐ Discharge to: __________________________________

☐ Transfer to: __________________________________

Provider Clinical Plan

Nursing Admission Note

Signature: ____

Name ____ **Signature** ____