Nursing Admission Assessment

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| **Date:** | |  | | | | | **Method:** | | | | Elective | | | | | Emergency | | | | | | | Transfer |
|  | |  | | | |  | | | | |  | | | | |  | | | | | | |  |
| **Source:** | | Home | | | | GP Surgery | | | | | Emergency dept | | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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| **Main Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Patient History** | | | | | | | | | | | | | | | | | | | | | | | |
| Past Problems: | | | | | |  | | | | | | | | | | | | | | | | | |
| (described by patient) | | | | |  |  | | | | | | | | | | | | | | | | | |
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| **Allergies** | | | | | | | | | | | | | | | | | | | | | | | |
| Allergy | | Reaction | | | | Allergy | | | | | | Reaction | | | Allergy | | | | | | Reaction | | |
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| **Medications** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Dose and frequency | | | | | | | Name | | | | | | Dose and frequency | | | | | |
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| **Vital Signs** | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature | | | °C | | | Pulse | | | bpm | | | | Blood Pressure | | | | | | | / | | | |
|  | | |  | | |  | | |  | | | |  | | | |  | | | | | | |
| SaO2 | % | | | | | Height | | | | cm | | | Weight | | | | kg | | | | | | |

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| Frailty Score |  |