# 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:
Age:
Sex:
Patient Id:
EMR Id:
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<br>☐ _____ sec |
| Pulse | bpm | | |
| RR | bpm | Pain: | ☐ None ☐ Mild<br>☐ 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<br>☐ Oropharyngeal swab<br>☐ Venous blood<br>☐ Finger prick (blood) | ☐ Antibody test (IgM/IgG) | ☐ Negative ☐ Positive IgM ☐ Positive IgG<br>☐ Invalid ☐ Positive IgM and IgG |
| | | ☐ Antigen test | ☐ Negative ☐ Positive ☐ Invalid |
| | | ☐ RT PCR test | ☐ Negative ☐ Positive ☐ Invalid |
| ___/______/ ___ | ☐ Nasal swab<br>☐ Oropharyngeal swab<br>☐ Venous blood<br>☐ Finger prick (blood) | ☐ Antibody test (IgM/IgG) | ☐ Negative ☐ Positive IgM ☐ Positive IgG<br>☐ Invalid ☐ Positive IgM and IgG |
| | | ☐ Antigen test | ☐ Negative ☐ Positive ☐ Invalid |
| | | ☐ RT PCR test | ☐ Negative ☐ Positive ☐ Invalid |
| ___/______/ ___ | ☐ Nasal swab<br>☐ Oropharyngeal swab<br>☐ Venous blood<br>☐ Finger prick (blood) | ☐ Antibody test (IgM/IgG) | ☐ Negative ☐ Positive IgM ☐ Positive IgG<br>☐ 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** ________________________________