Admission Note

Date: 6/5/2020 **Time:** 11:15 am

Patient Name: Elias Ellison Patient Id: 1738

Age: 25 EMR Id: 592267

Sex: M Hospital day #: 2

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

N/A

Allergies

penicillin

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: good :)

Smoking: ☐ Current ☐ Past ☒ Never

Other:

Onset/Admission

Transfer from other facility? ☒ Yes ☐ No

Transfer facility: UCSF Admission Date: 6/1/2020

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 History

Symptom start date: 5/31

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 101.3 °F	Cap refill time	☒ < 3 sec ☐ ____ sec
Pulse	77 bpm		
RR	12 bpm	Pain:	☐ None ☒ Mild ☐ Moderate ☐ Severe
BP	110/81 mmHg		

O2 95 % on _____ L/min ☒ room air

Physical Exam

System	Normal	Findings
HEENT	☐ Yes ☒ No	pharyngitis
Neck	☐ Yes ☒ No	lymphadenopathy
Pulmonary	☐ Yes ☒ No	dysprea
Cardiovascular	☒ Yes ☐ No	
Abdominal	☒ Yes ☐ No	
Urogenital	☒ Yes ☐ No	
Rectal	☒ Yes ☐ No	
Musculoskeletal	☒ Yes ☐ No	
Lymph nodes	☐ Yes ☒ No	swollen (neck)
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
6/5/20	☐ 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
6/7/20	☒ 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	137 mmol/L	Glucose	120 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: NORMAL

☐ 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

standard isolation + monitoring protocol

Nursing Admission Note

Signature: _____

Name Dr. Sabine Shaughnessy Signature _____