

Admission Note

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

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 Name: Elias Ellison

Patient Id: 1738

Age: 25

EMR Id: 592267

Sex: M

Hospital day #: 2

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

Pulse 77 bpm ☐ _____ sec

RR 12 bpm Pain: ☐ None ☒ Mild

BP 110/81 mmHg ☐ Moderate ☐ Severe

O2 95 % on _____ L/min ☒ room air

Physical Exam

System	Normal	Findings
HEENT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>pharyngitis</u> <u>lymphadenopathy</u> <u>dyspnea</u>
Neck	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pulmonary	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cardiovascular	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Abdominal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>swollen (neck)</u>
Urogenital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Rectal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Musculoskeletal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lymph nodes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>swollen (neck)</u>
Skin and mucosa	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Neurological	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
AVPU	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive	

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

COVID-19 Testing

Specimen Date	Specimen Type	Test Type	Test Result
6 / 5 / 20	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Oropharyngeal swab <input checked="" type="checkbox"/> Venous blood <input type="checkbox"/> Finger prick (blood)	<input checked="" type="checkbox"/> Antibody test (IgM/IgG) <input type="checkbox"/> Antigen test <input type="checkbox"/> RT PCR test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive IgM <input checked="" type="checkbox"/> Positive IgG <input type="checkbox"/> Invalid <input type="checkbox"/> Positive IgM and IgG <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid
6 / 7 / 20	<input checked="" type="checkbox"/> Nasal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Venous blood <input type="checkbox"/> Finger prick (blood)	<input type="checkbox"/> Antibody test (IgM/IgG) <input checked="" type="checkbox"/> Antigen test <input type="checkbox"/> RT PCR test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive IgM <input type="checkbox"/> Positive IgG <input type="checkbox"/> Invalid <input type="checkbox"/> Positive IgM and IgG <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid
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Other testing

Test	result	Test	result	Test	result	Test	result
Haemoglobin	g/L or g/dL	Lymphocyte count	cells/ μ L	Sodium	137 mmol/L	Glucose	120 mmol/L or mg/dL
Haematocrit	%	Neutrophil count	cells/ μ L	Potassium	mEq/L	Total Bilirubin	μ mol/L or mg/dL
WBC count	x10 ⁹ /L or x10 ³ / μ L	Lactate	mmol/L or mg/dL	BUN	mmol/L or mg/dL	ALT/SGPT	U/L
Platelets	x10 ⁹ /L or x10 ³ / μ L	CRP	mg/L	Creatinine	μ mol/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

<input checked="" type="checkbox"/> Chest X-Ray Result: NORMAL	<input type="checkbox"/> Abdominal Ultrasound Result:	<input type="checkbox"/> Cardiac Ultrasound
Other findings:		
Other diagnostic tests:		

Diagnosis

COVID-19: ☒ Confirmed ☐ Suspected ☐ No

Secondary/Other Diagnoses:

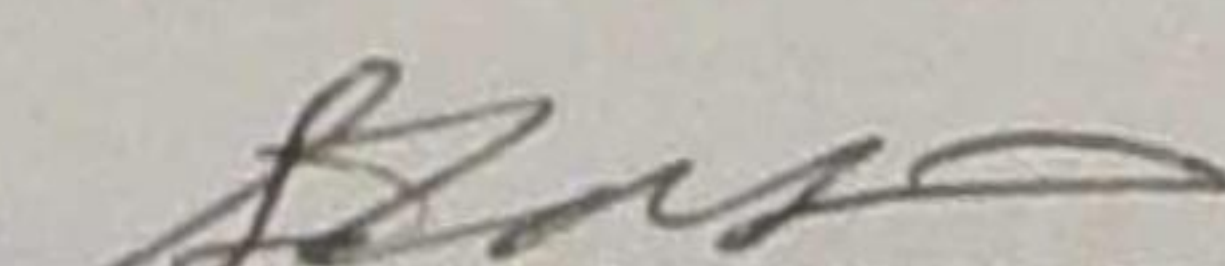
Disposition

☐ 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

