Admission Note

Date: 5·15·20 **Time:** 100 AM

Patient Name: Angela Smith Patient Id: 156999
Age: 29 EMR Id: 900123
Sex: F Hospital day #: 1

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

Pre natal vitamins

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:

Smoking: ☐ Current ☑ Past ☐ Never

Other:

Onset/Admission

Transfer from other facility? ☑ Yes ☐ No
Transfer facility: Community Hospital Admission Date: 5·10·2

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 1000 gm q 24 hours ☐ Amoxicillin _____ q ____ hours
☐ Doxycycline 100 mg BID

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	103 °F	Cap refill time	☑ <3 sec ☐ ____ sec
Pulse	126 bpm		
RR	30 bpm	Pain:	☐ None ☐ Mild ☐ Moderate ☑ Severe
BP	90/42 mmHg		
O2 92 % on _____ L/min		☐ room air	

Physical Exam

System	Normal	Findings
HEENT	☑ Yes ☐ No	
Neck	☑ Yes ☐ No	
Pulmonary	☐ Yes ☑ No	Bilateral rales
Cardiovascular	☐ Yes ☑ No	tachycardia
Abdominal	☐ Yes ☑ No	tender
Urogenital	☑ Yes ☐ No	
Rectal	☐ Yes ☐ No	
Musculoskeletal	☐ Yes ☐ No	
Lymph nodes	☐ Yes ☑ No	Diffuse enlargement
Skin and mucosa	☐ Yes ☑ No	warm
Neurological	☐ Yes ☑ No	confused
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 100 ml/hour specify: NS
☑ 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
5 / 12 / 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
5 / 15 / 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	9 g/L or g/dL	Lymphocyte count	cells/µL	Sodium	126 mmol/L	Glucose	99 mmol/L or mg/dL
Haematocrit	27 %	Neutrophil count	cells/µL	Potassium	3 mEq/L	Total Bilirubin	3 µmol/L or mg/dL
WBC count	15,000 x109/L or x103/µL	Lactate	mmol/L or mg/dL	BUN	48 mmol/L or mg/dL	ALT/SGPT	49 U/L
Platelets	90,000 x109/L or x103/µL	CRP	mg/L	Creatinine	1.5 µmol/L or mg/dL	AST/SGOT	52 U/L

ABG Test:

pH	7.12	PO2	58 mmHg	HCO3	20 mmol/L	BE	mmol/L
PCO2	70 mmHg	TCO2	mmol/L	SO2	100 %	Lactate	5 mmol/L

☑ Chest X-Ray

Result: Bilateral infiltrates

☐ 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** _____