

Admission Note

Date: 4-10-2020 Time: 520 P

Patient Demographics

Employed as Healthcare Worker ☐ Yes ☒ No

Patient is pregnant? ☒ Yes ☐ No

Gestational Age: 30 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

Prenatal Vitamins

Allergies

Seafood

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: Felicia Perez

Patient Id: 12532

Age: 26

EMR Id: 90012

Sex: F

Hospital day #: 1

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: poor appetite

Vitals

Temp 99.7°F ☒ Cap refill time ☒ < 3 sec

Pulse 98 bpm ☐ _____ sec

RR 18 bpm Pain: ☐ None ☐ Mild

BP 130/72 mmHg ☒ Moderate ☐ Severe

O2 91 % on 5 L/min ☐ room air

Physical Exam

System	Normal	Findings
HEENT	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	inflamed Throat
Neck	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulmonary	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	wheezing
Cardiovascular	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Abdominal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Urogenital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Rectal	<input 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	cervical
Skin and mucosa	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	warm
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	
Other, specify: _____		

Admission Note

COVID-19 Testing

Specimen Date	Specimen Type	Test Type	Test Result
4/20/20	<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 type="checkbox"/> Antigen test <input checked="" 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 type="checkbox"/> Invalid <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Invalid
___/___/___	<input 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 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 type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid
___/___/___	<input 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 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 type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid

Other testing

Test	result	Test	result	Test	result	Test	result
Haemoglobin	12 g/L or g/dL	Lymphocyte count	cells/ μ L	Sodium	140 mmol/L	Glucose	120 mmol/L or mg/dL
Haematocrit	36 %	Neutrophil count	cells/ μ L	Potassium	4.3 mEq/L	Total Bilirubin	1 μ mol/L or mg/dL
WBC count	7 $\times 10^9$ /L or $\times 10^3$ / μ L	Lactate	mmol/L or mg/dL	BUN	12 mmol/L or mg/dL	ALT/SGPT	40 U/L
Platelets	150 $\times 10^9$ /L or $\times 10^3$ / μ L	CRP	mg/L	Creatinine	0.8 μ mol/L or mg/dL	AST/SGOT	41 U/L

ABG Test:

pH	7.32	PO2	65 mmHg	HCO3	24 mmol/L	BE	mmol/L
PCO2	42 mmHg	TCO2	mmol/L	SO2	91 %	Lactate	4 mmol/L

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

Diagnosis

 COVID-19: ☒ Confirmed ☐ Suspected ☐ No

Secondary/Other Diagnoses:

Pregnant

Disposition

☐ Admit to ward ☒ Admit to COVID-19 Isolation
☐ Discharge to home isolation ☐ Death
☐ Discharge to: _____
☐ Transfer to: _____

Provider Clinical Plan

Continue current medication.

Nursing Admission Note

Signature: _____

Name _____

Signature _____