

# 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 <input type="checkbox"/>	Chest pain <input checked="" type="checkbox"/>
Cough <input checked="" type="checkbox"/>	Muscles aches (Myalgias) <input type="checkbox"/>
With sputum production <input type="checkbox"/>	Fatigue/malaise <input type="checkbox"/>
Shortness of breath (Dyspnea) <input checked="" type="checkbox"/>	Nausea/vomiting <input type="checkbox"/>
Sore throat <input checked="" type="checkbox"/>	Diarrhea <input checked="" type="checkbox"/>
Runny nose <input type="checkbox"/>	Loss of taste/smell <input checked="" type="checkbox"/>
Headache <input type="checkbox"/>	Confusion <input type="checkbox"/>

Other, specify:

## Vitals

Temp	°C <u>101.3</u> °F	Cap refill time	<input checked="" type="checkbox"/> < 3 sec
Pulse	<u>77</u> bpm		<input type="checkbox"/> _____ sec
RR	<u>12</u> bpm	Pain:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Mild
BP	<u>110/81</u> mmHg		<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
O2	<u>95</u> % on _____ L/min		<input checked="" type="checkbox"/> room air

## Physical Exam

System	Normal	Findings
HEENT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>pharyngitis</u>
Neck	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>lymphadenopathy</u>
Pulmonary	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>dyspnea</u>
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 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	

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



## 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"/> 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
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"/> 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"/> 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"/> 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

## Other testing

Test	result	Test	result	Test	result	Test	result
Haemoglobin	g/L or g/dL	Lymphocyte count	cells/ $\mu$ L	Sodium	137 mmol/L	Glucose	120 mmol/L or mg/dL
Haematocrit	%	Neutrophil count	cells/ $\mu$ L	Potassium	mEq/L	Total Bilirubin	$\mu$ mol/L or mg/dL
WBC count	$\times 10^9$ /L or $\times 10^3$ / $\mu$ L	Lactate	mmol/L or mg/dL	BUN	mmol/L or mg/dL	ALT/SGPT	U/L
Platelets	$\times 10^9$ /L or $\times 10^3$ / $\mu$ L	CRP	mg/L	Creatinine	$\mu$ mol/L or mg/dL	AST/SGOT	U/L

## ABG Test:

ABG Test:						
pH	PO2	mmHg	HCO3	mmol/L	BE	mmol/L
PCO2	mmHg	TCO2	mmol/L	SO2	%	Lactate

<input checked="" type="checkbox"/> Chest X-Ray Result: <b>NORMAL</b>	<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:

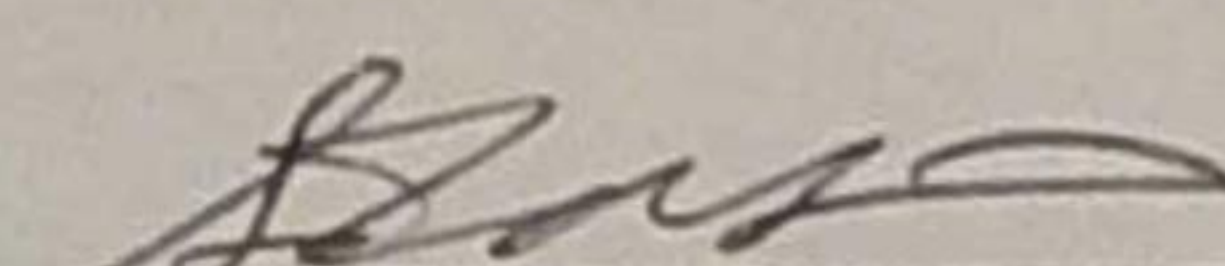
## Disposition

- ☐ 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

