Admission Note

Date: ____________________ Time: ____________________

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

Allergies

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

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 °C °F Cap refill time □ < 3 sec □ ___ sec

Pulse bpm

RR bpm

BP / mmHg

O2 _____ % on ______ L/min □ room air

Physical Exam

AVPU □ Alert □ Verbal □ Pain □ Unresponsive

System Normal Verbal Pain Unresponsive

Findings

HEENT □ Yes □ No

Neck □ Yes □ No

Lungs □ Yes □ No

Thorax □ Yes □ No

Heart □ Yes □ No

Abdomen □ Yes □ No

Urogenital □ Yes □ No

Back □ Yes □ No

Musculoskeletal □ Yes □ No

Neuro □ Yes □ No

Other, specify:
## COVID-19 Testing

<table>
<thead>
<tr>
<th>Specimen Date</th>
<th>Specimen Type</th>
<th>Test Type</th>
<th>Test Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nasal swab</td>
<td>Antibody test (IgM/IgG)</td>
<td>Negative □</td>
</tr>
<tr>
<td></td>
<td>Oropharyngeal swab</td>
<td>Antigen test</td>
<td>Negative □</td>
</tr>
<tr>
<td></td>
<td>Venous blood</td>
<td>RT PCR test</td>
<td>Negative □</td>
</tr>
<tr>
<td></td>
<td>Finger prick (blood)</td>
<td>Antibody test (IgM/IgG)</td>
<td>Positive IgM and IgG □</td>
</tr>
</tbody>
</table>

## Other testing

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>g/L or g/dL</td>
<td>Sodium</td>
<td>mmol/L</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>%</td>
<td>Potassium</td>
<td>mEq/L</td>
</tr>
<tr>
<td>WBC count</td>
<td>x10^9/L</td>
<td>BUN</td>
<td>mmol/L or mg/dL</td>
</tr>
<tr>
<td>Lymphocyte count</td>
<td>cells/µL</td>
<td>Creatinine</td>
<td>µmol/L or mg/dL</td>
</tr>
<tr>
<td>Neutrophil count</td>
<td>cells/µL</td>
<td>Glucose</td>
<td>mmol/L or mg/dL</td>
</tr>
<tr>
<td>Platelets</td>
<td>x10^9/L or x10^3/µL</td>
<td>Total Bilirubin</td>
<td>µmol/L or mg/dL</td>
</tr>
<tr>
<td>Lactate</td>
<td>mmol/L or mg/dL</td>
<td>ALT/SGPT</td>
<td>U/L</td>
</tr>
<tr>
<td>CRP</td>
<td>mg/L</td>
<td>AST/SGOT</td>
<td>U/L</td>
</tr>
</tbody>
</table>

## First Line Medications
- Hydroxychloroquine 400mg PO q12h x 24 hours then 200mg q12h for 5-10 days
- Chloroquine phosphate 500mg PO bid for 10 days

## Second Line Medications
- Lopinavir/ritonavir 400mg/100mg PO q12h x 14 days
- Remdesivir

## Antibiotics
- Ceftriaxone __________ g q __________ hours
- Amoxicillin __________ g q __________ hours
- Doxycycline 100 mg BID

## Diagnosis
- COVID-19: □ Confirmed □ Suspected □ No

## Disposition
- □ Admit to ward
- □ Discharge to home isolation
- □ Admit to: __________
- □ Transfer to: __________

## Signature

Name ___________________________ Signature ___________________________