Admission Note

Date: ___________________________
Time: ___________________________

Patient Demographics

- Employed as Healthcare Worker: Yes/No
- Type: ___________________________
- 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 (≥37 wks GA) / Preterm birth (<37 wks GA)
- Breastfed: Yes/No
- If child, vaccinations up to date? Yes/No

Home Medications

Allergies

Comorbidities

- Type 1 Diabetes
- Type 2 Diabetes
- Hypertension
- Epilepsy
- Sickle Cell disease
- Rheumatic Heart Disease
- HIV

Other:

Mental Health Condition:

Smoking: Current/Past/Never

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

- Dexamethasone

Second Line Medications

- Lopinavir/ritonavir 400mg/100mg PO q12h x 14 days
- Remdesivir

Other, specify:

Antibiotics

- Ceftriaxone __________ gm q __________ hours
- Amoxicillin __________ q __________ hours
- Doxycycline 100 mg BID

Signs and Symptom

Symptom start date: __________

- Fever
- Cough
- With sputum production
- Shortness of breath (Dyspnea)
- Sore throat
- Runny nose
- Headache
- Other, specify:

Vitals

- Temp: °C °F
- Pulse: bpm
- RR: bpm
- BP: / mmHg
- Pain: None/Mild/Moderate/Intense
- Cap refill time: < 3 sec __________ sec
- 02 % on __________ L/min Room air

Physical Exam

- General
- HEENT
- Neck
- Pulmonary
- Cardiovascular
- Abdominal
- Urogenital
- Rectal
- Musculoskeletal
- Lymph nodes
- Skin and mucosa

Neurological

- Alert/Verbal/Pain/Unresponsive

Supportive Care

- Oxygen __________ L/min
- Analgesic:
- Mechanical Ventilation
- Mask
- Nasal Cannula
- CPAP
- BIPAP
- BiPAP
- Non-rebreather
- IV Fluids __________ mL/hour
- Central/Peripheral
- Other, specify:

Other Medications
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><strong>/</strong><em><strong>/</strong></em></td>
<td>Nasal swab</td>
<td>Antibody test (iG/M/iG)</td>
<td>□ Negative □ Positive iG □ Positive iG and iG</td>
</tr>
<tr>
<td></td>
<td>Oropharyngeal swab</td>
<td>Antibody test (iG/M/iG)</td>
<td>□ Negative □ Positive iG □ Positive iG and iG</td>
</tr>
<tr>
<td></td>
<td>Venous blood</td>
<td>Antibody test (iG/M/iG)</td>
<td>□ Negative □ Positive iG □ Positive iG and iG</td>
</tr>
<tr>
<td></td>
<td>Finger prick (blood)</td>
<td>Antibody test (iG/M/iG)</td>
<td>□ Negative □ Positive iG □ Positive iG and iG</td>
</tr>
<tr>
<td><strong>/</strong><em><strong>/</strong></em></td>
<td>Nasal swab</td>
<td>Antigen test</td>
<td>□ Negative □ Positive □ Invalid</td>
</tr>
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<tr>
<td><strong>/</strong><em><strong>/</strong></em></td>
<td>Nasal swab</td>
<td>RT PCR test</td>
<td>□ Negative □ Positive □ Invalid</td>
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Other testing

<table>
<thead>
<tr>
<th>Test</th>
<th>result</th>
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<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>Lymphocyte count</td>
<td>cells/µL</td>
<td>Sodium</td>
<td>mmol/L</td>
<td>Glucose</td>
<td>mmol/L or mmol/L</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>%</td>
<td>Neutrophil count</td>
<td>cells/µL</td>
<td>Potassium</td>
<td>mEq/L</td>
<td>Total Bilirubin</td>
<td>µmol or mmol/L</td>
</tr>
<tr>
<td>WBC count</td>
<td>x10⁶/L or x10⁹/L</td>
<td>Lactate</td>
<td>mmol/L or mg/dL</td>
<td>BUN</td>
<td>mmol/L or mg/dL</td>
<td>ALT/SGPT</td>
<td>U/L</td>
</tr>
<tr>
<td>Platelets</td>
<td>x10⁶/L or x10⁹/L</td>
<td>CRP</td>
<td>mg/L</td>
<td>Creatinine</td>
<td>µmol/L or mg/dL</td>
<td>AST/SGOT</td>
<td>U/L</td>
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</table>

ABG Test:

<table>
<thead>
<tr>
<th>pH</th>
<th>PO₂</th>
<th>mmHg</th>
<th>HCO₃⁻</th>
<th>mmol/L</th>
<th>BE</th>
<th>mmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCO₂</td>
<td>mmHg</td>
<td>TCO₂</td>
<td>mmol/L</td>
<td>SO₂</td>
<td>%</td>
<td>Lactate</td>
</tr>
</tbody>
</table>

☐ Chest X-Ray

Result:

☐ Abdominal Ultrasound

☐ 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
  - Left against medical advice
  - Death
  - Quarantine at home
  - Quarantine Facility
  - Transfer to: __________

- Provider Clinical Plan

- Nursing Admission Note

Signature: ____________________________

Name ____________________________ Signature ____________________________