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 wk 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 [ ] Yes [ ] No
- Type 2 Diabetes [ ] Yes [ ] No
- Hypertension [ ] Yes [ ] No
- Epilepsy [ ] Yes [ ] No
- Sickle Cell disease [ ] Yes [ ] No
- Rheumatic Heart Disease [ ] Yes [ ] No
- HIV [ ] Yes [ ] No
- Other: ____________________
- Mental Health Condition: ____________________

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
- specify:

Second Line Medications
- Lopinavir/Ritonavir 400mg/100mg PO q12h x 14 days
- Remdesivir
- Other: ____________________

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

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
Admission Note

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><em><strong>/</strong></em><strong>/</strong>_</td>
<td>Nasal swab</td>
<td>Antibody test (IgM/IgG)</td>
<td>Positive IgM, Positive IgG</td>
</tr>
<tr>
<td></td>
<td>Oropharyngeal swab</td>
<td>RT PCR test</td>
<td>Negative, Positive, Positive and Invalid</td>
</tr>
<tr>
<td></td>
<td>Venous blood</td>
<td>GeneXpert</td>
<td>Negative, Positive, Invalid</td>
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Other testing

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<thead>
<tr>
<th>Test</th>
<th>result</th>
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<th>result</th>
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</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>g/L or g/dL</td>
<td>Lymphocyte count</td>
<td>cells/µL</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>%</td>
<td>Neutrophil count</td>
<td>cells/µL</td>
</tr>
<tr>
<td>WBC count</td>
<td>x10^9/L, or x10^6/µL</td>
<td>Lactate</td>
<td>mmol/L or mg/dL</td>
</tr>
<tr>
<td>Platelets</td>
<td>x10^3/µL, or x10^9/µL</td>
<td>CRP</td>
<td>mg/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sodium</td>
<td>mmol/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potassium</td>
<td>mEq/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glucose</td>
<td>mmol/L or mmol/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Bilirubin</td>
<td>mmol/L, or mmol/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U/L</td>
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ABG Test:

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

Chest X-Ray

Result:

Abdominal 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 □ Left against medical advice □ Death
  - □ Quarantine at home □ Quarantine Facility
  - □ Transfer to: ___________

Provider Clinical Plan

Nursing Admission Note

Signature: ______________________

Name ___________________________ Signature ______________________