

PT NAME:

Code Status:

DOB:

Bed#:

DOA: / /

MRN:

Surrogates:

PMD:

CC:

HPI:

Gen: fever chills night sweats fatigue rashes weight ↑↓ appetite**HEENT:** HA dizziness visual Δs hearing Δs dysphagia odynophagia**Resp:** URI Sx cough sputum SOB hemoptysis **CV:** CP DOE PND orthopnea LE swelling**GI:** abd pain nausea vomiting diarrhea constipation hematemesis melena hematochezia**GU:** dysuria frequency urgency polyuria hematuria flank pain dyspareunia menses discharge**Neuropsych:** seizures tingling weakness ↓ sensation coordination SIGECAP SI anxiety memory AVH**MSK:** arthralgia myalgia stiffness ROM claudication **Skin:** rash hair/nail Δs LNs breast**Misc:** heat/cold intolerance polydipsia polyphagia bruising transfusion**PMH:****Allergies:****Meds:****SHx:****FHx:**

Lives:

Work:

Tobacco:

EtOH:

Illicit Drugs:

@

T

BP

/

HR

RR

O2

@

T

BP

/

HR

RR

O2

Exam:**Gen:****Neuro:****HEENT:****CV:****Pulm:****Ab:****GI/GU:****Ext:****Skin:****Labs:**

Y Y

— | | —

E

Y

MCV:

Neuts:

Bands:

Lymph:

Monos:

Eos:

Iron:

Ferr:

TIBC:

% sat:

B12:

Folate:

VBG/ABG: / / / / /

Albumin:

Total protein:

Lactate

BCx UCx HIV

Trop:

CK-MB:

BNP:

UA:

UDS:

Studies:

EKG:

CXR:

ED Events

DATE:
S:

O: T_{max} BP HR RR O₂ WT: gtt:

Y Y | | | | E Y

DATE:
S:

O: T_{max} BP HR RR O₂ WT: gtt:

Y Y | | | | E Y

DATE:
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O: T_{max} BP HR RR O₂ WT: gtt:

Y Y | | | | E Y

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O: T_{max} BP HR RR O₂ WT: gtt:

Y Y | | | | E Y

DATE:
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O: T_{max} BP HR RR O₂ WT: gtt:

Y Y | | | | E Y

Problem List

Medications

FEN
PPx
Code Status
Dispo

Follow-up/needs for DC Summary

Follow-up Appointments

Consults