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| <input type="checkbox"/> Patient is nonverbal or otherwise unable to provide history. Information obtained from _____ | | Consultants |
| Referring Physician Reason for Consult/Chief Complaint History of Present Illness | | |

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| Review of Systems <small>See HPI WNL</small> <input type="checkbox"/> <input type="checkbox"/> Constitutional Fatigue, malaise, fever/chills, weight loss, change in appearance <input type="checkbox"/> <input type="checkbox"/> Eyes Vision changes, New pain, Scotomas <input type="checkbox"/> <input type="checkbox"/> ENT/mouth Nose bleeds, dental caries, dental abscesses <input type="checkbox"/> <input type="checkbox"/> Resp Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze <input type="checkbox"/> <input type="checkbox"/> CV Chest pain, diaphoresis, ankle edema, PND, syncope <input type="checkbox"/> <input type="checkbox"/> GI Emesis, dysphagia, GERD, epigastric pain, melena, hematochezia <input type="checkbox"/> <input type="checkbox"/> GU Change in urinary habits, hematuria, dysuria <input type="checkbox"/> <input type="checkbox"/> Musc Myalgias, recent trauma, bony tenderness <input type="checkbox"/> <input type="checkbox"/> Skin/breasts Rashes, nonhealing areas, new moles <input type="checkbox"/> <input type="checkbox"/> Neuro New paresthesias, gait abnormalities, seizures, muscle weakness <input type="checkbox"/> <input type="checkbox"/> Endo Hair loss, polydipsia <input type="checkbox"/> <input type="checkbox"/> Heme/lymph Bleeding gums, unexplained bruising, swollen lymph nodes <input type="checkbox"/> <input type="checkbox"/> Allergy/Immun Sinus probs, recurrent infections <input type="checkbox"/> <input type="checkbox"/> Psych Mood changes, agitation, psychosis, delirium, dementia | Allergies <input type="checkbox"/> Allergy list reviewed <input type="checkbox"/> No drug allergies <input type="checkbox"/> No food allergies |
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| Past Medical and Social History <input type="checkbox"/> Asthma <input type="checkbox"/> Cerebral Vascular Disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Hepatic Dysfunction <input type="checkbox"/> Hypertension <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Tobacco ___ Packs x ___ Yrs <input type="checkbox"/> Quit <input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational drugs | <input type="checkbox"/> Malignancy <input type="checkbox"/> Neuromuscular weakness <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Thrombotic Disease <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Valvular Disease | <input type="checkbox"/> Prior Intubations <input type="checkbox"/> Steroid use <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Autoimmune disease <input type="checkbox"/> Occupational exposures <input type="checkbox"/> PFTs <input type="checkbox"/> ECHO/Stress Test <input type="checkbox"/> Sleep Study | <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Mammogram <input type="checkbox"/> PapSmear |
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| Surgeries | Family Medical History <input type="checkbox"/> Asthma <input type="checkbox"/> Cerebral Vascular Disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> COPD <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Hepatic Dysfunction <input type="checkbox"/> Hypertension <input type="checkbox"/> Malignancy <input type="checkbox"/> Neuromuscular Disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Periph Vascular Dis <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Thrombotic Disorder <input type="checkbox"/> Thyroid Disease | Medications <input type="checkbox"/> Med list reviewed <input type="checkbox"/> Changes as follows IV Medications: <input type="checkbox"/> Antiarrhythmics <input type="checkbox"/> Antibiotics <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Diuretics <input type="checkbox"/> Heparin <input type="checkbox"/> Insulin <input type="checkbox"/> Narcotics <input type="checkbox"/> Pressors <input type="checkbox"/> Sedation <input type="checkbox"/> Steroids <input type="checkbox"/> Thrombolytic <input type="checkbox"/> TPN |
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Exam Checked box indicates findings are within normal limits

T **General** Alert

P **Eye** Conjunctivae Pupils Discs

R **ENT** TM Pharynx Dentition Nasal External ears Hearing

BP **Neck** Exam Thyroid

Wt **Resp** Clear to auscultation Clear to percussion Effort Normal to palpation

Pulse ox **CV** Auscultation Palpation Edema Carotids Aorta Femoral pulses Pedal pulses

GI Abdomen No hepatosplenomegaly No hernias Rectum Guaiac

Breasts Inspection Palpation

GU Scrotum Penis Prostate Urethra

Gyn External Bladder Cervix Uterus Adnexa

Lymph Neck Axilla Groin Other

Musc Gait Digit Inspection ROM Stability Strength

Skin Inspection Palpation

Neuro CN DTR Sensation

Psych Affect Orientation Insight Judgment

Labs/Tests **Impression/Plan**

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This pt may benefit from:

- Aggressive pulmonary toilet
- DVT prophylaxis
- Stress ulcer prophylaxis
- Daily sedation vacation
- Head of bed elevated > 30 Degrees at all times
- Intense glycemic control
- Pneum vac prior to discharge
- Flu vac prior to discharge
- Changing central lines
- Physical therapy
- Speech therapy evaluation
- Enteral/Parenteral feeds

Signature/Date: _____

CODE STATUS: Full code Do Not Attempt Resuscitation

Data Reviewed: ER Notes Old Chart Nursing Notes & Vitals log Labs Radiology data ECHO ECG Stress Test PFT Diabetic log

Care Coordinated with: ER MD HCOA PCP Case Mgmt or SW Pharmacy Nutrition team Physical therapy Respiratory therapy Nursing Staff