|  |  |  |  |
| --- | --- | --- | --- |
| Admitting Dx:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Admitting Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time called:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time to Unit: | | | Pt label here |
| Allergies:  NKDA  Yes  Allergy bracelet  List allergies: | | | Code Status:  DNR  Full Code  MRP to assess  TGLN |
| Other Medical Conditions:  HTN  DM COPD  CAD  Substance abuse  Mental Health  Dementia  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Fall Risk:  Yes  NO Mental Status:  Alert  Confused  Baseline  Mobility:  Independent  Assistance  1 person assist  2 Person assist  Physio Consult | | | |
| Recent Hospitalization:  Yes No  BGH  KHSC  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Isolation Required:  No  Yes  Contact  Droplet  Airborne  Reverse | | | |
| Vital Signs: Time:  BP: / Pulse: Resp: SpO2: Temp: Pain Scale: Accucheck: \_\_\_  Oxygen Required:  No  Yes Litres:  Nasal prongs  CPAP  High Flow  CPAP Settings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RT Consult | | | |
| Incontinent: Bladder:  Yes  No Bowel:  Yes  No Unknown | | | |
| IV Access:  Left  Right  Hand  ACF  Other Site:  Gauge:  18  20  24 Other:  Central line:  Yes  No  Right Left Site:  IV Infusion: Rate: | | | |
| Has Patient eaten:  Unknown  NPO  No  Yes Last Intake:  Diet:  DAT  Cardiac  Diabetic  Other: | | | |
| Medications administered in ER:  No  Yes | | Valuables:  No  Yes  List Valuables:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Medication Reconciliation completed:  Yes  No | |
| Skin condition:  Intact  Wound(s)  Abnormal Test Results:  No  Yes | |
| Behaviour Concerns:  No  Yes On a Form 1  No  Yes 1:1 required:  No  Yes  List Behaviors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Family, NOK or POA aware of transfer:  No  Yes | | |
| Transferring Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Receiving Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

\*HTN – hypertension, DM – Diabetes Mellitus, COPD – Chronic Obstructive Pulmonary Disease, CAD – Coronary Artery Disease