|  |  |
| --- | --- |
| 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 [ ]  BaselineMobility: [ ]  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 [ ]  YesList 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 [ ]  YesList 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