

COVID-19 Unit
ADMITTING HISTORY AND PHYSICAL (Version 4. 2020Apr20)

COVID Risk Factors:

- Travel location (all in last 14 days): _____

- Date of return to N.S.: _____
(YYYY/MON/DD)
- Date of symptom onset: _____
(YYYY/MON/DD)
- Date of COVID test: _____
(YYYY/MON/DD)
- Known or potential exposures: _____

HPI / Red Flags:

- Cough GI symptoms
- Fever Chest pain
- Shortness of breath New confusion
- Other: _____

Past Medical History:

- History of TB or risk factors
- History of fungal infections in past 6 months

Home Medications:

- Complete home medication reconciliation along with admission Order Set.

Allergies: _____

Physical Exam:

Admission to COVID unit: Date (YYYY/MON/DD) / Time: _____

BP _____ HR _____ RR _____ GCS _____ Temp _____ °C O₂ sat _____ % FiO₂ R/A _____ %

Investigations:

SOFA score: _____

Goals of Care: Comfort only Ward-based only ICU / Intubation, NO CPR FULL CODE

Name: _____ PMB: _____

Signature: _____ Date (YYYY/MON/DD) / Time: _____

Admitted from:

- ED Primary Assessment Centre
- Secondary Assessment Centre
- Inpatient ward
- Other: _____

For ALL patients with pre-existing frailty or greater than or equal to 65 years old:

- Clinical Frailty Scale (Rockwood): _____
- Baseline cognition: _____
- Baseline mobility: _____
- Current home supports: _____

ADLS: Dep Assist Indep

IADLS: Dep Assist Indep

Social History:

SDM / POA with phone number: _____

Smoking history; pack years: _____

ETOH; average intake: _____

Other substance use: _____

Lives alone Lives with: _____

