ICU FELLOW/ATTENDING ADMIT NOTE

Date: _____ **Time:** _____

History _____

(Please refer to the admission history and physical for further details)

ROS

	Nl	Abnl			Nl	Abnl	
Constitutional	☐	☐	_____	All/Immuno	☐	☐	_____
Eyes	☐	☐	_____	GU	☐	☐	_____
ENT mouth	☐	☐	_____	CV	☐	☐	_____
Musculoskeletal	☐	☐	_____	Resp	☐	☐	_____
Skin	☐	☐	_____	GI	☐	☐	_____
Neuro	☐	☐	_____	Psych	☐	☐	_____
Heme/lymph	☐	☐	_____	Endo	☐	☐	_____

History of prematurity ☐ Y ☐ N Weeks _____ Immunizations up-to-date ☐ Y ☐ N

If patient transferred from NICU, was neonatal screen sent? ☐ Y ☐ N Allergies _____

Family _____ Social _____

Primary care provider _____

Past medical history _____

Meds _____

PE Vital signs: Temp _____ HR _____ RR _____ BP _____ Wt _____ Ht _____

General appearance: _____

If head injured, GCS(E/V/M): _____

	Nl	Abnl			Nl	Abnl	
Head	☐	☐	_____	Extremities	☐	☐	_____
Skin	☐	☐	_____	Heart Sounds	☐	☐	_____
Eyes	☐	☐	_____	Pulses	☐	☐	_____
Ears	☐	☐	_____	Perfusion	☐	☐	_____
Nose	☐	☐	_____	Lungs	☐	☐	_____
Mouth	☐	☐	_____	Heart	☐	☐	_____
Neck	☐	☐	_____	Abdomen	☐	☐	_____
Nodes	☐	☐	_____	Liver	☐	☐	_____
Genitals	☐	☐	_____	Spleen	☐	☐	_____
Spine	☐	☐	_____	Neurologic	☐	☐	_____

Other abnormal findings: _____

Lab and radiologic findings:

Assessment:

Plan/Meds:

	Done		Done		Done
Intubation	☐	Chest tube	☐	ICP monitor	☐
Mechanical ventilation	☐	Thoracentesis	☐	Continuous EEG monitoring	☐
Central venous catheter	☐	Cardioversion	☐	Pericardiocentesis	☐
Arterial catheter	☐	Heliox	☐	Lumbar puncture	☐
Venous/arterial cutdown	☐	Swan ganz catheter	☐	Dialysis/hemofiltration	☐
IV infusion therapy	☐	Cardiac output	☐	End tidal CO2 monitoring	☐
Conscious sedation	☐				

Did the attending contact the [Y] transport team and/or the [Y] referring MD on the phone?

ICU Fellow **MD #**

I have reviewed the history, examined the patient, and discussed with the ICU team. I agree with the assessments and plans as detailed above. I have supervised and/or performed the above procedures.

Additional comments:

Date: **Time:**

Attending Physician **MD #**