

**NAME:**

AGE:            M        F  
DOB:    /    /

**ISOLATION:** COV / Flu / RSV  
**CODE STATUS:** FULL / DNR / DNI

ED Physician / APP:

OBS start time:

DAY:

HR:

OBS Physician / APP:

**OBS DIAGNOSIS:**

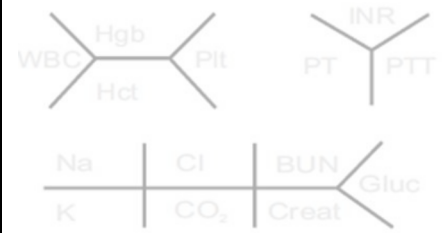
**PCP:**

Optum   NWH   Other  
Specialists:

**ROOM:**

**HISTORY / ED COURSE:**

HEART SCORE:  
NIHSS:



GFR:

**OBS COURSE:**

TIME	TROPONIN
:	
:	
:	

PMH/PSH:

HOME MEDS:

**OBS PLAN:**

- ADMIT NOTE
- OBS ORDERS
- MEDICATIONS
- PT / REHAB             CM (REASON FOR)

CONSULT CALLED	When seeing patient / Recommendations	Additional Info

**DISCHARGE PLAN:**

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**REMEMBER:**

- INCIDENTAL RADIOLOGY FINDINGS
- METFORMIN AFTER CTA if eGFR <30