Your Hospital's Logo Here

PATIENT PROFILE: MEDICAL GERIATRIC / STROKE UNIT

PATIENT IDENTIFICATION

DATE OPENED:	PATIENT PHONE NUMBER:

ADMISSION DATE:	DISCHARGE DATE:	NEXT OF KIN:	TEL:
ROOM #:	AGE:	EMERGENCY CONTACT:	
ATTENDING MD:		**INTRAVENOUS ACCESS**	
MD CONSULTS:		CENTRAL	IMPLANT / PERIPHERAL
		SITE:	SITE:
TRANSFERRED TO DATE:	TRANSFERRED FROM DATE:	INSERTED:	INSERTED:
CLINICAL INFORMATION		CHANGED:	TYPE:
ADMITTING Dx:		**DAILYSIS ACCESS**	
WORKING Dx:		QUINTON:	PERMACATH: / GRAFT:
CODE STATUS:		SITE:	STATUS:
ADVANCED DIRECTIVE: ☐ YES ☐ NO		CONSENT FOR BLOOD: ☐ YES ☐ NO	DATE:
PM Dx:		**LEVEL OF FUNCTION**	
		ADLs: ☐ SELF ☐ ASSIST ☐ DEPENDENT	
ALLERGIES:		PT / OT:	DATE OF EVALUATION:
		Tx:	
OR / PROCEDURE:		**ID / ISOLATION**	
FINDINGS:		AGENT:	SOURCE:
OR / PROCEDURE:		DATE OF CONSULT:	
FINDINGS:		DATE OF SPECIMEN:	
		ANTIBIOTIC Tx:	DATE OF INITIATION:
		NUTRITION	
ANTIBIOTIC Tx:	DATE:	DIET:	DIET COUNT:
FINDINGS:		☐ NGT ☐ GT ☐ CALORIE COUNT	
ANTIBIOTIC Tx:	DATE:	TUBE FEEDING:	
FINDINGS:		TOLERATING TUBE FEEDING: ☐ YES ☐ NO	
LABS:		SWALLOW FUNCTION TEST: ☐ YES ☐ NO	

PHYSICAL ASSESSMENT

MENTAL STATUS: ☐ ALERT ☐ ORIENTED ☐ X

☐ NONVERBAL ☐ OTHER ☐ CAPACITY

RESPIRATORY:

OXYGEN: PULSE OX:

GI:

LAST BM:

GU: ☐ CONTINENT ☐ INCONTINENT

☐ FOLEY INSERTION DATE:

SURGICAL SITE:

DRESSING:

OSTOMY:

TUBES / DRAINS:

CLINICAL PATHWAY: ☐ YES ☐ NO

DURATION / ACTION:

SENSORY:

MOBILITY:

SKIN: ☐ INTACT

PRESSURE ULCER: ☐ ADMITTED WITH ☐ HOSPITAL ACQUIRED

[1] SITE:

STAGE:

SUPPORT SURFACE:

TREATMENT:

APPROPRIATE: ☐ YES ☐ NO

[2] SITE:

STAGE:

SUPPORT SURFACE:

TREATMENT:

APPROPRIATE: ☐ YES ☐ NO

[3] SITE:

STAGE:

SUPPORT SURFACE:

TREATMENT:

APPROPRIATE: ☐ YES ☐ NO

[4] SITE:

STAGE:

SUPPORT SURFACE:

TREATMENT:

APPROPRIATE: ☐ YES ☐ NO

[5] SITE:

STAGE:

SUPPORT SURFACE:

TREATMENT:

APPROPRIATE: ☐ YES ☐ NO

PATIENT NAME:	ROOM #:

DISCHARGE NEEDS		SPECIAL TEACHING / FAMILY NEEDS	
DATE	NOTES	DATE	NOTES

CLINICAL REVIEW (include current / 24 hr treatment plan)			
DATE	NOTES	DATE	NOTES

CLINICAL REVIEW, Continued: (include current / 24 hr treatment plan)

DATE	NOTES	DATE	NOTES