

Patient Name:

Hospital Number:

Date of Birth:

Admission Date

**Consultant:**

Date:

Time:

**Problem List:**

**1. COVID -19 Suspected/ Confirmed**

Presenting Covid Symptoms:

Days since onset of symptoms:

Covid Swab Result: Positive/Negative/Pending

**INITIAL INVESTIGATIONS**

|       |  |          |  |                |  |      |
|-------|--|----------|--|----------------|--|------|
| Hb    |  | CRP      |  | Trop           |  | CXR: |
| WCC   |  | PCT      |  | BNP            |  |      |
| PLT   |  | LDH      |  | D-dimer        |  | CT:  |
| Lymph |  | Ferritin |  | <b>CURB-65</b> |  |      |

Other Investigations:

**2. Other Admitting Problems:**

- a)
- b)
- c)
- d)
- e)

**Past Medical History:**

**Assessment:**

|                    |  |                     |  |   |
|--------------------|--|---------------------|--|---|
| <b>NEWS SCORE:</b> |  | <b>FLUID STATUS</b> |  | <b>BLOOD GLUCOSE:</b>   |
| RR                 |  | IN                  |  |   |
| Saturations        |  | OUT                 |  |   |
| FiO2               |  | BALANCE             |  | <b>BOWELS (Frequency and Bristol stool type in last 24hours):</b> |
| HR                 |  |                     |  |   |
| BP                 |  |                     |  |   |
| Temp               |  |                     |  |   |

|                  |
|------------------|
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**DRUG CHART REVIEW**

|  |  |  |
|--|--|--|
| Allergies  | VTE Prophylaxis                          | Symptom Medication:<br>Prescribed/Reviewed |
| Current Antibiotics:<br>Continue/Stop/ Oral Switch/ Escalate | Oxygen Prescription<br>(Target & Device) |  |

**FURTHER INVESTIGATIONS**

|             |      |           |          |                |
|-------------|------|-----------|----------|----------------|
| Hb          | Na   | Albumin   | CRP      | INR            |
| WCC         | K    | Protein   | PCT      | APTT           |
| PLT         | Urea | Globulin  | LDH      | Fibrinogen     |
| MCV         | Cr   | ALP       | Ferritin | Blood Cultures |
| Neut        | eGFR | Bilirubin | Trop     | Sputum Culture |
| Lymph       |      | ALT       | D-dimer  | MSU            |
| <b>ECG:</b> |      |           |          | HIV test       |

**Impression:**

**PLANS AND COMMUNICATION**

24-Hour Plan

Discussions with Family/NOK

**Treatment Escalation Plan:**

**Ensure that a Trust TEP form is completed and correct, with any amendments signed and dated, and filed at the front of the notes.**

Name & Signature of Scribe

Role of Scribe

Team Bleep