

Inpatient Review Worksheet

DATE:

Patient Name: _____ ID # _____

Attending name /contact info*/best time: _____

Admit Diagnosis/Code _____ Procedure Code _____

[SYMPTOM INTENSITY: CLINICAL ISSUES]

SI

Review covers dates from _____ to _____
 What is the main reason the patient is in the hospital for this day/days? _____

Please include a brief description of progress, diagnostic tests & results, consultations, evaluations:

[INTENSITY OF SERVICES: TREATMENT]

IS

IV medications & frequency:– & IV PRN meds [esp. pain] & # of times given per 24h

IV fluids/TPN/ lipids/ rates/bolus/ blood: _____

Respiratory status/treatment _____

Nutritional status/treatment _____

Insulin coverage/ values: _____

Wound mgmt issues/frequency: _____

Other treatments: _____

[DC SCREENS]

DS

Brief description of Discharge Planning : expected destination/ care needs/ educational needs

In case the attending needs to be called by a Qualis Health Medical Director.
 Please identify a pager # or office number, and best time to call.