

Report Date/Time:		UMMC Critical Care Resuscitation Unit REPORT SHEET <i>Please fax completed form to 443-462-3243</i>			Code Status:	
Facility:					Allergies:	
ED ICU Floor Other:					Ht/Wt:	
RN Name:					Age:	
Admit Date:	Admit Time:	Estimated time of pick up:	Discs uploaded to LifeImage? Y/N	Was patient discharged in EPIC? (UMMS only) Y/N	ISO: MRSA VRE MDR-AB C. Diff	
Diagnosis:					Does the pt have a fever? Y / N	
PMHx:					Has the pt traveled internationally in the past 21 days or been in close contact with someone who has? Y / N	
CT (date/results):			MRI:	Other Tests:		
Neuro:	GCS: E ___ V ___ M ___ Total ___	Pupils:	Motor exam:	Last Known Well: ___ am/pm		
				NIHSS: ___/42 points		
				TPA? (dose/time):		
Respiratory:	Airway:	Mode ___ FiO2 ___ TV ___ PS ___ PEEP ___ RR ___				
CV:	Vitals:	Temp:	HR:	BP:	RR:	SpO2:
ECG rhythm:	Pulses:			Edema:		
Access (Date/Sterile?):		Prop: ___mcg/kg/min	IVF:	H/H:		
		Fent: ___mcg/hr	PRBC:	WBC:		
		Norepi: ___mcg/min	FFP:	Plat:		
		Vaso: ___units/min	Plat:	INR:		
		Epi: ___mcg/kg/min	Antiepileptic? Y / N	Lactate:		
		Dobut: ___mcg/kg/min	Other Meds:	ABG:		
		Nicardipine: ___mg/kg/min		HCG (Female<50)		
		Esmolol: ___mcg/kg/min		BUN/CR:		
		Heparin: ___units/hr, bolus (dose/time): _____		Other labs:		
Pacer: Y / N		Abx (dose/time):			Cx Sent:	
IABP: Y / N Type: ___ Settings: ___						
GI/GU:	Enteral Access: NGT / OGT / G-Tube / G-J / PO	Last PO Intake: ___am/pm			Voids / DTV / Foley	
				U/O: _____		
Skin:				ETOH? yes / no		
				Tobacco? yes / no		
				Drugs? yes / no		
Next of Kin/Contact #:						