

Medications

Patient Identification Information

Has the patient taken any medications? (Meds.TakenMeds) Yes No

To print blank form
[Click here](#)

(Meds.MedsCompleteStatus) **Form Completion Status**

- Not Started
- In Process
- Complete
- Queries Outstanding
- Not Performed

Class (Medication.Class)	Agent (Medication.Agent)	Agent Other (Medication.AgentOther)	Reason (Medication.Reason)	Reason Other (Medication.ReasonOther)	Highest Daily Dose (Medication.HighestDailyDose)	Route (Medication.Route)	Start Date (Medication.StartDate)	Stop Date (Medication.StopDate)	Ongoing After discharge (Medication.Ongoing)
<input type="checkbox"/> Analgesic <input type="checkbox"/> Sedatives/treatment of agitation <input type="checkbox"/> Neuromuscular blockade <input type="checkbox"/> Anti-epileptic <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Calcium channel blockers <input type="checkbox"/> Steroids <input type="checkbox"/> Antacids <input type="checkbox"/> H2 receptor antagonist <input type="checkbox"/> Proton pump inhibitors <input type="checkbox"/> Prokinetics <input type="checkbox"/> Other, specify in Agent Other	No values for Medication.Agent	<input type="text"/>	No values for Medication.Reason	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Continuous IV <input type="checkbox"/> Intermittent IV <input type="checkbox"/> Inhaled <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal <input type="checkbox"/> Vaginal <input type="checkbox"/> Oral <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Topical <input type="checkbox"/> Epidural	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DVT

Pharmacologic (Meds.DVTProphylaxisPharm) No Yes (Meds.DVTProphylaxisStartDate) Start Date (DD-MMM-YYYY) [] (Meds.DVTProphylaxisStopDate) Stop Date (DD-MMM-YYYY) [] (Meds.DVTPharmType) Type of prophylaxis Heparin Low molecular weight Heparin Dalteparin (Fragmin) Enoxaparin Nadroparin (Fraxiparine, Fraxodil) Parnaparin Reviparin Tinzaparin (Meds.DVTPharmOngoing) Ongoing

Mechanical (Meds.DVTProphylaxisMech) No Yes (Meds.DVTProphylaxisMechStartDate) Start Date (DD-MMM-YYYY) [] (Meds.DVTProphylaxisMechStopDate) Stop Date (DD-MMM-YYYY) [] (Meds.DVTProphylaxisMechType) Type of prophylaxis [] (Meds.DVTMechOngoing) Ongoing

Nutrition

Parenteral Nutrition (Meds.ParenteralNutrition) No Yes (Meds.ParenteralNutritionStartDate) Start Date (DD-MMM-YYYY) [] (Meds.ParenteralNutritionStopDate) Stop Date (DD-MMM-YYYY) []

Enteral Nutrition (Meds.EnteralNutrition) No Yes (Meds.EnteralNutritionStartDate) Start Date (DD-MMM-YYYY) [] (Meds.EnteralNutritionStopDate) Stop Date (DD-MMM-YYYY) [] (Meds.EnteralNutritionRoute) Route of administration Nasogastric tube Transpyloric tube Gastrostomy

Ventilation Management

(Meds.VentilationMgmtNA) N/A Patient not in ICU

Intubation (Meds.Intubation) No Yes (Meds.IntubationStartDate) Start Date (DD-MMM-YYYY) [] (Meds.IntubationStartTime) Start Time (hh:mm) []

Extubation (Meds.IntubationStop) No Yes (Meds.IntubationStopDate) Stop Date (DD-MMM-YYYY) [] (Meds.IntubationStopTime) Stop Time (hh:mm) [] (Meds.IntubationStopReason) Reason Respiratory stable Accidental Withdrawal of care

Need for re-intubation (Meds.ReIntubation) No Yes (Meds.ReIntubationStartDate) Re-start Date (DD-MMM-YYYY) [] (Meds.ReIntubationStartTime) Re-start Time (hh:mm) []

Mechanical ventilation (Any respiratory mode except for CPAP) (Meds.MechVentilation) No Yes (Meds.MechVentilationStartDate) Start Date (DD-MMM-YYYY) [] (Meds.MechVentilationStartTime) Start Time (hh:mm) [] (Meds.MechVentilationStopDate) Stop Date (DD-MMM-YYYY) [] (Meds.MechVentilationStopTime) Stop Time (hh:mm) []

Need for re-instituting mechanical ventilation (Meds.ReMechVentilation) No Yes (Meds.ReMechVentilationStartDate) Re-start Date (DD-MMM-YYYY) [] (Meds.ReMechVentilationStartTime) Re-start Time (hh:mm) [] (Meds.ReMechVentilationReason) Reason Respiratory failure Neurologic deterioration Spontaneous hyperventilation Sepsis Other (Meds.ReMechVentilationReasonOther) Other []

Medical/Nursing

therapy

Admission				
Tracheostomy	(Meds.Tracheostomy) <input type="radio"/> No <input type="radio"/> Yes	(Meds.TracheostomyStartDate) Start Date (DD-MMM-YYYY) <input type="text"/>	(Meds.TracheostomyStopDate) Stop Date (DD-MMM-YYYY) <input type="text"/>	(Meds.TracheostomyOngoing) <input type="checkbox"/> Ongoing
Oxygen Administration	(Meds.OxygenAdm) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	(Meds.OxygenAdmStartDate) Start Date (DD-MMM-YYYY) <input type="text"/>	(Meds.OxygenAdmStopDate) Stop Date (DD-MMM-YYYY) <input type="text"/>	(Meds.OxygenAdmOngoing) <input type="checkbox"/> Ongoing
Nasogastric feeding tube	(Meds.Nasogastric) <input type="radio"/> No <input type="radio"/> Yes	(Meds.NasogastricStartDate) Start Date (DD-MMM-YYYY) <input type="text"/>	(Meds.NasogastricStopDate) Stop Date (DD-MMM-YYYY) <input type="text"/>	(Meds.NasogastricOngoing) <input type="checkbox"/> Ongoing
PEG tube (gastrostomy)	(Meds.PEGTube) <input type="radio"/> No <input type="radio"/> Yes	(Meds.PEGTubeStartDate) Start Date (DD-MMM-YYYY) <input type="text"/>	(Meds.PEGTubeStopDate) Stop Date (DD-MMM-YYYY) <input type="text"/>	(Meds.PEGTubeOngoing) <input type="checkbox"/> Ongoing
Urinary catheter	(Meds.UrineCath) <input type="radio"/> No <input type="radio"/> Yes	(Meds.UrineCathStartDate) Start Date (DD-MMM-YYYY) <input type="text"/>	(Meds.UrineCathStopDate) Stop Date (DD-MMM-YYYY) <input type="text"/>	(Meds.UrineCathOngoing) <input type="checkbox"/> Ongoing