



**Admission Note:
History and Physical Examination
Admission Orders
ENT/Surgery - Adult**



ADM NOTEPREGENA

Patient Name:				
Date of Birth:				
Admission Date:				
Admitting Physician (FULL NAME W/MIDDLE INITIAL):				
Preferred Language	English	Chinese	Mandarin	Cantonese
	Spanish	Russian	Other:	

Chief Complaint/History of Present Illness: (admit note must contain justification for surgery)

Clinical History or Conditions Present On Admission: No pertinent clinical history

Diabetes (please specify): Insulin Dependent Non-insulin dependent

Cardiac:

Myocardial Infarction Congestive Heart Failure Arrythmia Coronary Artery Disease Significant Valvular Disease

Pacemaker/AICD (refer to NYEE policy on patients with defibrillator)

Neuro:

CVA/TIA Other:

Pulmonary:

Asthma COPD O2 Dependent Obstructive Sleep Apnea Other:

Renal: Dialysis

Heme: Deep Vein Thrombosis/Pulmonary Embolism Coagulopathy or on anticoagulant Anemia

Other Hx:

Hx of Multidrug-Resistant Organism (MDRO) within past 12 months Isolation status if required: Contact Other

Allergies: No Known Allergies Latex If Allergies, list:

Physical Exam

HEENT: NCAT MMM EOMI/PERRLA Abnormal:

Neck: Supple Normal ROM Trachea Midline No JVD Lymph nodes nonpalpable No carotid bruit

Abnormal:

Other:

Please refer to Medical Evaluation for review of systems and physical examination of pertinent organ systems other than those related to admission diagnosis

ASSESSMENT/PLAN

Admission Diagnosis:

ICD-10 Code:

Planned Procedure(s) with CPT codes:

Laterality Right Left
 Bilateral N/A

Anesthesia: General MAC/Sedation Local

Other :

Admission Orders: 1. Admit to Inpatient Unit Admit to Adult ASU 2. DIET: NPO on admission 3. IV: Insert saline lock on admission

4. **Diagnostic Testing** Day of Surgery (If Applicable)

Diabetic patient: Fingerstick (Capillary Blood Glucose) BMP **Hx of Anemia or Expected blood loss in surgery greater than 200ml**

Current Dialysis Patient: Serum Potassium CBC3 (WBC,HGB, PLT) **AND** Type and Screen

Pregnancy Test; Urine **Required for any patient of childbearing potential and >12 years old, or any age who has menstruated within past 12 months**

EKG **For Age greater than 65 years old or Any patients with diabetes, HTN, cardiac, vascular, renal, or hepatic Disease**

Other:

5. Medical Assessment/Evaluation

Medical evaluation completed by an outside Licensed Independent Practitioner within 30 days of surgical procedure

Pre-Admission Testing scheduled at MS Downtown Union Square or NYEE on DATE: at TIME:

Other:

Resident/Fellow Signature: Print Name: Date: Time:

ATTENDING: (Required) Print Name: Date: Time:

SURGEON ATTESTATION:

I certify that I have re-examined the patient relative to the proposed surgery, reviewed the history & physical, the pre-op assessment, and spoken with the patient. Based upon all the above it is my opinion that there has not been any significant change in his/her clinical condition relative to the indications for the proposed surgery.

I certify that I have re-examined the patient relative to the proposed surgery, reviewed the history and physical, the pre-op assessment and spoken with the patient. There is a change in his/her clinical condition - See Progress Note.

Attending Surgeon: Print Name: Date: Time: