



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

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

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

Clinical History or Conditions Present On Admission:

Diabetes (please specify): Insulin Dependent Oral Medication Diet Controlled No pertinent clinical history Refer to accompanying office note

Cardiac:

Congenital Heart Defect Other:

Neuro:

Mental/Developmental Delay Metal/Developmental Delay Other:

Pulmonary:

Asthma Other:

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

Anesthesia: General MAC/Sedation Local

Bilateral N/A

Other :

Admission Orders 1. Admit to Inpatient Unit Admit to Pediatric ASU

2. DIET: NPO on admission

3. **Diagnostic Testing** Day of Surgery (If applicable)

Diabetic patient: Fingerstick (Capillary Blood Glucose) BMP

Refer to pre-surgical guidelines or Contact Anesthesia Department at (212-979-4464)

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

Other:

4. **Medical Assessment/Evaluation**

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

Other:

Resident/Fellow Signature:

Print Name:

Date:

Time:

(If Applicable)
ATTENDING:

Print Name:

Date:

Time:

(Required)

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:

