Veterinary Chart Abstraction Form

Form Approved

OMB No. 0923-0051

Exp. Date 03/31/2018

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review: \_\_\_ / \_\_\_ / \_\_\_\_ Data entered: \_\_\_ / \_\_\_ / \_\_\_\_

Veterinary Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet ID: \_\_\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Demographics**

**Age:** \_\_\_\_ □ Years □ Months **Sex:**  □ Male □ Female □ Neutered/Spayed

**Species:** □ Dog □ Cat □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Breed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hair Length:** □ Short □ Medium □ Long □ Hairless □ N/A **Body Condition Score:**  \_\_\_\_

**Visit Information**

**Date of Visit:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Time of arrival: \_\_\_\_:\_\_\_\_ □ am □ pm

 MM DD YYYY

**Chief Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was the pet admitted?**  □ Y □ N If yes, # Days: \_\_\_\_\_\_

**Initial Vital Signs:** Weight: \_\_\_\_\_\_\_\_ □ kg □ lb

Temp (°F): \_\_\_\_\_\_\_\_ Heart Rate: \_\_\_\_\_\_\_ Respiratory Rate: \_\_\_\_\_\_\_ O2 sat: \_\_\_\_\_\_\_\_

**Medical History**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Medications:** Heartworm prevention □ Y □ N

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Decontamination**

Was the patient decontaminated? □ Yes □ No □ N/A

If yes, where was the patient decontaminated? How was the patient decontaminated?

□ In the field/At site □ Water

□ At veterinary hospital □ Soap and water

□ Both □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

**Clinical Signs**

Check box if the sign is present in the medical record (for this encounter). If date of onset is different from date of presentation, indicate in date column.

Sign Date

**General**

□ Fever (>103.0 °F)\* \_\_\_ / \_\_\_ / \_\_\_\_

□ Hypothermia (<98.0 °F)\* \_\_\_ / \_\_\_ / \_\_\_\_

□ Lethargy \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Eye**

□ Corneal abrasion \_\_\_ / \_\_\_ / \_\_\_\_

□ Increased tearing \_\_\_ / \_\_\_ / \_\_\_\_

□ Irritation/Pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Itching/Pruritis \_\_\_ / \_\_\_ / \_\_\_\_

□ Miosis \_\_\_ / \_\_\_ / \_\_\_\_

□ Mydriasis \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Cardiovascular**

□ Bradycardia\* \_\_\_ / \_\_\_ / \_\_\_\_

□ Cardiac arrest \_\_\_ / \_\_\_ / \_\_\_\_

□ Hypertension \_\_\_ / \_\_\_ / \_\_\_\_

□ Hypotension \_\_\_ / \_\_\_ / \_\_\_\_

□ Tachycardia\* \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Respiratory**

□ Cough \_\_\_ / \_\_\_ / \_\_\_\_

□ Cyanosis \_\_\_ / \_\_\_ / \_\_\_\_

□ Dyspnea \_\_\_ / \_\_\_ / \_\_\_\_

□ Hyperventilation/Tachypnea \_\_\_ / \_\_\_ / \_\_\_\_

□ Nose bleed \_\_\_ / \_\_\_ / \_\_\_\_

□ Phlegm/Congestion \_\_\_ / \_\_\_ / \_\_\_\_

□ Runny nose \_\_\_ / \_\_\_ / \_\_\_\_

□ Stridor \_\_\_ / \_\_\_ / \_\_\_\_

□ Wheezing \_\_\_ / \_\_\_ / \_\_\_\_ □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Gastrointestinal**

□ Abdominal pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Anorexia \_\_\_ / \_\_\_ / \_\_\_\_

□ Constipation \_\_\_ / \_\_\_ / \_\_\_\_

□ Diarrhea \_\_\_ / \_\_\_ / \_\_\_\_

□ Nausea \_\_\_ / \_\_\_ / \_\_\_\_

□ Vomiting \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

Sign Date

**Nervous System**

□ Ataxia \_\_\_ / \_\_\_ / \_\_\_\_

□ Fasciculations \_\_\_ / \_\_\_ / \_\_\_\_

□ Hyperactive/anxiety/irritable \_\_\_ / \_\_\_ / \_\_\_\_

□ Muscle pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Muscle rigidity \_\_\_ / \_\_\_ / \_\_\_\_

□ Muscle weakness \_\_\_ / \_\_\_ / \_\_\_\_

□ Paralysis \_\_\_ / \_\_\_ / \_\_\_\_

□ Peripheral neuropathy \_\_\_ / \_\_\_ / \_\_\_\_

□ Salivation \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Skin**

□ Burns \_\_\_ / \_\_\_ / \_\_\_\_

□ Edema/Swelling \_\_\_ / \_\_\_ / \_\_\_\_

□ Erythema/Redness/Flushing \_\_\_ / \_\_\_ / \_\_\_\_

□ Hives/Welts \_\_\_ / \_\_\_ / \_\_\_\_

□ Irritation/Pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Itching/Pruritis \_\_\_ / \_\_\_ / \_\_\_\_

□ Rash \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

\*Normal value varies by species

**Imaging**

| Date | Type of Imaging | Location | Contrast | Acute Findings | Description of Acute Findings |
| --- | --- | --- | --- | --- | --- |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ Ultrasound □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ Ultrasound □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ Ultrasound □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ Ultrasound □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |

**EKG**

| Date | Findings | Description of EKG Findings |
| --- | --- | --- |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ WNL□ Abnl, consistent□ Abnl, new |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ WNL□ Abnl, consistent□ Abnl, new |  |

WNL- within normal limits

Abnl, consistent- Abnormal finding, consistent with medical history or previous disease

Abnl, new- Abnormal finding, may indicate the presence of new disease

**Lab Values (See key below for check box explanations)**

**(Only record actual value if it is initially abnormal or becomes abnormal. Do not record normal values.)**

| Lab |  | Repeat Lab Values (if necessary) |
| --- | --- | --- |
| Na\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| K\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cl\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HCO3-\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BUN\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cr\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Glu\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hgb\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hct\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| WBC\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |
| Plts\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ca2+\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AST\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ALT\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Bili\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alk Phos\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Urinalysis**

|  | Date: \_\_\_ / \_\_\_ / \_\_\_\_ | Repeat Lab Values (if necessary) |
| --- | --- | --- |
| pH | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specific Gravity | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Protein | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Glucose | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ketones | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WBC | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RBC | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bilirubin | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

WNL- Within normal limits

Abnl, CI- Abnormal, Clinically insignificant (To be determined with NCEH Toxicologists)

Abnl, C Dz- Abnormal finding, consistent with documented chronic disease

Abnl, exposure- Abnormal finding, potentially associated with the exposure

Abnl, other- Clinically significant abnormality, related to other disease process

**Arterial Blood Gas (ABG) Flow Sheet**

| Date  | Date  | Date  | Date  |
| --- | --- | --- | --- |
| Time | Time | Time | Time |
| pH | pH | pH | pH |
| pO2 | pO2 | pO2 | pO2 |
| pCO2 | pCO2 | pCO2 | pCO2 |
| HCO3- | HCO3- | HCO3- | HCO3- |
| O2 sat | O2 sat | O2 sat | O2 sat |
| Supplemental O2 □ Y □ N □ N/A | Supplemental O2 □ Y □ N □ N/Ac | Supplemental O2 □ Y □ N □ N/A | Supplemental O2 □ Y □ N □ N/A |

**Medications (new medications that were initiated or prescribed during this visit/admission)**

| Name | Indication | Given during this visit? | Continued after discharge? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Outcomes**

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discharge**

□ LWBS □ Office visit

□ Admitted: \_\_\_ / \_\_\_ /\_\_\_\_ Discharge information: Date: \_\_\_ / \_\_\_ /\_\_\_\_ Time: \_\_\_\_: \_\_\_\_\_ □ am □ pm

□ Died: \_\_\_ / \_\_\_ /\_\_\_\_ Cause of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Necropsy performed? □ Yes □ No □

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Necropsy findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LWBS- Left without being seen