

Pt. Name: File No: Ward: Bed: Admission date:
 Days since admission: MEWS Score on arrival:

Date:	Time												
Temp													
RR													
O ₂ %													
Systolic BP													
HR													
Level of Consciousness	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U	<input type="checkbox"/> A <input type="checkbox"/> V, P, U
MEWS Score													
Oxygen Supplement													
ROX Index (SpO ₂ /FiO ₂ /RR)													
Self-proning Compliance	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Position	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP	<input type="checkbox"/> RT <input type="checkbox"/> SS <input type="checkbox"/> LT <input type="checkbox"/> FP
Comfortable, No ↑ in work of breathing	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nurse Sig.													

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturation	≤91	92 – 93	94 – 95	>95			
Systolic BP	≤90			91 - 199		200 - 219	≥220
Heart Rate	≤40		41 - 50	51 - 110		111 - 130	≥131
Level of Consciousness				A			V, P, or U

A: Alert

V: Response to Verbal

P: Response to Pain

U: Unresponsive

COVID-19 INVESTIGATIONS ORDER SET
 Depart. Unit Bed
Hospital No: Date of Admission Doctor in charge Patient Name: _____ CID No:

	Admission day (Day 0)	Day 1	Day 2	Day 3	Day 4	Day 5 (every other day)	Day 6 (every other day)	
BLOOD INVESTIGATION	<input type="checkbox"/> CBC (with differential)	<input type="checkbox"/> CBC	<input type="checkbox"/> CBC	<input type="checkbox"/> CBC		<input type="checkbox"/> CBC		
	<input type="checkbox"/> Coagulation profile <input type="checkbox"/> AntiXa*	<input type="checkbox"/> AntiXa*			<input type="checkbox"/> AntiXa*			
	<input type="checkbox"/> Fibrinogen		<input type="checkbox"/> Fibrinogen		<input type="checkbox"/> Fibrinogen		<input type="checkbox"/> Fibrinogen	
	<input type="checkbox"/> D dimer Assay		<input type="checkbox"/> D dimer Assay		<input type="checkbox"/> D dimer Assay		<input type="checkbox"/> D dimer Assay	
	<input type="checkbox"/> Electrolytes <input type="checkbox"/> RFT <input type="checkbox"/> LFT <input type="checkbox"/> CK <input type="checkbox"/> LDH <input type="checkbox"/> CRP <input type="checkbox"/> Ferritin <input type="checkbox"/> TSH	<input type="checkbox"/> Electrolytes <input type="checkbox"/> RFT <input type="checkbox"/> LFT	<input type="checkbox"/> Electrolytes <input type="checkbox"/> RFT <input type="checkbox"/> LFT <input type="checkbox"/> CRP <input type="checkbox"/> LDH <input type="checkbox"/> Ferritin	<input type="checkbox"/> Electrolytes <input type="checkbox"/> RFT <input type="checkbox"/> LFT	<input type="checkbox"/> Electrolytes <input type="checkbox"/> RFT <input type="checkbox"/> LFT	<input type="checkbox"/> CRP <input type="checkbox"/> LDH <input type="checkbox"/> Ferritin	<input type="checkbox"/> Electrolytes <input type="checkbox"/> RFT <input type="checkbox"/> LFT	<input type="checkbox"/> CRP <input type="checkbox"/> LDH <input type="checkbox"/> Ferritin
	<input type="checkbox"/> BNP <input type="checkbox"/> Troponin <input type="checkbox"/> Lactate <input type="checkbox"/> ABG/VBG	<input type="checkbox"/> Troponin <input type="checkbox"/> ABG/VBG <input type="checkbox"/> BNP	<input type="checkbox"/> ABG/VBG <input type="checkbox"/> BNP	<input type="checkbox"/> Troponin <input type="checkbox"/> ABG/VBG <input type="checkbox"/> BNP				
	<input type="checkbox"/> Blood C/S *2 different sites with VRE							
	<input type="checkbox"/> BI Group+ screen (if Hb < 8.0 g/dL)							
RESPIRATORY	<input type="checkbox"/> Sputum C/S							
	<input type="checkbox"/> Flu A & B Nasopharyngeal swab							
	<input type="checkbox"/> COVID-19 Nasopharyngeal swab for PCR							
	<input type="checkbox"/> Deep tracheal aspirate for PCR							
OTHERS	<input type="checkbox"/> CXR <input type="checkbox"/> ECG	<input type="checkbox"/> CXR			<input type="checkbox"/> CXR (every 3 days)			
	<input type="checkbox"/> HBV <input type="checkbox"/> HIV <input type="checkbox"/> IGRAs (for TB)							

* On admission, If on LMWH treatment, check antiXa 4 hrs after each dose until the therapeutic level has been achieved, then check antiXa every 3 days.

* On admission, If on UFH treatment, check antiXa every 6 hrs in the 1st 24 hrs, then check antiXa every day.

Pt. Name:
Days since admission:

File No:
Days since vent:

Ward:
Weight:

Bed:
Height:

Admission date:
Fluid balance of previous day:

Date:	Mechanical Ventilation		
Shift	M	E	N
Driving Pressure			
O ₂ Saturation			
PaO ₂			
FiO ₂			
PEEP			
P plateau			
Lung Compliance			
Patient proning (in indicated pt)	<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Contraindicated	<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Contraindicated	<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Contraindicated
Recruitment			
Doctor notified	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Doctor's Order			
Nurse Sig			

Date:	Haemodynamic management		
Shift	M	E	N
RASS			
MAP			
MAP Target achieved	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluid responsiveness test	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Contraindicated	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Contraindicated	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Contraindicated
Result	<input type="checkbox"/> +ve <input type="checkbox"/> -ve	<input type="checkbox"/> +ve <input type="checkbox"/> -ve	<input type="checkbox"/> +ve <input type="checkbox"/> -ve
Vasopressor/ Dobutamine dose			
Capillary refilling	<input type="checkbox"/> <3 sec <input type="checkbox"/> >3 sec	<input type="checkbox"/> <3 sec <input type="checkbox"/> >3 sec	<input type="checkbox"/> <3 sec <input type="checkbox"/> >3 sec
Doctor notified	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Doctor's Order			
Nurse Sig			

Lower PEEP/ higher FiO ₂							
FiO ₂	0.3	0.4	0.4	0.5	0.5	0.6	0.7
PEEP	5	5	8	8	10	10	10
FiO ₂	0.7	0.7	0.8	0.9	0.9	0.9	1.0
PEEP	12	14	14	14	16	18	18-24

Higher PEEP/ lower FiO ₂							
FiO ₂	0.3	0.3	0.3	0.3	0.3	0.4	0.4
PEEP	5	8	10	12	14	14	16
FiO ₂	0.5	0.5	0.5-0.8	0.8	0.9	1.0	1.0
PEEP	16	18	20	22	22	22	24

This Form is to be completed by the nurse at the beginning of the shift after consulting the doctor.

Richmond Agitation & Sedation Scale		
Score	Description	
+4	Combative	Violent, immediate danger to staff
+3	Very agitated	Pulls at or removes tubes, aggressive
+2	Agitated	Frequent non-purposeful movements, fights ventilator
+1	Restless	Anxious, apprehensive but movements not aggressive or vigorous
0	Alert & Calm	
-1	Drowsy	Not fully alert, sustained awakening to voice (eye opening & contact > 10 secs)
-2	Light Sedation	Briefly awakens to voice (eye opening & contact < 10 secs)
-3	Moderate Sedation	Movement or eye-opening to voice (no eye contact)
-4	Deep Sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation

Voice
Touch

Pt. Name:

File No:

Ward:

Bed:

Admission date:

Indication of intubation:	
Date:	Time:
RR	
SpO ₂	
GCS score	
ABG	PH
	PaO ₂
	PaCO ₂
	HCO ₃
↑ work of breathing	
Other indication/s	

Intubation process equipment/ requirements:				
Degree of difficulty				
1	2	3	4	
Size of ETT				
Length of ETT				
Other equipment used:				

Weaning of Mechanical Ventilation:		Date:	Time:
Weaning criteria (Check all that apply):		Days on MV	
PaO ₂ ≥ 8 KPa		Parameters on CPAP	
PaCO ₂ normal or baseline		RSB index	
Patient is able to initiate inspiratory effort		RR	
No evidence of Myocardial Ischemia		Average Tv	
HR ≤ 140		SpO ₂	
BP normal without vasopressors or with minimum support		PaCO ₂	
Patient is arousable		HR	
Patient is afebrile		Cuff leak test	
No significant electrolyte abnormalities		Ability to cough	
Improvement of inflammatory markers		No of hr on CPAP	

Medications given (Check all that apply):	
<input type="checkbox"/>	Midazolam 1-3 mg with preoxygenation
<input type="checkbox"/>	Propofol/ Ketamine
<input type="checkbox"/>	Rocuronium/ Succinyl choline
<input type="checkbox"/>	± Epinephrine 30 mg just before intubation
Other medication/s given:	

Parameters after intubation:
BP
HR
SpO ₂

Results of weaning trial:	
<input type="checkbox"/>	Successful extubation without minimal sedation
<input type="checkbox"/>	Tracheostomy
<input type="checkbox"/>	Extubation under minimal sedation
<input type="checkbox"/>	Failure of weaning

Parameters after extubation:
BP
HR
SpO ₂
RR

Team member name responsible for:	
Intubation:	
Equipment:	
Drug & monitor:	
Runner:	

Intubation went smoothly:	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, explain:

Causes of weaning failure (Check all that apply):	
<input type="checkbox"/>	Low Cardiac Output/ Myocardial Ischemia
<input type="checkbox"/>	Lung congestion
<input type="checkbox"/>	Sepsis
<input type="checkbox"/>	Metabolic disorder
<input type="checkbox"/>	Electrolyte imbalance

ABG results after extubation:
PH
PaO ₂
PaCO ₂
HCO ₃

Form for Immune suppression therapy (Tocilizumab) in COVID 19 patients

Depart.	Unit	Ward	Room	Bed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hospital No:

Date of Admission	Doctor in charge
<input type="text"/>	<input type="text"/>

Patient Name: CID No:

Date	Dosage
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Checked for contraindications

TB <input type="checkbox"/> Yes <input type="checkbox"/> No	Fungal Infection <input type="checkbox"/> Yes <input type="checkbox"/> No
HBV <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacterial infection <input type="checkbox"/> Yes <input type="checkbox"/> No
HIV <input type="checkbox"/> Yes <input type="checkbox"/> No	Neutropenia <input type="checkbox"/> Yes <input type="checkbox"/> No

Modified H score parameters (Score >132 highly suggestive of HLH/CRS)

Temperature	Score	
<38.4	0	<input type="checkbox"/>
38.4-39.4	33	<input type="checkbox"/>
>39.4	49	<input type="checkbox"/>
Number of Cytopenias Hb $\leq 92\text{g/L}$, WCC $\leq 5 \times 10^3/\text{mm}^3$, platelets $\leq 110 \times 10^3/\text{mm}^3$		
1 lineages	0	<input type="checkbox"/>
2 lineages	23	<input type="checkbox"/>
3 lineages	38	<input type="checkbox"/>
Triglycerides(mmol/L)		
<1.5	0	<input type="checkbox"/>
1.5-4.0	44	<input type="checkbox"/>
>4.0	64	<input type="checkbox"/>
Fibrinogen(g/L)		
>2.5	0	<input type="checkbox"/>
≤ 2.5	30	<input type="checkbox"/>
Ferritin(g/L)		
<2000	0	<input type="checkbox"/>
2000-6000	35	<input type="checkbox"/>
>6000	50	<input type="checkbox"/>
AST(U/L)		
<30	0	<input type="checkbox"/>
≥ 30	19	<input type="checkbox"/>
Known underlying immunosuppression HIV positive or receiving long-term immunosuppressive therapy (eg. Glucocorticoids, cyclosporine, Azathioprine)		
No	0	<input type="checkbox"/>
Yes	18	<input type="checkbox"/>
Total Score		