

**OREGON DEPARTMENT OF CORRECTIONS HEALTH SERVICES
Nurse Infirmary Admission Note**

Diagnosis/Chief Complaint/Reason for Admit: _____

Provider: _____ **ALLERGIES:** _____

Assessment: ___ Daily ___ BID ___ Q Shift Other _____

Admit Vital Signs: ___ T ___ P ___ R ___ BP ___ O2 Sat ___ Weight
___ Neuro checks q _____ x _____

Initial Admission Note - to Include Reason for Admission and Assessment (**to be completed within 2 hours of admission**): _____

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	<u>Date</u>	<u>Initials</u>
Noted Physician Orders	_____	_____
Flow sheet filed in chart	_____	_____
Completed Patient Assessment (SOAP)	_____	_____
Procured Medications/MAR	_____	_____
Updated Care Plan / Board	_____	_____
Infirmary Admit Computer Procedure	_____	_____

PREP ADMIT (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Procedure: _____		
Patient given Prep Instructions:	_____	_____
	Date/Time	Initials
Food Services Notified:	_____	_____
	Date/Time	Initials

Nurse Signature: _____ Date/Time: _____

Name: _____
SID#: _____
DOB: _____

