Admission Note

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Tell the story

- **CC:** in the patient's own words (2-3), why the patient is seeking medical attention, include duration

- **HPI**
- **First Paragraph**
  - first line: the "one-liner" identifying statement and presenting complaint
    - 54 year-old woman with a history of x, y, and z presents with 3 days of fever, cough, and shortness of breath.
  - rest of the first paragraph tells the story of the present illness. Start at the beginning. (Pt was in USOH until…)

HPI (cont)

Second Paragraph

- Contains more detail on the pertinent diagnosis from the PMH.
  - E.g, if the presentation is SOB, you might say, "Pt has moderate persistent asthma, poorly controlled with frequent admissions to hospital, triggered by dust and cold weather, last steroids received 3mos PTA, never intubated".
- Rest of 2nd paragraph contains **pertinent** positives and negatives from the ROS relevant for the patient's complaint.
- Every CC implies a DDx, and the pertinent questions from the ROS are those which are needed to consider those possible dx's.
- A good HPI will suggest the correct diagnosis, and will leave your audience speechless, as there simply won't be anything else to ask.
  - If the audience has a lot of questions, either they weren't listening or their Ddx includes diagnoses you haven't thought of.

After the HPI

- **PMH**
  - **i**n order of most relevant to the presenting complaint to least relevant
  - include relevant details parenthetically
- **PSH**
  - can fold this into the PMH
- **Medications**
  - include doses and frequencies when known, note any recent changes or compliance issues; note any discrepancies between different sources
- **Allergies**
- **Family History**
  - for older patients (e.g. over 70 y.o.), can put noncontributory
- **Social History**
  - tobacco, alcohol, and illicit drug use (how much, how long, whether actively using). Occupation and home environment.

ROS

- Do not include the systems pertinent to the CC
- In the oral presentation, just mention positives
- Practice

ED course

- Include
  - triage vitals
  - any interventions (meds, BIPAP, etc) and response
  - consults called

Exam

- Should be complete, including all systems.
- For the oral presentation, you can list the pertinent positives and negatives, but **at a minimum,** always include the following:
  - VS including the O2 sat (and inhaled oxygen %, if not room air) **when you are seeing the pt**
  - General in terms a theater director could use, including habitus, level of distress, level of alertness
  - HEENT
  - Cardiac (including JVD)
  - Lungs
  - Abdomen
  - Ext
  - Internist's Neuro exam

Labs/Imaging

- Include baseline and trends for all abnormals.
- Include radiology and EKG here.
- Note if read is yours, prelim, or final.
- Look at prior imaging even if current is normal.
- Do not copy and paste whole reports!!!

Summary/Assessment/Plan

- First sentence is identifying statement and salient points from HPI, exam, labs, imaging. This is the **summary**.
- Assessment and plan should be **problem-based** – not system-based.
- For assessment, state what you think the diagnosis is and follow it with supporting evidence.
- Then list the other things possible but less likely (with evidence).
- Plan
  - Diagnostic
  - Therapeutic
  - Do not forget about symptom control, FEN, DVT ppx, GOC, Dispo