KAMUZU CENTRAL HOSPITAL LILONGWE
IN-PATIENT ADMISSION SHEET Department of Medicine

TEAM A B C D

(use patient sticker or write)

Name **Date of Birth/Age**

Admitting physician **Sex M / F**

Home Adress **Phone number**

Current Location **Date/Time admitted**

Referral Y / N **Referred from**

Reason for referral _____

PRESENTING COMPLAINTS

HISTORY OF PRESENTING COMPLAINTS

PAST MEDICAL AND SURGICAL HISTORY

HIV status NR □ tested on_____
R □ since _____
Unknown□

On CPT No □ Yes □ Unknown □
Sulfa Drug Allergy Y / N

WHO Stage ____ Clinical Conditions_____

Last CD4 count _____ Date _____

ART Status (if HIV R)
Never initiated □
Stopped □ since_____ why _____
Currently on □ start _____ regimen_____
Changed reg. □ start/stop _____ regimen_____
Why changed_____
Current ART clinic (reg. no) _____

CURRENT MEDICATIONS / KNOWN DRUG ALLERGIES

Tb Status at admission

Never or ≥ 2 years ago □
Tb within last 2 years □
Currently treated for Tb □
smear pos /neg
start date _____
regimen_____

Name of Patient _____

INTOXICATIONS

SOCIAL HISTORY

Marital Status / children alive or dead

Occupation

Sexual History / Contraception / Pregnancies

Living conditions (nutrition, water supply, housing)

FAMILY HISTORY (specifically ask for Tb, HIV, STD, HTN, DM, Kidney disease, psychiatric disorders)

REVIEW OF SYSTEMS

GENERAL

ROUTINE TB SCREENING CHECKLIST (GIVE DURATION)
Cough _____; Fever_____; Night sweats _____; Weight loss _____

CARDIOVASCULAR SYSTEM

RESPIRATORY SYSTEM

GASTROINTESTINAL SYSTEM

GENITOURINARY SYSTEM

ENDOCRINE SYSTEM

NERVOUS SYSTEM

LOCOMOTOR SYSTEM

BLEEDING DISORDER

SKIN

Name of Patient _____

VITAL SIGNS AND BASIC DIAGNOSTIC TESTS IN SHORT STAY UNIT

BP _____/_____mmHg Oxygen Sat _____% (room air / ___l O2/min)

Resp. Rate _____/min Pulse Rate _____/min; regular / irregular

Temp _____ºC Weight _____ (kg)

Blood Glucose _____ mg/dl or mmol/l (circle); FSBG ☐ RBG ☐

Malaria PS pos _____/ negative Date /time _____ at _____

Malaria RDT pos /neg. Date /time _____ at _____

GENERAL APPEARANCE

HEAD AND NECK

Pupils symmetrical	☐yes	☐no	
Conjunctiva	☐pale	☐pink	
Oral KS	☐yes	☐no	
Oral thrush	☐yes	☐no	
JVP raised	☐yes	☐no	height (cm):
Hepatojugular reflux (HJR)	☐positive	☐negative	
Lymphadenopathy	☐yes	☐no	
Trachea	☐central	☐deviated	

Other (thyroid):

HEART

Apex beat	☐not displaced	☐displaced	position:
Thrill / heaves	☐absent	☐present	specify:

Auscultation

S1 / S2 / S3 /S4 / Gallop rhythm Opening snap (mitral stenosis)

Murmurs: systolic diastolic continuous loudness: grade ____/ 6

quality (e.g. crescendo-decrescendo, low-pitched/high-pitched)

punctum maximum:

radiation to:

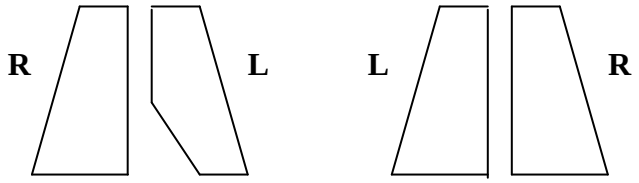
Pericardial rub

Grading of loudness of heart murmurs
Grade 1 Just audible in a quiet room, with patient holding his breath
Grade 2 Quiet
Grade 3 Moderately loud
Grade 4 Loud, accompanied by a thrill
Grade 5 Very loud
Grade 6 Audible without stethoscope

Name of Patient _____

CHEST/ LUNGS

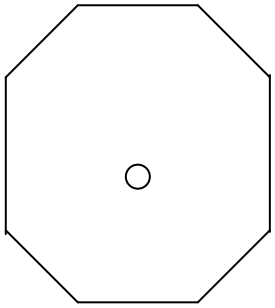
Anterior Posterior



Inspection/Palpation
((a) symmetric excursion)
Percussion
(Normal, dullness, hyperresonance)
Auscultation
(vesicular/bronchial; reduced;
Added sounds: rhonchi, crackles, pleural rub)

Vocal resonance

ABDOMEN



Inspection

Light/Deep palpation

Auscultation

Shifting dullness ☐yes ☐no Fluid thrill ☐yes ☐no

EXTREMITIES

SKIN

NEUROLOGICAL

Neck stiffness ☐yes ☐no

Glasgow Coma Scale ____/15
M ___/ 6
V ___/ 5
E ___/ 4

Glasgow Coma Scale

Best motor response	Best verbal response	Eyes open
6.Obeys commands	5.Orientated	4.Spontaneously
5.Localizes pain	4.Confused	3.To speech
4.Withdrawal	3.Inappropriate words	2.To pain
3.Flexion to pain	2.Incomprehensible words	1.Never
2.Extension to pain	1.None	
1.None		

Cranial nerves

II	pupils nl size, responding to light, convergence
III,IV,VI	normal eye movements
V	can open mouth, corneal reflex intact
VII	asymmetry of face, drooping of mouth on left
VIII	is able to hear whispering
IX,X	normal gag reflex; palate symmetrical
XI	normal power in sternocleidomastoid muscles
XII	tongue protrusion symmetrical

Pupils

Visual fields / acuity

Eye movements / nystagmus

Facial movements / sensation

Hearing

Tongue movements / taste

Cough / Gag reflex

Name of Patient _____

Peripheral nerves

	Upper extremities		Lower extremities	
	Left	**Right**	**Left**	**Right**
Tone (flaccid, normal)				
Power	/5	/5	/5	/5
Sensation (light touch, temp)				
Reflexes (absent /+/++)				

Clonus

Plantars (Baninski) negative (all toes flex) R / L
positive (big toe extends) R / L

Co-ordination (knee-heel test)

Gait

Grading of muscle power

Grade 5 Normal power
Grade 4 Weak but sufficient to overcome resistance
Grade 3 Very weak but sufficient to overcome gravity
Grade 2 Minimal contraction, unable to move
Grade 1 Total paralysis

Romberg's test
loss of joint position sense; posterior column lesion ; sensory peripheral neuropathy

Negative □
Patient stands successfully with eyes open and closed
Positive □
Patient stands successfully with eyes open but falls after closing eyes
Invalid □
Severe unsteadiness with eyes open. Cerebellar pathology

Investigations done in Short Stay Unit
(record results, or if samples have been obtained / X-ray forms completed)

Procedures / Management done in Short Stay Unit

Name of Patient _____

Summary

Admission Diagnosis / Differentials /Other Conditions

Management plan

Signed (Name) **Date/Time**

_____ _____

Name of Patient _____

CONTINUATION SHEET

Name of Patient _____

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Subjective **O**bjective **A**ssessment **P**lan

Name of Patient _____

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Name of Patient _____

Discharge Notes

Date of admission …….. **Date of discharge/death** ……..

Status on discharge ☐ Alive ☐ Dead

Final Diagnosis	**Best confirmatory evidence**
1…….	……
2…….	……
3…….	……
4…….	……
5…….	……

Discharge Plan	
1…….	……
2…….	……
3…….	……
4…….	……
5…….	……

Signed (Name) **Date/Time**