

COVID19 IN-HOME PATIENT RECORD SHEET

C19



IHPR/1

NAME:		DATE OF BIRTH:													
DATE DR. CALLED:.....	DAY NUMBER & DATE														
SIGNS & SYMPTOMS	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14	
TEMPERATURE (C) + SITE ()															
PULSE															
BREATHING RATE/MINUTE															
BLOOD PRESSURE															
BLOOD OXYGEN LEVEL															
COUGH															
SPUTUM/PHLEGM (COLOUR)															
SORE THROAT															
RUNNY NOSE/CONGESTION															
SHORTNESS OF BREATH															
MUSCLE/JOINT PAIN															
HEADACHE															
FATIGUE															
DIARRHOEA															
NAUSEA															
PINK EYES															
LOSS OF SMELL															
SEVERE SHORTNESS OF BREATH															
DIFFICULTY BREATHING															
PRESSURE IN CHEST															
CHEST PAIN															
COLD, CLAMMY/MOTTLED SKIN															
NEW CONFUSION															
BECOMING DIFFICULT TO ROUSE															
BLUE LIPS /FACE															
LITTLE/NO URINE OUTPUT															
NECK STIFFNESS															
NON-BLANCHING RASH															
RED FLAG...CALL FAMILY DOCTOR OR 000 DO NOT GO DIRECTLY TO CLINIC OR EMERGENCY															

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NAME:	DATE OF BIRTH:
ALLERGIES:	
MEDICATIONS:	
.....	
.....	
SUPPLEMENTS:	
.....	
.....	
VACCINE HISTORY: INFLUENZA: YES () NO () PNEUMONOVAX: YES () NO ()	
DOES PATIENT SMOKE?: YES () NO () HOW MANY/DAY?: (.....)	
CIGARETTES: () HERBAL () VAPING: () MARIJUANA: () OTHER ILLICIT DRUGS: ()	
COVID19 TRAVEL & CONTACT HISTORY:	
.....	
.....	
.....	
TREATMENT HISTORY SINCE BECOMING ILL:	
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.....	
PAST MEDICAL HISTORY:	
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IHPR/2

SOCIAL HISTORY:

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PERSONAL DIRECTIVES: SELF QUARENTINE & MONITOR () ISOLATE FROM OTHER HOUSEHOLD MEMBERS ()

GOALS OF CARE: MONITOR OBSERVATIONS () MAINTAIN ADEQUATE: - NUTRITION (); HYDRATION (); ELECTROLYTES ();

OTHER:.....

MEDICAL SAMMARY:

MEDICATION/TREATMENT ADVISED BY MEDICAL PRACTITIONER:

.....
.....
.....

DATE RECOVERED:..... **DATE SENT TO HOSPITAL:**..... **DATE DECEASED AT HOME:**.....

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