

Test. Patient

Name of Facility:

41y (01-Jan-1980)

Clinical Circumstances Sheet

MRN: 146669

Female

ED-1-01 Attending MD: Emergency Provider Visit: 1802157847 **ADM** Series: PHIN: MB-111222333 MB Reg: 000000 Interpreter: No Language: English Admit Date & Time: 02-Nov-2021 13:07 **Emergency** CARE Alerts: Status Initials Date/Time Initials Date/Time Initials Date/Time **Status** Status Admission Assessment for Risk of ARO: Hospital visit last 6 mo? No electronically documented response. Entry was made based on the registration ARO Risk screening question "In the past 6 months, have you been hospitalized or in Emergency for more than 24 hours in an acute care hospital?" Please refer to the region's Infection Prevention & Control Manual. Admission Screening of patients for Antibiotic Resistant Organisms. Infection Control Health Issue: No known Infection Control Health Issue for this patient. Please refer to the Region's Infection Prevention and Control Manual. Clinical Considerations: **Documented Allergies Allergen** Reaction (Severity) Verified By Type **Entered Date Status** Source **Date** Drug penicillin Erythema; Chest Tightness; 02-Nov-2021 Active Patient Hives Chocolate Food Edema; Cramps; Abdominal 02-Nov-2021 Active Nurse Pain **Documented Intolerances** Type **Allergen** Reaction (Severity) **Entered Date Status** Source Verified By **Date** Skin 02-Nov-2021 Active Detergents Itching Contact New Allergies/Intolerances Allergen Reaction (Severity) Source **Initials** Date Type FORM COMPLETED AND FAXED TO PHARMACY/FOOD SERVICES (MUST be done after each revision) Date/Time Date/Time Date/Time Initials Initials Initials