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PATIENT STICKER

**Respiratory Care Unit - Patient Admission Summary**

**Frailty Score or PS (ring as approp.) :-**

**(CFS ≥ 65 yrs: 0-8; WHO Performance Status <65 yrs: 0-4)**

**Age:-**

**Comorbidities:-**

**Date of Onset of symptoms:-**

**COVID STATUS:-**

**Date of Swab (1) Sent:\_\_\_\_\_\_\_\_\_ Result – Negative Positive**

**Date of Swab (2) Sent:\_\_\_\_\_\_\_\_\_ Result – Negative Positive**

**Date of Swab (3) Sent:\_\_\_\_\_\_\_\_\_ Result – Negative Positive**

**ESCALATION: 0 – Palliation Only**

**1 – Oxygen therapy**

**2 – Trial of CPAP/ NIV/ High Flow O2**

**3 – ITU +/- Intubation and ventilation**

**CLINICAL TRIAL suitability: Yes / No**

**Communication with relatives: Yes / No Contact Details …………………….**

**FOR RESUSCITATION ACTIVE DNACPR**

**COMPLETED BY:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade & Bleep:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**