

REHABILITATION HOSPITAL

RIC 01 - STROKE (CVA) - H&P Examination

Reason For Admission: ADL Dysfunction Gait Dysfunction
 Difficulty Walking Generalized Deconditioning/Weakness

Past Medical History:

Atrial Fib	Depression	MRSA _____
Alzheimer/Dementia	Diabetes I / II	Osteoporosis
Arthritis	DJD	Parkinson's
BPH	DVT	PVD
Anxiety	ETOH	Substance Abuse
CA	Epilepsy	TB History
CAD	GERD	Ulcers
Cataracts	Glaucoma	VRE History _____
CHF	HTN	_____
Cholesterol	Hypothyroid	_____
COPD	MH/MR History	_____
CVA / TIA	MI - _____	_____

Comorbidities Contributing to Impairment / Disability:

Acute Gastritis	Chr Peptic Ulcer w/hmrhg	Pneumonia
Acute Renal Failure	DM II Neuro	Post-Op Infec
AMI	DM II Optho	PE
Cachexia	DM II Renal	Septicemia
C Diff	GSTR/DDNTS w/Hmrhg	Vocal Cord Paral
Cellulitis _____	Morbid Obesity	_____
Chr Duoden Ulcer w/hmrhg	_____	_____

Past Surgical History:

Amputation - _____	It ()	mm
Appy - _____	la	m)
CABG - _____	or	
Cataracts - _____		
Cholecystectomy - _____		
Craniotomy - _____		
Hemorrhoidectomy - _____		
Herniorrhaphy - _____		
Hysterectomy - _____		
Cataract Remov - R / L _____		

Transfer Meds:

Meds PTA:

See orders for dosing

Allergies: **NKDA**

Social History:

Lives w/ _____
 _____ Level House Apartment Townhouse Mobile Home
 _____ Steps Ramp R / L / Bilateral Rails Elevator 1st Floor Setup
 ETOH - daily / socially
 Tobacco - _____ ppd x _____ yrs Stopped _____
 Occupation: _____ Retired Disabled

Family History: Not Significant for: _____

PFSH filled out by ancillary staff. Reviewed by physician. _____

Check Normals Circle/Write Positives Backslash (\) Negatives
History of Present Illness / Impairment: (4+ elements=3)
 CC: _____

Onset - _____
 Assoc S/S: R / L Weakness Sensory Loss Fatigue Pain SOB
 Comm / Swallow Diff Impulsivity Neglect _____
Med Tests X-Rays: _____ **Date** _____

Echo: _____



_____ To Admission

_____ s - _____

_____ sfers - _____

Ambulation - _____ Ambulation - _____

Device - _____ Device - _____

Review of Systems: (10+ systems)

Cons: Fev Chills Insom Malaise Wt Δ \uparrow \downarrow
 Eyes: Glasses Blurred Double Vision
 ENT: Hearing Diff/Aid Tinnitus Vertigo Dentures
 CVS: Chest Pain Palpit DOE
 Pulm: SOB Cough Sputum
 GI: Nausea Vomit Diarrhea Constipation Incontinence
 GU: Burning Retention Foley Incontn
 Musc: Pain
 Neuro: Headache Numbness Tingling Spasms
 Psych: Depression Anxiety Irritability Impulsivity
 Skin: Rash Surg Wnd Pressure Sore Drainage
 Lymphatics/Heme: Swol Gland \uparrow Bruising Bleed Tendencies

_____ **All other systems negative**

Unable to obtain sec to: _____

ROS filled out by ancillary staff. Reviewed by physician. _____

Physicians:

Patient: _____ Date: _____

PE: (Level 21=12 elements from 2+ systems; Levels 22 & 23=9 systems w/2+ elements each)

Vitals: T: _____ P: _____ R: _____ B/P: _____ Ht: _____ Wt: _____
 See Today's Nursing Notes

Musc: Gait/Station NI
 No Calf Tenderness
 Homan's Neg BLE

Gen App: WDNW Obese Thin Frail

UE Strength:	Right	Left	ROM:	Right	Left
	Intact	<input type="checkbox"/>		<input type="checkbox"/>	Shoulder
Deltoids	_____	_____	Elbow	_____	_____
Biceps	_____	_____	Wrist	_____	_____
Wrist Ext	_____	_____	Hand	_____	_____
Triceps	_____	_____	Hip	_____	_____
Finger Flex	_____	_____	Knee	_____	_____
Intrinsic	_____	_____	Ankle	_____	_____

Psych: Oriented x3
 Mood/Affect NI
 Judgment & Insight NI
 Recent/Remote Mem WNL

LE Strength:	Right	Left	Tone:	Right	Left	
	Intact	<input type="checkbox"/>		<input type="checkbox"/>	UE	_____
Hip Flex	_____	_____	LE	_____	_____	
Quads	_____	_____	Coordination:	Right	Left	
Dorsiflex	_____	_____		UE	_____	_____
EHL	_____	_____		LE	_____	_____
Plantar Flex	_____	_____				

Eyes/ENT: Pupils Equal
 Conjunctivae NI
 Oral Mucosa Moist
 Hearing WFL

Neck: Symmetrical
 No Thyromegaly
 ROM WFL
 No Bruit
 Nontender

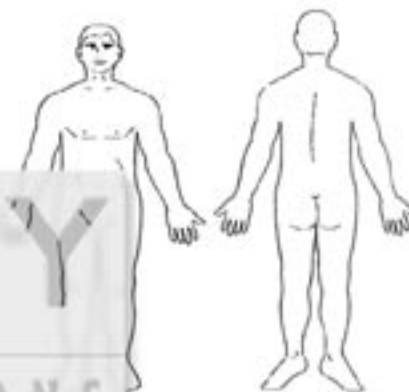
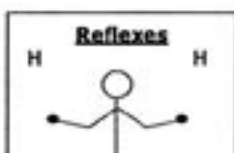
CVS: S1, S2
 BLE Pulses Intact
 No BLE Edema R: _____ L: _____

Resp: CTA Wheezing Rales Rhonchi
 Breathing Unlabored

GI: Soft, Nontender
 No I
 No I / splen eg
 NAB

Skin: No I w/ sk L Di m
 No I / ration
 Surg Wn

Neuro: CN I
 No I
 Attn
 Specific language wnl



SYNERGY
PRACTICE SOLUTIONS

- Previous Hospital Records Reviewed; Summarized As In HPI &/or Case Discussed w/ Liaison / Nurse / Dr. / _____
- Reviewed Previous Labs/Ordered Admission Labs
- Reviewed/Ordered X-Rays (MRI / CT / _____)
- Reviewed/Ordered Medical Tests (Echo / EKG / EEG / Doppler / Therapy Notes / Cardiac Testing or Programming / _____)
- Pain Management (Oxycontin / Oxycodone / Tylox / Percocet / Darvocet / Ultram / Lortab / Duragesic / _____)
- Anticoagulation Management (Coumadin / Heparin / Lovenox / ASA / Plavix / Fragmin / _____)
- Other Drugs Being Monitored (_____)

Disability / Impairment / Diagnosis: (Circle & List)
 ADL Dysfunction / Gait Dysfunction 2ndry to: CVA / ICH / SAH w/
 R / L Hemiplegia / Hemiparesis / Dysphagia / Dysarthria / Aphasia

Plan/Goals:

Prognosis:
 Treatment Status: Full Code _____ DNR _____
 No Mechanical Vent No CPR
 Patient / Family understand & agree to the above
 stated goals & objectives

ELOS:
 Examined By: _____
 Attending Physician: _____
 Admitting Physician: _____
 Signatures: _____ Date _____
 Level: 1 2 3