

**University Medical Center
Pediatric Patient Kardex**

Primary MD _____

Age: _____ Admit Date: _____

Weight: _____ Height: _____

Head Circumference: _____

Addressograph _____

Allergies: _____ Advance Directive: Yes No N/A Code Status: _____

Chief complaint on admission / Admitting Diagnosis: _____

Surgery & Date of Surgery: _____

Past Medical / Surgical Hx.: _____

Isolation: _____

Emergency Family Numbers: _____

Consults: _____ / _____ / _____ / _____

<u>Daily Plan</u>	<u>Date:</u> _____	Current Problems:
Status: _____		Resolution:
<u>Scheduled Surgeries/Procedures:</u>		
<u>Discharge Plan:</u>		Home / Other _____ Needs: Rehab Y / N Facility / Where: _____ Discharge Planning called Y / N
<u>Safety/Activity</u>		Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> Dangle <input type="checkbox"/> OOB to Chair <input type="checkbox"/> Ad Lib <input type="checkbox"/> OOB with Assist <input type="checkbox"/> Sitter <input type="checkbox"/> Physical Restraints - Type: _____ PT consult date: _____ Frequency: _____ OT consult date: _____ Frequency: _____ Splints/Positioning: _____
<u>Teaching / Psychosocial</u>		Teaching needs: _____ _____ _____ Family issues: _____ _____ _____ Social Worker: _____ Child Life Specialist: _____

