



ICU ADMISSION NOTIFICATION SLIP

AREA :				DATE/TIME:			
PATIENT'S NAME :				HRN:			
AGE :		SEX:		WEIGHT:			
ADMITTING DIAGNOSIS :	-----						
POST-OP DIAGNOSIS :	-----						
(OPTIONAL) :	-----						
GLASGOW COMA SCALE :	E =	V =	M =				
SERVICE :	<input type="checkbox"/> OB	<input type="checkbox"/> SX	<input type="checkbox"/> ORTHO	<input type="checkbox"/> CARDIO	<input type="checkbox"/> ONCO	<input type="checkbox"/> ENDO	<input type="checkbox"/> OTHERS
CONTRAPTIONS :	<input type="checkbox"/> ETT	<input type="checkbox"/> FBC	<input type="checkbox"/> NGT	<input type="checkbox"/> RESTRAINTS	<input type="checkbox"/> OTHERS		
SPECIAL ENDORSEMENT :	-----						
MECH VENT SETTINGS :	MODE:	BUR:	PS:				
	TV:	PEEP:	FIO2:				
ORDERED BY :							
NOTIFIED BY :							
RECEIVED BY :	DATE AND TIME RECEIVED :						

FM-NS-SCU-ADMISSION

Revision: 3

Effectivity Date: June 1, 2026



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