



SCU 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 :	☐ OB	☐ SX	☐ ORTHO	☐ CARDIO	☐ ONCO ☐ ENDO ☐ OTHERS
CONTRACTIONS :	☐ ETT	☐ FBC	☐ NGT	☐ RESTRAINTS	☐ 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: 2

Effectivity Date: April 1, 2024



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