

PLEASE
PLACE PATIENT'S
STICKER HERE

OSF St. Francis Medical Center – Peoria
Infectious Disease Consult Service
11/12/07

S: _____

<u>Antibiotics/Antivirals</u>	<u>Dose & Frequency</u>	<u>Day</u>
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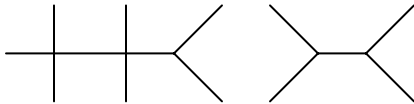
Other pertinent meds: _____

O: Temperatures **T Max** **T Current**

- Lines**
- PIVs
 - CVC
 - PICC
 - Tunnel Catheter

P	BP	SpO ₂	(suppl O ₂)
HEENT:			
Chest:		Heart:	(Murmur)
Abdomen:		Ext:	
Skin:		Neuro:	

Labs



Drug Levels

ESR: _____ Vancomycin: _____
 CRP: _____ Gentamicin: _____
 CPK: _____ Tobramycin: _____
 Other: _____

- Tubes**
- Foley
 - PEG
 - J tube
 - OG/NG
 - Trach

Imaging (pertinent)

Cultures (pertinent)

Date	Image	Result	Date	Site	Result

Add'l hx information: _____

