

D.A.W.G.

Direct Admission Worksheet & Guidelines for Community Attendings

Step I

Patient meets Direct Admission Guidelines.

Patient Name: _____

Weight: _____ kg _____ lbs

Birth Date: _____

Allergies: _____

Gender: (circle one) M F

Medications: _____

Parent's Name (Guarantor): _____

Interpreter? Language _____

Primary Care Provider _____

Isolation

Attending responsible for care while admitted: _____

Runny nose or cough

Rash

Estimated Length of Stay: _____

Known MRSA

Arrival Date: _____

Chicken Pox Exposure

Step II **DIAGNOSIS:** _____
BRIEF HPI & RELEVANT PMH:

REQUESTED WORK UP / TREATMENT

- Office note attached
- Growth grid attached
- Immunization record attached

Step III

1. Call Direct Admission Hotline at **(206) 987-DAWG 987-3294** to speak to Admitting Senior Resident
2. Patient assigned to Team _____
3. Instruct family to arrive at Children's Main Entrance (Giraffe Entrance) between _____ (1 hour window)
4. Complete family instruction sheet

Referring Physician _____ Contact Phone _____

Covering Physician (tonight) _____ Contact Phone _____

FAX THIS FORM PROMPTLY TO (206)-985-3135

Please give yellow copy to family to present on arrival.

Original copy not a permanent part of Medical Record

Children's
Hospital & Regional Medical Center

**DIRECT ADMISSION WORKSHEET
& GUIDELINES (D.A.W.G.)**

PATIENT LABEL