*** ADDRESSOGRAPH OR COMPLETE PATIENT INFORMATION FIRST ***
*** BE SURE TO SEPARATE NURSES NOTES BEFORE WRITING ***

EMERGENCY DEPARTMENT NURSING TRIAGE / CARE RECORD

YOUR HOSPITAL CITY, STATE

PATIENT IDENTIFICATION

PATIENT NAME:			DATE:	
SSN:	Have you ever been afraid your partner(s) or someone important to you would threaten you or harm you in any way? ☐ Yes ☐ No			
DOB:	Would you like further information on resources in DC? ☐ Yes ☐ No	Would you like to see a Social Worker? ☐ Yes ☐ No		
AGE:	ROOM #:	ROOM TIME:	REG:	PAT TYPE: EUN
ALLERGIES:				
LMP:	LAST TETNUS:	PHONE #: ☐ Work ☐ Home		
PMP:	FAMILY WAITING: ☐ Yes ☐ No	PRIMARY CARE TAKER:	TRIAGE SIGNATURE / TITLE	

CHIEF COMPLAINT:

☐ **INJURY on DUTY**

CURRENT MEDS:

PAST MED HX:

WOUND CARE
- ☐ Cleanse
- ☐ Dressing
- ☐ Ice
- ☐ Soak
- ☐ Elevation
- ☐ Splint

TIME	TEMP	PULSE	RR	BLOOD PRESSURE	COLOR	PUPILS	MENTAL STATUS
TRIAGE							

INITIAL ORDERS	TIME

ACCU CHECK
PULSE OX

TILT TEST — LYING: | SITTING: | STANDING:

COLOR
- N=NORMAL
- P=PALE
- D=DUSKY
- F=FLUSHED
- J=JAUNDICE
- M=MOTTLED
- C=CYANOTIC

PUPIL REACTION
- +=REACTIVE
- – =NONREACTIVE
- D=DILATED
- C=CONSTRICTED
- E=EQUAL
- ±=SLUGGISH

MENTAL STATUS
- A=ALERT
- O=ORIENTED
- U=UNRESPONSIVE
- C=CONFUSED
- L=LETHARGIC
- S=SLEEPY
- MR=Mentally Retarded

INITIAL ASSESSMENT

SKIN:	☐ NORMAL	☐ SEE NOTE
PULSES:	☐ NORMAL	☐ SEE NOTE
NEURO:	☐ ALERT & ORIENTED	☐ SEE NOTE
LUNGS:	☐ CLEAR BILATERALLY	☐ SEE NOTE
ABDOMEN:	☐ BOWEL SOUNDS PRESENT; SOFT NON-TENDER	☐ SEE NOTE
EXTREMITY:	☐ NORMAL	☐ SEE NOTE

VISUAL ACUITY

RIGHT / LEFT / BOTH ☐ CORRECTED ☐ NON-CORRECTED

MD SIGNATURE:

MEDICATION / DOSE/ ROUTE	TIME	INIT	INTRAVENOUS SOLUTION AND ADDITIVES	TIME	Rate ML per HR	INTAKE I.V.	INTAKE ORAL	OUTPUT URINE / OTHER	OUTPUT TOTALS
						23:00-07:00	23:00 - 07:00	23:00 - 07:00	
						07:00 - 15:00	07:00 - 15:00	07:00 - 15:00	
						15:00 - 23:00	15:00 - 23:00	15:00 - 23:00	

PART OF THE MEDICAL RECORD

EMERGENCY DEPARTMENT NURSING TRIAGE / CARE RECORD

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ALLERGIES:	

PATIENT IDENTIFICATION

DATE:	COMMENTS:

If seen by PMD, ENTER NAME:

RN SIGNATURE / TITLE:

EXIT INTERVIEW
- ☐ HEP LOCK REMOVED
- ☐ I.V. DC'ED

MD INSTRUCTIONS
- ☐ REVIEWED WITH PATIENT
- ☐ OTHER (PLEASE ENTER)

PATIENT INSTRUCTIONS:
- ☐ PINK CHART COPY

RX:

☐ EXCUSE Work/School

SIGNATURE / TITLE:

SIGNATURE Receiving Unit / TITLE:

TAKEN TO FLOOR
- ☐ ER CHART
- ☐ OLD CHART
- ☐ ADMISSION CHART
- ☐ BELONGINGS BAG
- ☐ GLASSES
- ☐ DENTURES
- ☐ SHOES
- ☐ CRUTCHES / CAIN
- ☐ WHEELCHAIR
- ☐ MEDICATIONS
- ☐ OTHER

SIGNATURE ER:

PART OF THE MEDICAL RECORD