University of Medical Center

TRIAGE NOTE

1 RESUSCITATION
2 EMERGENT
3 URGENT
4 LESS-URGENT
5 NON-URGENT

Room Time: _____

Room No.: _____

NAME: DOB: AGE:

CHIEF COMPLAINT TRIAGE TIME: AM PM

DATE: CPD NOTIFIED: Y / N ARRIVAL TIME:

TIME OF ARRIVAL MODE OF ARRIVAL: WALK W/C

AMBULANCE: CFD / COMPANY NUMBER

TREATMENTS IN PROGRESS: ☐ IV ☐ O_2 ☐ NEB ☐ C-COLLAR ☐ BACKBOARD

MEDICATIONS ASA NTG D50 NARCAN ALBUT _____

B.P. _____
T. _____
P. _____
R. _____

ALLERGIES
☐ NKA ☐ YES ☐ ALLERGY BAND

LATEX ALLERGY
☐ YES ☐ NO

MEDICATIONS
☐ NONE ☐ YES (LIST)

AccuCheck _____
O2 SAT _____
Hct/Hgb _____

IMMUNIZATIONS
☐ UTD ☐ NUTD

TETANUS _____

LMP _____
GRAV _____
PARA _____
EDC _____

WT: KG
_____

BIRTH WT _____

L.O.C.
☐ AWAKE
☐ VERBAL
☐ PAIN
☐ UNRESPONSIVE

RESP.
☐ NORMAL
☐ LABORED
☐ WHEEZES
☐ CRACKLES

SKIN
☐ HOT
☐ WARM
☐ COOL
☐ DRY
☐ DIAPHORETIC

COLOR
☐ NORMAL
☐ PALE
☐ JAUNDICED
☐ FLUSHED

0 1 2 3 4 5 6 7 8 9 10 PAIN SCALE

TRIAGE NURSE _____
SIGNATURE

VISUAL ACUITY

L 20/____
R 20/____
BOTH 20/____

Correctional lenses
Yes No

MEDICAL HISTORY

☐ DENIES
☐ DIABETES
☐ CVA
☐ SICKLE CELL
☐ SMOKING/PPD ___
☐ PSYCH HX
☐ HIV
☐ HEPATITIS
☐ ALCOHOLISM/DRUGS
☐ HEART DISEASE
☐ SEIZURES
☐ CRF / DIALYSIS
☐ ASTHMA / COPD
☐ HYPERTENSION
☐ LIVER DISEASE
☐ TRANSPLANT
☐ OTHER _____

Have you been hit, kicked, punched or otherwise physically hurt by someone in past year? Y / N By Whom? _____
Person contacted _____

CULTURAL/COMMUNICATION/EDUCATIONAL CONSIDERATIONS:

ELDER/CHILD ABUSE SUSPICIONS
☐ YES
☐ NO

SEEN AT UIC MD/CLINIC
☐ YES ☐ NO
MD NAME _____

TB/ISOLATION RISK
☐ YES
☐ NO

HOUR	B.P.	P	R	TEMP	PAIN SCALE	NURSING REASSESSMENT NOTE: