

**University of \_\_\_\_\_ Medical Center**

**Physician Note - Emergency Department**

Time patient seen \_\_\_\_\_ AM PM \_\_\_\_\_ medical student \_\_\_\_\_ resident \_\_\_\_\_ attending physician  
 History of Present Illness: (include location, quality, severity, duration, timing, context, modifying factors and associated signs and symptoms.)

ROS-RECENT: <input type="checkbox"/> PT UNABLE TO PROVIDE HISTORY ALL OTHER ROS NEGATIVE	PHYSICIAN MEDICAL/SURGICAL HISTORY																																																																																																								
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**Diagnostic Test Interpretations**

Cardiac Monitor Rate \_\_\_\_\_ Rhythm: NSR; Other \_\_\_\_\_ / STT \_\_\_\_\_  
 EKG Rate \_\_\_\_\_ Rhythm: NSR; \_\_\_\_\_ / STT \_\_\_\_\_  
 PR: NL \_\_\_\_\_ QRS: NL \_\_\_\_\_ Axis: NL \_\_\_\_\_ Previous EKG: N/Y/Unchanged from \_\_\_\_\_ date \_\_\_\_\_  
 CBC NL except: WBC \_\_\_\_\_ Hgb \_\_\_\_\_ Hct \_\_\_\_\_ Pts \_\_\_\_\_ segs \_\_\_\_\_ bands \_\_\_\_\_ lymphs \_\_\_\_\_  
 Metabolic Profile NL except: Gluc \_\_\_\_\_ BUN \_\_\_\_\_ Cr \_\_\_\_\_ Na \_\_\_\_\_ Cl \_\_\_\_\_ K \_\_\_\_\_ CO2 \_\_\_\_\_ Ca \_\_\_\_\_  
 Cardiac Tests NL except: CK \_\_\_\_\_ CKMB \_\_\_\_\_ Cardiac Index \_\_\_\_\_ Troponin \_\_\_\_\_ BNP \_\_\_\_\_  
 Coags NL except: PT \_\_\_\_\_ PTT \_\_\_\_\_ INR \_\_\_\_\_  
 UA NL except: WBC \_\_\_\_\_ RBC \_\_\_\_\_ Bacteria \_\_\_\_\_ LE \_\_\_\_\_ Nitrite \_\_\_\_\_ Dipstick \_\_\_\_\_  
 Abdominal Labs NL except: Amylase \_\_\_\_\_ LFTs \_\_\_\_\_  
 ABG NL except: pH \_\_\_\_\_ pO2 \_\_\_\_\_ pCO2 \_\_\_\_\_ % sat \_\_\_\_\_  
 Other Labs \_\_\_\_\_  
 Xray \_\_\_\_\_

Procedure Note									
Lacerations		DISTAL ROM	DISTAL SENSORY	DISTAL CIRCULATION	TENDONS	SUTURE TYPE	PREPARATION	ANESTHESIA	
LENGTH CM	LOCATION	<input type="checkbox"/> SIMPLE <input type="checkbox"/> Cmplx	<input type="checkbox"/> LOCAL <input type="checkbox"/> DIGITAL BLOCK	<input type="checkbox"/> WNL <input type="checkbox"/> WNL	<input type="checkbox"/> WNL <input type="checkbox"/> WNL		<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> LIDO _____ % <input type="checkbox"/>	
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Other Procedures:

COMPLICATIONS?  NO  YES

Attending Present for: \_\_\_\_\_ Attending performed neurovasc. exam after splint application:  Yes  No

**ED Course (Timing, Reason, Intervention, and Result)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recheck 1 \_\_\_\_\_ Unchanged / Improved / Worse  
 Recheck 2 \_\_\_\_\_ Unchanged / Improved / Worse

**Calls Placed and Discussion:** \_\_\_\_\_  
 PMD/Consultant called: \_\_\_\_\_ PMD/Consultant responded: \_\_\_\_\_

**Conclusions:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Records?  Reviewed /  Not Available /  NA /  Reviewed RN / EMT Records Critical care time spent with patient was : \_\_\_\_\_ minutes.

**Clinical Impression / Diagnosis**  
 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

C.O.D: \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Critical \_\_\_ Expired Disposition Of Patient: \_\_\_ Home \_\_\_ AMA \_\_\_ Admit to Room \_\_\_ Transferred to \_\_\_\_\_

RN signature \_\_\_\_\_ Med. student signature \_\_\_\_\_ Resident signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_ Print Name \_\_\_\_\_  
 I performed a history and physical examination of the patient and discussed the patient's management with the resident. Excepting any notations made by me in my note, I agree with resident's findings and plan as documented in the resident's note.  
 Attending Physician \_\_\_\_\_ Print Name \_\_\_\_\_

