University of Medical Center
Emergency Services

ASSESSMENT

Initial Assessment Time

Patient's name: _____ Nurse Signature: _____

RESPIRATORY

☐ N/A
EFFORT
☐ Normal
☐ Dyspnea
☐ Nasal Flaring
☐ Retractions
☐ Stridor
☐ O_2 Sat _____

☐ N/A
BREATH SOUNDS

	L	R
Clear	☐	☐
Crackles	☐	☐
Coarse	☐	☐
Wheezing	☐	☐
Diminished	☐	☐
Absent	☐	☐

CIRCULATORY

☐ N/A
CAPILLARY REFILL
☐ Normal ≤ 2.0 sec
☐ Delayed ≤ 2.0 sec

☐ N/A
HEART SOUNDS
☐ Regular ☐ Irregular

☐ N/A
PULSES

	L	R
Radial		
Pedal		

Patient Problem

NEURO/GCS

☐ N/A
EYE OPENING
4 ☐ Spontaneous
3 ☐ To voice
2 ☐ To pain
1 ☐ None

VERBAL RESPONSES
5 ☐ Oriented
4 ☐ Confused
3 ☐ Inapp. words
2 ☐ Incomp. sounds
1 ☐ None

MOTOR RESPONSES
6 ☐ Follows command
5 ☐ Localizes pain
4 ☐ Withdraws pain
3 ☐ Flexes to pain
2 ☐ Extends to pain
1 ☐ None

S = Strong
W = Weak
A = Absent

Time	Pupil Size/Reaction L	Pupil Size/Reaction R	HAND GRASP L	HAND GRASP R	LEG L	LEG R	GCS

GI/GU/GYN

☐ N/A
ABDOMEN
☐ Normal
☐ Guarding
☐ Distended
☐ Rigid

☐ N/A
TENDERNESS
☐ LUQ
☐ RUQ
☐ LLQ
☐ RLQ

☐ N/A
BOWEL SOUNDS
☐ Present
☐ None
☐ Last BM

☐ N/A
GU
☐ Flank Pain L R
☐ Dysuria
☐ Hematuria
☐ Frequency

☐ N/A
FHT _____

☐ N/A
Vaginal bleeding

PUPILS
B = Brisk
S = Sluggish
D = Dilated
P = Pinpoint
F = Fixed

1 2 3 4 5

SKIN/ORTHO

☐ N/A
SKIN
☐ Warm
☐ Dry
☐ Cool
☐ Diaphoretic

☐ N/A
TURGOR
☐ Normal
☐ Decreased

☐ N/A
EDEMA
☐ Absent
☐ Present

☐ N/A
COLOR
☐ Normal
☐ Pale
☐ Cyanotic
☐ Mottled
☐ Jaundice

☐ N/A
MUCOUS MEMBRANES
☐ Moist
☐ Dry

☐ N/A
ORTHO
☐ Swelling
☐ Pain
☐ Deformity
☐ Limited mov.
Location _____

☐ N/A
LACERATION
Size/Location _____
Irrigation: soln _____
Dressing/Tx _____
☐ TETANUS ☐ N/A
D.T. 0.5 ml IM
Man./Lot# _____ / _____
Location _____

PSYCHOSOCIAL

EYE CONTACT
Yes ☐ No
☐ AFFECT
☐ Normal
☐ Abnormal

SPEECH
☐ Normal ☐ Abnormal

SUPPORT SYSTEMS
☐ N/A
☐ Lives alone
☐ Family/Significant
☐ LANG. BARRIER

MOTOR BEHAVIOR
☐ Cooperative
☐ Playful
☐ Agitated
☐ Restless
☐ Combative

IDEATION
☐ N/A
☐ Normal
☐ Harmful to self
☐ Harmful to others
☐ Vis. Hallucinations
☐ Aud. Hallucinations

TIME	BP	P	R	T	MONITOR	SAO$_2$	CAP REFILL	INITIALS	TIME	MEDICATION / TREATMENT	INITIALS

TIME	IV SOLUTION	SIZE	SITE	RATE	INSERTED BY	INTAKE	REMOVED BY	TIME	U/O	OTHER	TOTAL
					TOTAL			TOTAL			