**Reason for coming to medical center:**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ARRIVAL VIA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private transport</td>
</tr>
</tbody>
</table>

**VITAL SIGNS**

<table>
<thead>
<tr>
<th>BP</th>
<th>PULSE</th>
<th>RESP</th>
<th>O2 SAT</th>
<th>TEMP</th>
<th>Q PO</th>
<th>STATUS</th>
<th>EDO</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Chief complaint and onset**

- Pain Education addressed? Yes
- Level of pain: 0

**Triage Assessment/Pertinent PMH**

- Language Barrier: Yes
- Special Needs: 

**PMH**

<table>
<thead>
<tr>
<th>C/O-Collar</th>
<th>Backboard</th>
<th>Splint</th>
<th>O2</th>
<th>Intubation</th>
<th>Medications Given:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Infusion: cc's</td>
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</tbody>
</table>

**Meds**

- Tylenol Protocol mg

**Allergies**

**Primary nurse assessment:**

**Signature:**

**RN**

**Triage Signature**

**Primary nurse assessment:**

**Signature:**

**RN**

**Primary nurse assessment:**

**Signature:**

**RN**

**Eye & ENT:**

- No difficulty (No discharge, redness, swelling)
- Eyes
- Visual Acuity: Reaction / Site
- Baking: R L R L R / S
- Pain: R L Corrected / S
- Other: Uncorrected
- Baking: R L
- Photophobia: Yes
- Absent
- Ears: None
- Deformity: Ovarian
- Other: Throat
- F.B.: R L
- Pain: R L
- Conjunctivitis: Difficulty Swallowing
- Other: Bleeding
- Ovarian:
- Other:

**Musculoskeletal:**

- No difficulty (ROM all joints)
- Location of injury:

- Pulses: Pedal: R L Radial: R L
- Capillary Filling: Present
- Breath: Brisk
- Range of Motion: Full
- Deformity: Yes
- Neural/Psyche: No difficulty (Alert & oriented x3)
- Description: Orientation: Speech
- Alert: Appropriate
- Lethargic: Oriented
- Confused: Disoriented
- New: Stressed
- Chronic: Depressed
- Others: Apathetic
- Hand Grips: Equal

**Assessment:**

- Weakness
- Numbness
- Facial Drop:
<table>
<thead>
<tr>
<th>TIME</th>
<th>BP</th>
<th>P</th>
<th>R</th>
<th>Pulse Ox</th>
<th>SaO₂</th>
<th>0-10 Pain</th>
<th>GCS</th>
<th>Tx &amp; Meds.</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
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</table>

**GLASGOW COMA SCALE**

- **Eye Opening**
  - 4: Spontaneous
  - 3: To voice
  - 2: To pain
  - 1: None

- **Verbal Response**
  - 5: Oriented
  - 4: Confused
  - 3: Inappropriate Words
  - 2: Incomprehensible Sounds
  - 1: None

- **Motor Response**
  - 6: Obeys Commands
  - 5: Purposeful
  - 4: Withdraws (Pain)
  - 3: Decorticate (Pain)
  - 2: Decerebrate (Pain)

**SUMMARY NOTE:**

**ADMISSION DATA:**

- Time
- Room #
- Adm. MD
- Report to
- Transport by

**DEFERRED**