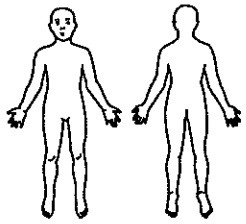
EMERGENCY PHYSICIAN RECORD (ADULT)

Date _____ Time _____
History Source: Patient/Family/EMS/Interpreter/Other
Arrival Mode: Private Vehicle/Walking/Ambulance
History Limitation: None/Clinical Condition/Other
Additional Info: _____
HPI
Chief Complaint: _____

_____

Onset: _____ minutes/hours/days/chronic
Course/Duration: constant/improving/worsening/Int.
Location: _____



Radiation of Pain: (show radiation ⟶)
Character: Pain/swelling/numbness/redness/bleeding
Severity at Onset: 1/10 ___ Severity of Present: 1/10 ___
Quality of Pain: Pressure, tightness, burning, dull, sharp, aching, other _____
Associated Symptoms: None/chest pain/abdominal pain/ nausea/vomiting/shortness of breath/fever
Other _____
Worsened By: _____ nothing/exertion/change in position deep breath/vomiting/other _____
Relieving Factors: _____ nothing/rest/medication
Other _____
Risk Factors: None/CAD/HTN/DM/smoking/obesity
Family history/recent surgery/age/other _____

_____

Similar symptoms previously _____
Recently treated by a doctor/recent hospitalization

ROS
Constitutional: Fever/chills/weakness/fatigue/recent illness
Skin: Jaundice/rash/abrasions/Petechiae/dryness
Eye: Recent vision problems/pain/discharge/Diplopia
ENT: Ear pain/sore throat/nasal congestion/sinus pain
Respiratory: SOB/Orthopnea/cough/wheezing/stridor hemoptysis/sputum production +
Cardiovascular: Chest pain/palpitation/diaphoresis syncope/peripheral edema
Gastrointestinal: Abd. pain/nausea/vomiting/diarrhea/ constipation/rectal bleeding
Genitourinary: Dysuria/hematuria/vaginal bleeding/ vaginal discharge/other
Musculoskeletal: Back pain/muscle pain/joint pain
Neurologic: Headache/dizziness/altered LOC/weakness
Psychiatric: Anxiety/depression/substance abuse
Endocrine: Polyuria/polydipsia/polyphagia/hyperglycemia/ hypoglycemia
Hem/Lymph: Bleeding tendency/petechiae/gum bleeding/ swollen nodes
Allergy/Immunologic: Seasonal allergy/recurrent infections/impaired immunity/other
Additional ROS Info: All other systems reviewed and otherwise negative.

Allergies: ___ NKDA, see nurses note
Medications: ____ none, see nurses note

Medication	Dose	Route	Frequency	Purpose

Past Medical History:
CV: CAD/HTN/MI/CHF/DVT/A-fib/hyperlipidemia
Resp: asthma/pneumonia/COPD/emphysema/PE
Endo: DM/DKA/hypothyroid/hyperthyroid
GI: UTI/pyelonephritis/renal stone/ovarian cyst/ESRD
Neuro: CVA/TIA/migraine/headache/dementia/seizure
Psych: depression/anxiety/alcohol abuse/substance abuse/ bipolar/schizophrenia
Cancer: Colon/lung/breast/leukemia/lymphoma/CNS bone/ovarian/cervical
Surgical History: Neg. Appy/Chole/CABG/PTCA Hysterectomy/Other _____
Family History: Not significant/CAD/HTN/DM/CVA
Social History: ETOH recent/occasional/abuse hx.
Tobacco: ____ ppd, none
Drugs: none/cocaine/Other _____

Nursing Assessment Reviewed ☐
Vital Signs Reviewed ☐

_____

_____

_____

_____

Physical Examination

General: Alert/anxious
Distress ☐ no acute ☐ mild ☐ moderate ☐ severe

Skin: Warm/dry/no pallor/no rash/cool/cyanotic/pale

Head: Normocephalic/atraumatic/other

Eye: PERRL/EOMI/normal conjunctiva/vision _____

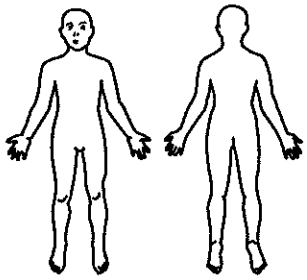
ENMT: TM's clear/oral mucosa moist/other _____
No pharyngeal erythema or exudates

Neck: Supple/trachea midline/no tenderness
No thyromegaly/lymphadenopathy
Other _____

Respiratory: Lungs CTA/BS equal/rales/rhonchi/wheezing/
No respiratory distress

CVS: Regular rate/rhythm/No murmur/No edema/
Irregularly irregular rhythm/JVD present
Tachycardia/bradycardia
Murmur-grade ____ /6 sys/dias

Chest Wall: No tenderness/no deformity/Other _____



Abdomen: Soft/nontender/not distended/normal BS/
No Organomegaly/tenderness/guarding/rebound
Other _____

Rectal: Non-tender/Guaiac _____ + _____ –

Pelvic Exam: External Exam _____
Speculum Exam. nml/active bleeding
Other _____
Bimanual exam: cerv. motion tenderness
adnexal masses/tenderness

Back: Nontender/normal ROM/CVA tenderness R/L

Extremities: Normal ROM/normal strength
No tenderness/no deformity
No pedal edema/Other _____

Lymphatics: No lymphadenopathy/Other _____

Psychiatric: Cooperative/appropriate judgement

Neuro: A/O x 4, No focal neuro deficit/CN II-XII intact
Normal sensory & motor/normal speech
Other _____

LABS

CBC	**Chemistries**	CPK _____	**UA**
Normal except	Normal except	CKMB _____	WBC _____
WBC _____	GLU _____	Troponin _____	RBC _____
Hgb _____	Na _____	BNP _____	bacteria_____
Hct _____	K _____	D-Dimer _____	**ABG**
Platelets _____	CO2 _____	PT/PTT _____	PCO2 _____
Segs _____	BUN _____	INR _____	PO2 _____
Bands	Creat _____		HCO3 _____
Serum HCG_____	Lipase _____		pH _____

EKG: Rate _____/NSR/_____ RA/____ FIO2

CXR: No infiltrate/_____

Obst. Series: _____

CT Scan: Chest/Abdomen V/Q Scan

____ nml/NAD _____

Ultrasound _____

Progress Note: _____

Procedure Note: _____

Discussed w/referred to Dr. _____
Will see the pt. in ED/hospital/office
Counseled patient/family regarding lab/rad./diagnosis
Need for follow up _____
Critical Care Time _____
Clinical Impression:

Disposition: Home Transferred Admitted AMA
Condition: unchanged improved stable expired

EMERGENCY PHYSICIAN RECORD (ADULT)

PATIENT LABEL

PROCEDURE NOTE

Date: _____ Time: _____

Procedure: _____

Confirmed Correct ☐ Patient, Procedure, Side, Site ☐ Timeout ☐ Other: _____

Indication: _____

Consent ☐ Patient ☐ Responsible Party ☐ Emergent ☐ Legal Guardian
☐ Verbal ☐ Signed ☐ Other: _____

Location: _____

Airway Assessment Pre-procedure O2 sat _____ % Other: _____
Mallampati class+: ☐ I - soft palate, fauces, uvula pillars ☐ II - soft palate, fauces, portion of uvula ☐ III - soft palate, base of uvula ☐ IV - hard palate only
ASA class+: ☐ 1 - no med problems ☐ 2 - mild systemic disease ☐ 3 - sev systemic disease, not threatening ☐ 4 - sev systemic disease, constant threat ☐ 5 - not expected to live 24 hours

Pre procedure exam: _____

Procedural sedation ☐ none ☐ medication _____ ☐ IV ☐ IM ☐ PO ☐ see nurse's notes
☐ Other: _____

Monitoring ☐ Cardiac ☐ BP ☐ pulse oximetry ☐ See nurse's notes ☐ Other: _____

Preparation: _____

Technique: _____

Post procedure exam: _____

Patient Tolerated ☐ Well ☐ Fair ☐ Poor ☐ Other: _____

Complications ☐ None ☐ Other: _____

Performed by: ☐ Self ☐ Resident ☐ PA ☐ NP ☐ Student ☐ Name: _____ ☐ Other: _____

Total time _____ min ☐ 30 min ☐ 45 min ☐ 60 min ☐ 90 min ☐ Other: _____

Notes: _____

Attestation Statement: This note has been entered today at (Date) _____ (Time) _____ by (Medical Scribe) _____, as scribe for (ER MD) _____. Documentation is being entered under the direct supervision of (ER MD) _____, signed by (Medical Scribe) _____ on (Date) _____ (Time) _____.

Physician Attestation: The information recorded by the scribe reflects the services provided by myself, as a physician. I have reviewed the documentation and confirm the accuracy of the information in the transcribed note. Physician Initials: _____

Physician Attestation for Advanced Practice Provider/Resident _____

Resident/APP Signature _____ Date _____ Time _____
Printed Name _____

ED Physician Signature _____ Date _____ Time _____
Printed Name _____

PEDIATRICS EMERGENCY PHYSICIAN RECORD

Date _____ Time _____

History Source: Patient/Family/EMS/Interpreter/Other

Arrival Mode: Private Vehicle/Walking/Ambulance

History Limitation: None/Clinical Condition/Age/Other

Additional Information: _____

HPI

Chief Complaint: fever/cough/congestion/fussy/vomit/ diarrhea/rash/injury/abdominal pain _____

_____

Onset/Duration: _____ minutes/hours/days ago

Course: constant/improving/worsening/int.

Context: sick contacts: home/school/other _____

_____

_____

Temperature: _____ F oral rectal ax TM

Associated Symptoms: None/fussy/crying more/ not sleeping/less active/drinking less/eating less/ sleeping more/abdominal pain/nausea/vomiting/ shortness of breath/fever/_____

_____

Worsened By: nothing/_____

_____

Relieved By: nothing/_____

_____

Similar Symptoms Previously: _____

_____

Recently seen/treated by a doctor/hospitalized: _____

_____

HISTORY OF PRESENT ILLNESS

ROS

Constitutional: Fever/chills/weakness/fatigue

Skin: Jaundice/rash/abrasions/Petechiae/dryness/lesions

Eye: Vision problems/pain/discharge/Diplopia

ENT: Ear pain/sore throat/nasal congestion/sinus pain

Respiratory: Runny nose/cough/wheeze/trouble breathing

Cardiovascular: Chest pain/palpitation

GI: Pain/nausea/vomiting/diarrhea/constipation/blood in stool

GU: Swelling/pain/Dysuria/hematuria/bleeding/discharge

Musculoskeletal: Back pain/muscle pain/joint pain

Neurologic: Headache/dizziness/altered LOC/weakness

Psychiatric: Anxiety/depression/substance abuse

Endocrine: Polyuria/polydipsia/polyphagia/hyperglycemia/ hypoglycemia

Hem/Lymph: Bleeding tendency/petechiae/gum bleeding/ swollen nodes

Allergy/Immunologic: Seasonal allergy/recurrent infections/ impaired immunity/other

Additional ROS Info: All other systems reviewed and otherwise negative/Limited by age

Allergies: ___ NKDA, see nurses note

Immunizations: UTD / Not UTD: _____

Medication	Dose	Route	Frequency	Purpose

Past Medical History:

Birth Hx: birth weight _____

Full term: _____ weeks Premature birth: _____ weeks

Resp: asthma/BPD

CV: congenital heart disease

GI: IBD/Crohn's/Ulcerative colitis/Reflux _____

GU: VUR _____

Neuro: Febrile seizure/seizure disorder/DD/CP/migraines

Endo: DM/DKA/hypothyroid/Other _____

Hem/Onc: Sickle cell/ALL/Other _____

Psych: depression/bipolar/ADD/ADHD/Other _____

Skin: Eczema/atopic/Other _____

Surgical History: Neg/Appy/VP shunt/circumcision/G-tube/ myringotomy/T&A/tracheostomy: _____

_____

Family History: Not significant: _____

Social History: Lives with parents: _____

PATIENT LABEL

☐ **VS Reviewed** ☐ **Nursing Assessment Reviewed**

Physical Examination

General:

Distress ☐ none ☐ mild ☐ moderate ☐ severe

Active/playful/smiles/fussy/cries on exam

INFANTS:

☐ nml consolability ☐ _____

☐ nml feeding/suck ☐ _____

☐ flat ant fontanel ☐ _____

HEENT: Normocephalic/Atraumatic/other

☐ PERRL/EOMI/Normal Conjunctiva

☐ ears normal ☐ TM erythema/dull (R / L)

☐ nose normal ☐ rhinorrhea/purulent nasal d/c

☐ pharynx nml ☐ erythema/exudate

☐ dry/drooling ☐ _____

☐ moist mucous membranes

Neck:

☐ Supple ☐ meningismus/Brudzinske/Kernig's

☐ no masses ☐ lymphadenopathy/thyroid: _____

Respiratory:

☐ no resp. distress ☐ wheezes/rales/rhonchi

☐ breath sounds nml ☐ stridor at rest

☐ Retractions - suprasternal/subcostal/intercostal/prolong expirations

☐ _____

CVS: ☐ regular rate/pulse

☐ heart sounds nml ☐ murmur grade ____ /6 *sys/dias*

☐ strong periph pulses/ ☐ cap refill normal/ _____ sec.

Abdomen: ☐ Soft/nontender/not distended/BS nml

☐ No Organomegaly ☐ tenderness/guarding/rebound

☐ hepatomegaly/splenomegaly

☐ _____

Rectal: Non-tender/guaiac pos stool: _____

Back: Nontender/normal ROM/CVA tenderness R / L _____

GU: ☐ Normal external genitalia

☐ Bilateral descended testicle intact cremasteric reflex

☐ _____

Pelvic Exam: External Exam: nml/ _____

Speculum Exam. nml/active bleeding

Bimanual Exam: CMT/adnexal tenderness/mass

Extremities: ☐ Moves all extremities well

_____

_____

Skin: Warm/dry/pallor/rash/cool/cyanotic/pale

Lymphatics: No lymphadenopathy/Other: _____

Neuro: No focal neuro deficit/CN II-XII intact

Nml sensory & motor/nml speech/nml gait

Nml Rhomberg/nml Babinski/nml finger-nose/nml

Other: _____

LABS ☐ Reviewed lab work; normal except: _____

_____

_____

_____

EKG: Rate _____/NSR/_____

☐ Reviewed Radiologic Studies

X-Ray: _____

CT Scan: _____

Ultrasound: _____

MDM/Rationale: _____

_____

_____

_____

Progress Notes: _____

PEDIATRICS EMERGENCY PHYSICIAN RECORD

PATIENT LABEL

Consults: Time: _____ Service: _____ Call: _____ Recommendations: _____

Consults: Time: _____ Service: _____ Call: _____ Recommendations: _____

Consults: Time: _____ Service: _____ Call: _____ Recommendations: _____

Counseled patient/family regarding lab/rad./diagnosis/treatment plan

Need for follow up _____

Clinical Impression: Acute URI Fever Acute viral syndrome Vomiting Diarrhea AOM Acute pharyngitis Acute bronchiolitis Acute constipation Asthma with acute exacerbation Acute cough Pneumonia Acute UTI Acute headache Acute abdominal pain

_____

Disposition: Home Transferred Admitted AMA **Condition:** unchanged improved stable expired

PROCEDURE NOTE: **Time:** _____

Procedure: _____

Confirmed Correct: ☐ Patient, Procedure, Side, Site ☐ Timeout

☐ Other: _____

Indication: _____

Consent: ☐ Patient ☐ Responsible Party ☐ Emergent ☐ Legal Guardian ☐ Verbal ☐ Signed ☐ Other: _____

Airway Assessment: Pre-procedure O2 sat _____ % Other: _____

ASA class+: ☐ 1 - no med problems ☐ 2 - mild systemic disease ☐ 3 - sev systemic disease, not threatening ☐ 4 - sev systemic disease, constant threat ☐ 5 - not expected to live 24 hours

Pre procedure exam: _____

Procedural sedation: ☐ none ☐ medication _____

☐ IV ☐ IM ☐ PO ☐ see nurse's notes

LACERATION REPAIR: **Time:** _____

☐ procedural sedation (see attached sheet)

length _____ cm location _____

linear/stellate/irregular/flap into: subcut/muscle

clean contaminated: moderately/heavily

distal NVT: neuro/vasc intact no tendon injury

anesthesia: _____ mL lidocaine/bupivacaine epi/bicarb/digital block/LET

prep: Betadine/Shur-Clens/irrigated with saline under pressure

no foreign body identified/foreign material removed

Wound closed with:

SKIN - #_____ _____-0 nylon/prolene/staples/Ethilon/Fast Absorb/ dermabond

SUBCUT - #_____ _____-0 vicryl/chromic/moncryl

NAILBED - #_____ _____-0 vicryl/monocryl/Fast Absorb

single layer/2 layers

Monitoring: ☐ Cardiac ☐ BP ☐ pulse oximetry ☐ see nurse's notes ☐ Other: _____

Preparation: _____

Technique: _____

Post procedure exam: _____

Patient Tolerated: ☐ Well ☐ Fair ☐ Poor ☐ Other: _____

Complications: ☐ None ☐ Other: _____

Performed by: ☐ Self ☐ Resident ☐ PA ☐ NP ☐ Student ☐ Name: _____ ☐ Other: _____

Total time: _____ min ☐ 30 min ☐ 45 min ☐ 60 min ☐ 90 min ☐ Other: _____

Notes: _____

_____

_____

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Physician Attestation for Advanced Practice Provider/Resident: I have reviewed the non physician practitioners/Resident/fellow documentation and I am in agreement. I have met face to face with the patient, performed an exam, helped make the diagnosis, and participated in all the medical decision making.

_____

_____

Resident/APP Signature _____ Printed Name _____ Date _____ Time _____

ED Physician Signature _____ Printed Name _____ Date _____ Time _____

PEDIATRICS EMERGENCY PHYSICIAN RECORD

PATIENT LABEL