

**EMERGENCY ROOM FLOW SHEET
 ALLEGED ASSAULT**

NAME: _____ MR # _____
 ADDRESS _____
 S.S # _____ DOB _____

DATE: _____
 ARRIVAL TIME: _____
 Provider Called: _____ Pt. seen: _____
 Age: _____ M / F
 HISTORIAN: patient spouse EMS

PHYSICAL EXAM ___Alert ___Lethargic ___Anxious
 Distress: Mild Moderate Severe
 Other: ___c-collar (PTA / in E.D.) ___back-board
 ___splint

Chief Complaint _____

 Injury to: _____
Occurred: _____ **Where:** _____
 ___just PTA ___home ___bar
 ___today ___neighbor's ___city park
 ___yesterday ___work ___street
 _____ days PTA

Context: ___fists ___kicked ___choking
 ___pushed / thrown down ___pushed / thrown against wall
 ___struck with object(s) _____

INJURIES

Head	Face		R		L
Mouth	neck	shldr	hip	shldr	hip
chest	abdomen	arm	thigh	arm	thigh
back	upper mid-	elbow	knee	elbow	knee
	lower	f-arm	leg	f-arm	leg
radiating to R / L		wrist	ankle	wrist	ankle
thigh / leg		hand	foot	hand	foot

Severity of pain: _____ **associated symptoms:** _____
 Mild _____lost consciousness / dazed
 _____Duration: _____
 Moderate _____Remembers: _____
 _____Impact coming to hospital
 Severe _____seizure

all systems neg except as marked _____trouble breathing/chest pain
 _____loss feeling / power _____nausea / vomiting
 _____arms / legs _____loss of bladder function
 _____Headache _____skin laceration
 _____double vision _____recent fever / illness
 _____hearing loss _____

Social History recent ETOH smoker drug abuse
PAST HISTORY ___neg

MEDS ___none _____

ALLERGIES ___NKDA _____

NURSE SIGNATURE: _____



