



DATE: _____
 ARRIVAL TIME: _____
 Provider Called: _____ Time Seen: _____

AGE _____ M / F
 HISTORIAN- ___ patient ___ spouse ___ paramedics ___ parent
 HX/ EXAM LIMITED BY: _____

CHIEF COMPLAINT: dyspnea
 hx. of asthma CHF

STARTED: _____
 _____ continues in E.D.
 _____ gone now
 _____ better
 _____ intermittent
 _____ worse

Severity: Mild moderate severe
exacerbated by: exertion laying flat coughing

Associated symptoms:
PULMONARY
 Cough _____
 • sputum _____
 non-productive
 blood-tinged sputum
 frank hemoptysis

 fever _____
 • subjective / to _____ °F
 Chills _____
 sweating _____
CVS
 Chest discomfort _____
 • left / right / central upper / lower
 • pain / discomfort / tightness
 Sharp / burning / pressure
 worse with deep breaths
 • constant / intermittent duration: _____

 leg / calf pain (R / L)

 ankle swelling _____

OTHER
 light-headed / dizzy _____
 anxiety _____

 tingling / numb hands / feet / face
 heart racing _____

Similar symptoms previously _____

Nurses Signature: _____

EMERGENCY ROOM FLOW SHEET
COPD, CHF, and Other
 NAME: _____ MR# _____
 ADDRESS: _____
 S.S # _____ DOB: _____

_____ Recently seen / treated by Provider _____

ENT
 Sore throat _____
 runny nose _____
NEURO
 headache _____
CVS
 heart racing _____
 calf pain _____
 ankle swelling _____
GI
 nausea _____
 vomiting _____
 abdominal pain _____
GU
 problems urinating _____
SKIN & LYMPH & MS
 skin rash / swelling _____
 joint pain _____
 all systems neg. except as marked

PAST HISTORY _____ neg
 asthma _____
 emphysema _____
 heart disease _____
 *CHF CAD angina MI
 kidney failure / dialysis _____
 *PE / DVT _____
 *risk factors for PE / DVT
 other problems _____
 *PE Risk Factors
 *hypertension _____
 diabetes insulin / oral / diet
 high cholesterol _____
 *CVA _____
 pneumonia _____
 pneumothorax _____
 bronchitis _____
 acute chronic

Surgeries / Procedures _____ none _____ non-contributory
 prior intubation _____ cholecystectomy _____
 cardiac bypass _____ appendectomy _____
 cardiac cath _____ hysterectomy _____
 angioplasty _____ pacemaker _____

Other Medications
 NKDA _____
 none ___ see nurses notes
 ASA ___ NSAID ___ Tylenol
 *BCP's _____

Allergies
 see nurses notes

SOCIAL HX ___ *smoker ___ drugs ___
 alcohol (recent / heavy / occasional) _____

FAMILY HX ___ emphysema ___ asthma ___ CAD

ACTIONS

TIME		INIT.
	C - collar back board	
	Ice pack / elevation warming measures	
	Bandage applied wet to dry dressing	
	Set up suture tray / eye tray	
	O2 via NC / venti / NRB / BVM	
	Pulse oximeter	
	Cardiac monitor	
	Accucheck	
	TD / TT 0.5ml IM lot #:	
	Exp. date: manufacturer	
	bed low position side rails up x 1 x2	
	call light given to caregiver	
	head of bed elevated	
	held by parent / caregiver	
	Restraints see documentation	

IV RECORD

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT

MEDICATIONS

TIME	Medication	Dose	Rte	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

PROCEDURES

TIME		INIT.
	Foley / in & out cath fr cc return	
	Urine collection bag placed	
	Spinal fluid to lab	
	Lab drawn / sent	
	Results back	
	Awaiting physician review	
	To X-ray w monitor / nurse	

VITAL SIGNS

TIME	BP	P	RR	T	O ₂ sat	Rhythm	INIT
	/						
	/						
	/						
	/						
	/						
	/						

PAIN REASSESSMENT

Time	Description	Level	INIT.
		/10	
		/10	
		/10	
		/10	

ADDITIONAL NOTE-

IV / saline lock discontinued: Time _____ INIT. _____

INTAKE

OUTPUT

IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
TOTAL:	TOTAL:

PROPERTY TO:

patient family security safe
see patient belongings list

DISPOSITION

Discharged home school daycare funeral home
 verbal / written instruction / Rx given to: _____
 verbalized understanding
 learning barriers addressed _____
 accompanied by / driver: _____
 pain level at discharge ____ / 10
 admit / transferred to _____
 report to _____ time _____
 transfer documentation completed
 notified family / police _____
 left AMA / L WBS parent / caregiver
 signed AMA sheet _____ refused _____
 physician notified of: _____
 Follow up appointment in _____ days / weeks with _____

CONDITION

unchanged improved stable other
 Depart Time _____
 Mode: walk carried W/C stretcher ambulance
 Discharge Nurse Signature

SIGNATURE	INIT.