



**EMERGENCY ROOM FLOW SHEET**  
**MVC**

DATE: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

Provider Called: \_\_\_\_\_ Time Seen: \_\_\_\_\_

NAME: \_\_\_\_\_ MR# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

S.S # \_\_\_\_\_ DOB: \_\_\_\_\_

AGE: \_\_\_\_\_ M / F  
 HISTORIAN: \_\_\_parent \_\_\_paramedics \_\_\_family\_\_\_  
 ARRIVAL MODE: \_\_\_car \_\_\_EMS \_\_\_police\_\_\_  
 IMMUNIZATIONS: current / ^not current / referral\_\_\_  
 LAST TETANUS: \_\_\_\_\_

TREATMENT PTA: \_\_\_see EMS report \_\_\_c-collar \_\_\_backboard

CHIEF COMPLAINT \_\_\_MVA\_\_\_ occurred  
 Injury to: \_\_\_\_\_

INJURIES  
 Head neck R L  
 face back shldr hip shldr hip  
 nose chest arm thigh arm thigh  
 mouth abdomen elbow knee elbow knee  
 coccyx f-arm leg f-arm leg  
 \_\_\_\_\_ wrist ankle wrist ankle  
 \_\_\_\_\_ hand foot hand foot

Position in vehicle:  
 Driver passenger front back

Context: \_\_\_-car collision overturned vehicle  
 Single-car accident (lost control / fell asleep / unknown cause)

PAIN LEVEL current / 10 max / 10

<b>Associated symptoms:</b> ___lost consciousness / dazed duration: _____ remembers: impact / coming to hospital seizure	<b>Restraints:</b> none lap / shoulder doesn't recall car seat air bag deployed thrown from vehicle ambulated at scene long extrication
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VITALS time: \_\_\_\_\_ GCS \_\_\_\_\_  
 B/P \_\_\_/\_\_\_ P \_\_\_ RR \_\_\_ temp \_\_\_\_\_  
 O<sub>2</sub>Sat% \_\_\_\_\_ RA / O<sub>2</sub>@ \_\_\_\_\_ TM O R Ax \_\_\_\_\_

ALLERGIES NKDA / PCN / ASA / sulfa / latex  
 \_\_\_\_\_  
 \_\_\_\_\_

MEDS \_\_\_none \_\_\_see med list  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAST HX \_\_\_negative  
 \_\_\_\_\_

LNMP G P Ab Pregnant / postmenopausal

INITIAL ASSESSMENT TIME: \_\_\_\_\_ Room: \_\_\_\_\_

GENERAL APPEARANCE  
 \_\_\_no acute distress \_\_\_mild / moderate / severe distress \_\_\_  
 \_\_\_alert \_\_\_listless / fussy \_\_\_  
 \_\_\_consolable \_\_\_crying / inconsolable \_\_\_

FUNCTIONAL / NUTRITIONAL ASSESSMENT  
 \_\_\_development - \_\_\_^obese / malnourished \_\_\_  
 \_\_\_age appropriate \_\_\_

RESPIRATORY  
 \_\_\_no resp distress \_\_\_mild / moderate / severe distress \_\_\_  
 \_\_\_nml breath sounds \_\_\_wheezing / crackles / stridor / grunting \_\_\_  
 \_\_\_decreased breath sounds \_\_\_  
 \_\_\_nasal flaring / retractions \_\_\_

CVS  
 \_\_\_reg. rate \_\_\_tachycardis/bradycardia/irrg rhythm  
 \_\_\_pulses strong / equal \_\_\_pulse deficit \_\_\_  
 \_\_\_nml cap refill \_\_\_cap refill > 2 sec. \_\_\_

NEURO  
 \_\_\_PERRL \_\_\_pupils unequal \_\_\_  
 \_\_\_slow respond \_\_\_

HEENT  
 \_\_\_nml inspection \_\_\_fontanel bulging / sunken \_\_\_  
 \_\_\_eye inspection \_\_\_red conjunctivae / exudates \_\_\_  
 \_\_\_drainage nasal ear \_\_\_  
 \_\_\_drooling \_\_\_  
 \_\_\_dry mucous membranes \_\_\_

ABDOMEN / GU  
 \_\_\_nml inspection \_\_\_tenderness / guarding / rebound \_\_\_  
 \_\_\_non-tender \_\_\_bowel sound hypoactive/hyperactive \_\_\_  
 \_\_\_bowel sounds present \_\_\_

EXTREMITIES  
 \_\_\_non-tender \_\_\_tenderness \_\_\_  
 \_\_\_moves all extremities \_\_\_limited ROM \_\_\_

SKIN  
 \_\_\_skin warm, dry \_\_\_pale / cyanotic \_\_\_  
 \_\_\_skin intact \_\_\_cool / diaphoretic \_\_\_  
 \_\_\_no rash \_\_\_skin / diaper rash \_\_\_  
 \_\_\_turgor good \_\_\_poor skin turgor \_\_\_

ADDITIONAL FINDINGS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RN Signature \_\_\_\_\_

**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
	<i>Response:</i>				
	<i>Response:</i>				
	<i>Response:</i>				
	<i>Response:</i>				

**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 <sub>2</sub> sat	Rhythm	INIT
	/						
	/						
	/						
	/						
	/						
	/						

**PAIN REASSESSMENT**

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

**ADDITIONAL NOTE-**

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IV / saline lock discontinued: Time \_\_\_\_\_ INIT. \_\_\_\_\_

**INTAKE**

**OUTPUT**

IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
<b>TOTAL:</b>	<b>TOTAL:</b>

**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.