



DATE: _____

ARRIVAL TIME: _____

Provider Called: _____ Time Seen: _____

AGE: _____ M / F
 HISTORIAN: ___ family _____ patient ___ EMS
 ARRIVAL MODE: ___ car ___ EMS ___ police ___ carried ___
 IMMUNIZATIONS: current / ^not current / referral

TREATMENT PTA: ___ see EMS report ___ Tylenol ___ Ibuprofen
 VITALS time: _____
 BP ___ / ___ P ___ RR ___ temp ___ *TM O R Ax*
 Weight ___ O₂Sat % ___ RA / O₂ ___
 Lght <24 mo Head Cir <24

CHIEF COMPLAINT: _____
 Started ___ hrs / days ago _____

chemical exposure _____	# of wet diapers _____
fever _____	trouble breathing _____
earache / pulling at ears R / L _____	nausea / vomiting x _____
runny nose _____	diarrhea _____
sore throat / cough _____	abd pain _____
red eyes / discharge R / L _____	rash _____
foreign body in nose _____	seizure _____
foreign body in ear R / L _____	
ingestion _____	

PAIN LEVEL

ALLERGIES ___ NKDA / PCN / ASA / sulfa / Latex

MEDS ___ none see med list

Time of last dose _____ amt given _____

PAST HX ___ negative
 ear infection / febrile seizure / asthma _____
 past surgeries ___ none _____

smoking in house _____
 attends daycare / school _____
 ^TB exposure / symptoms _____
 ^suspect neglect / abuse _____

EMERGENCY ROOM FLOW SHEET
 PEDIATRIC ILLNESS

NAME: _____ MR# _____

ADDRESS: _____

S.S # _____ DOB: _____

INITIAL ASSESSMENT

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 <i>hypoactive/hyperactive</i>
___ 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 _____

