

Barrett Hospital & HealthCare

Emergency Department Record
Nursing Triage History
& Assessment

- ARRIVED BY
- Ambulatory
 - Carried
 - Gurney
 - Wheelchair
 - Ambulance

- TRIAGE INTERVENTIONS: Time Initials
- Ice Pack _____
 - Splint _____
 - C Collar _____
 - Dressing _____
 - _____ _____

Time: _____ Allergies: Latex NKDA List Other _____ Private M.D. _____

RESP: <input type="checkbox"/> Normal Effort	ONSET OF SYMPTOMS Date: _____ Time: _____ <input type="checkbox"/> Answers questions appropriately	TEMP _____	PULSE Reg <input type="checkbox"/> Irreg <input type="checkbox"/>	PULSE OX <input type="checkbox"/> RA O2 % _____	B/P _____
SKIN: <input type="checkbox"/> Natural Color, W & D					
LOC: <input type="checkbox"/> Alert/Age appropriate					

Chief Complaint: _____
Assessment: _____

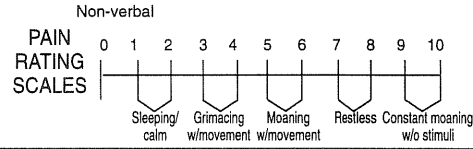
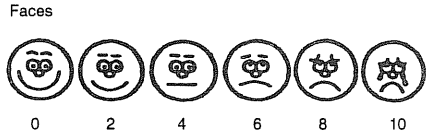
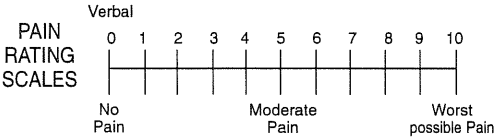
Referred to Physician Office Remain in ER Nurse Signature _____

Past Medical History _____

Medications: (Rx, Herbal, OTC) _____ List Attached

PAIN RATING **NOW** _____

TYPE OF DISCOMFORT: Aching, CS - Crushing, Radiating, Burning, Dull, Sharp, CO nstant, Heavy, STabbing, Pruritus, CP- Cramping, ACute, Intermittent Tender, CR - Chronic, THrobbing, NV - Nausea/Vomiting, TM - Elevated Temperature, Other: _____



Where is your pain located? _____ Where did it start? _____
What makes it better? _____ Worse? _____ Pain Goal _____
Gross Physical and/or developmental anomalies: Yes No If indicated, head circumference _____ Ht. _____

Weight _____ kg Std Act LMP _____ Asthma
Immunizations: FLU Yes No Pneumonia Yes No Hepatitis: Yes No
Tetanus Date: _____ Childhood current: Yes No
Smoking History: Never Smoked Smoked _____ppd x _____ years Quit Substance Abuse

Referral: Nutrition Social Services Physical Therapy

DISPOSITION

Admit Room # _____ Report Called To _____ @ _____

Transported by: RN Tech ST WC O2 Monitor

D/C Time: _____ D/C With: _____ D/C Pain Rating: _____ IV D/C Intact @ _____ by _____

Mode: Walk Carried W/C

D/C Diagnosis:

RN Signature _____

MD Signature - Initial

MD d/c instruction: Verbal Computer Dictated
Status: Improved Stable Guarded Critical

Patient Label

