EMERGENCY ROOM NURSING RECORD

PATIENT NAME______________________________
STAY #____________ MR#_______________
DATE_____/_____/_____ TIME____________

METHOD OF ARRIVAL:	CONDITION ON ARRIVAL:	INTERVENTIONS ON ARRIVAL:	
☐ AMBULATORY (POV)	☐ STABLE/ MINOR PROBLEM	☐ ICE PACK PROVIDED	☐ CARDIAC MON.
☐ EMS	☐ URGENT NEEDS	☐ C COLLAR APPLIED	☐ FHM
☐ CARRIED	☐ EMERGENT/CRITICAL	☐ DRESSING OR SPLINT	☐ OXYGEN

ER PROVIDER: ______________________________
NOTIFIED:__________RESPONSE:__________HERE:_________
BACKUP PHYSICIAN______________________________
NOTIFIED:_____________ HERE:____________________
CONSULT PHYSICIAN:__________________________
NOTIFIED:_____________ RESPONSE/HERE:_____________

CHIEF COMPLAINT & onset of symptoms:

ALLERGIES:

CURRENT MEDICATIONS:

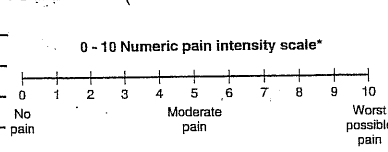
PAST MEDICAL HISTORY:

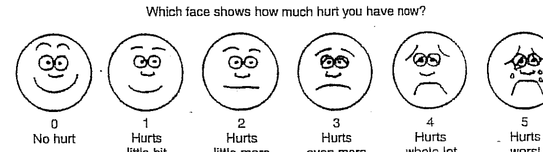
INITIAL ASSESSMENT @_____		RESP.	CV	NEURO	GI	GU
INITIAL V/S:						
INTEG.	M/SKEL.	EENT	PSYCH/SOC.	EENT	GCS SCORE	WEIGHT # AND KG
						/

TIME	BP	TEMP	P	R	SA O2	OBSERVATIONS/MEDICATIONS/TREATMENTS	INITIALS

PAIN ASSESSMENT: *TYPE OF DISCOMFORT C/O – CRUSHING, RADIATING, STABBING, DULL, SHARP, CONSTANT, CRAMPING, INTERMITTENT, CHRONIC, THROBBING* (CIRCLE ALL THAT APPLY AND USE PAIN SCALE TO QUANTIFY IT)

WHERE IS IT?____________________
WHEN DID IT START?______________
WHAT MAKES IT WORSE?___________
WHAT MAKES IT BETTER?__________





IMMUNIZATION HISTORY:	UP TO DATE: YES OR NO	OFFERED: YES OR NO (OR REFERRED)
TETANUS/DIPTH		
FLU VACCINE		
PNEUMOVAX		
HEPATITIS		
CHILDHOOD		

SMOKING HISTORY: ☐ NEVER SMOKED ☐ SMOKES _____PPD X ___YR ☐ QUIT ______ ☐ CHEWS

REFERRALS NEEDED?_________________________

D/C DATE & TIME: DISPOSITION: IN CARE OF: RN SIGNATURE:

NURSE'S NOTES

AME ______________ DOCTOR ______________ ROOM NO. ______________

Date and Time		Nurse's Name

GLASGOW COMA SCORE

YE OPENING	BEST VERBAL RESPONSE	BEST MOTOR PRESSURE	
ontaneously 4	Oriented 5	Obeys 6	C = Eyes closed by swelling
speech 3	Confused 4	Localizes 5	T = Endotracheal tube or trach
pain 2	Inappropriate 3	Withdraws 4	
ne 1	Incomprehensible 2	Abnormal flexion 3	

PUPIL SIZE: 1 2 3 4 5 6 7 8