EMERGENC	Y ROO	M	REC	ORD	St. Lu	ke Comn	nunity Hos	spital	Ronan,	MT					Bed#	Clerk
AH#				LAST NAME		FIRST NAME			THE RESIDENCE OF THE PARTY OF T		DOB SS					
PHYSICIAN:				NOTIFIED:	VISIT:		☐ NOT S		STANDING ORDERS:		MODE OF / ☐ Walk			Police Carry	Other Ambulance	
GENE	RAL INFO	9)		ALLERGI	 ES/REA	CTION] DI WIL				TIONS &			Carry		DOSE
Last DT/TD:			N/A	MEDS:												
Last PPV:			N/A													
Last Influenza vad	cc:		N/A													
Childhood	□UTD [I/A													
immunizations:		wn					•							····		
LMP: Weight:			FOOD:			_										
N/A	stated	<u> </u>	FS	ENVIRO:				Soo attached list								***************************************
				Control of the second			See attached list RECHK F/U ORDER TIME MEDICATIONS ADMINISTERED									
TIME .TEMP	PULSE	RE	SIP	BP	SAT	02	INDIC?			GIVEN	MEDICA	HONS A	וואוואופ	SIERED	ROUILE	INIT
							Y / N						**************************************			
			2XX111.XXX				Y / N		-			***************************************				
				Season 12 10 10 10 10 10 10 10 10 10 10 10 10 10	<u> </u>		Y / N			-						ļ
		0/2000/00/2012/0 /			-	<u> </u>	Y / N			_						
				***************************************	-	<u> </u>	Y/N		***************************************							
money at the Book of the State							Y / N		\\			HIII Clark and a second a second and a second a second and a second a second and a second and a second and a				
					_		Y/N			 		W. W				-
					-		Y / N			_	/(Cla as . 4		m = c1 -	on page 2)	<u> </u>	<u> </u>
			. 323233	OLL D		1	Y/N		EUgalier vollered	75. 41.				ICU Recor		
		CC:	LON I	CU Record)		Garage as become established		\$20,000 km in \$10.0	930 <u>, ga 3300</u>	(ruillei	medicalio	is contint	ied on	ICO necol	u)	
Triage time: Age:	ı 🗆 F	<u> </u>							LIV D/T	complaint			•			
-		∃D)(C	ΔΤΙΘ	NS / SUPPLI	ES	3 7 2 3		- 5	112 11/1		Home med	ICATION	S / SU	PPLIES	Est Set Mark	
	# 15 Sec. 15 S															
						PHYSIC	IAN ASSE	SSMEN	Ţ					¢		
CC:							**************************************				Lab resul	ts:				
HX:												CE 2 0.0 A CONTROL OF THE CONTROL OF		neaper the second second		**************************************
				4			vanasiamini,									
				POAR COMMISSION OF THE PARTY NAMED OF THE PARTY NAM				Name of the second					······································			A CONTRACTOR OF THE CONTRACTOR
Impression:						,,,,,,	HOME THE THE TAXABLE PARTY OF TAXA									
						(030)=5	S / TREAT	MENT								
	LAB								XRA	Υ		TRI	EATMI	ENTS		
☐ ABG'S		-01XXXXXX		BASIC META	ABOLIC	PANEL		☐ CHE	EST			☐ OXY	GEN	***************************************	VISUAL	ACUITY:
☐ BNP				COMPREHE		METABO	DLIC	l	PINE			02 5			R eye:	1
СВС			=	CARDIAC P.				∐ T-S						SMENT	L eye:	/
☐ DRUG SCRI	URINE		_	HEPATIC FU	ЈИСТІС П	N PANE	L	PEL		.0				DAUTOD	Both:	
☐ ESR ☐ ETHANOL				AMYLASE LIPASE		PORTOCOUPING TO STATE OF THE ST		I□ I□ abi) SERIE	:5 		EKG		DNITOR	GLUCC	METER:
HCG Se	rum 🗆	urine			х 🛚			H	**************************************			FOL			Time	Result
☐ HCG ☐ se	ıullı 🗀	unnt	,	GRAM STAI				H				FHM			1 11110	- Count
STOOL GUA	NAC			CHLAMYDIA								☐ NST				†
pos neg				BLOOD CX		1 🗌 X2		СТ	OF:			1	СОМЕ	TER		
☐ STREP SCR				SPUTUM CX					W/O CC	ONTRAST	•	ELE	VATE	INJURY		
pos neg				WOUND CX					W/CON			☐ ICE				
☐ UA ☐ cath	clean	cato	ch 🗌							ORAL	□ IV	Ш				<u> </u>
DISCHARGED @	2			CONDITION	!:	□ ІМРІ	ROVED	☐ STA	BLE							
				STATUS:			EASED		١	ADM	NT IP	☐ ROO	M #			
							IRED	☐ POL	ICE	ADIV	IIT OP	OP S	-		· · · · · · · · · · · · · · · · · · ·	
				PHYSICIAN	NOTIF	CATION	& REFER	RALS				FACILIT				
	Out of the very			PMD:					∟ TRA	NSFERR	ΕD	MODE_		OPTAINE	`	
MID SIG	NATURE									TO:		L COM	o⊏I/I I	OBTAINED	J	

MERGENCY ROOM RE	CORD		St. Luke Community Hospital	Ronan, MT	Ronan, MT				
SERVICE CHARGES			PROCEDURE CHARGES						
evel 1 Emergency Service (1st 3)		68100	Scrub						
additional Level 1, 15 minute segr		<u>X</u>	Minor Dressing	65426					
evel 2 Emergency Service (1st 3		68102	Major Dressing	65427					
additional Level 2, 15 minute segr		<u>X</u>	Laceration Tray - minor	65618					
evel 3 Emergency Service (1st 3		68104	Laceration Tray - major	65614					
additional Level 3, 15 minute segr		X	Hand Instrument Tray	65638					
evel 4 Emergency Service (1st 3		68106	Individual Instrument	65813 65637					
additional Level 4, 15 minute segr Level 5 Emergency Service (1st 3		X 68108	Ring Cutter Speculum Cha (non disp)	***************************************					
			Speculum Chg (non-disp)	65814					
additional Level 5, 15 minutes seg Critical Care (encompasses entire		X 68110	Cast Removal/split O2-Emergency Room	65640 76407					
Nurse Transport Charge (ambulanc		61103	H.H.Neb. S/U-Nursing only	76100					
Nurse Transport Charge (second nu		61103	HHN - Subsequent, nursing	76100					
Time left:	Ronan Ambular		Fetal Heart Monitor	64113					
Time returned:	Mission Ambula		Non-stress Test (all inclusive)	64114					
(Indicate which ambulance serv			Gastric Lavage	36000					
	Other:	-	Strep Screen	70522					
Orthoglass: 3-4" splir		inches us	sed (65225); 6" material _		5252)				
O MEDS (Administered during E	ER visit) DOSE	QTY	INJECTABLE MEDS (Please list	individual doses of same drug	gs)				
Acetaminophen tabs	mg	x 73100		Dose IM	IV				
Acetaminophen elixir	160mg / 5ml	x 73100	Ampicillin	mg	<u>IVPB</u>				
ASA	mg	x 73100	Ancef	mg	IVPB				
Ativan	mg	x 73100	Ativan	mg					
Atrovent (if added to Albuterol)	UD	x 76927	Benadryl	mg					
Benadryl tabs	mg	x 73551	Demerol	mg					
Benadryl elixir	12.5mg / 5ml	x 73100	Dilaudid	mg					
Flexeril	mg	x 73100	Lasix	mg <u>*</u>					
GI Cocktail w/Reglan	cc	x 73226	Metopralol	mg					
GI Cocktail w/o Reglan	cc	x 73227	Morphine	mg					
buprofen tabs	mg	x 73100	Phenergan	mg					
buprofen elixir	160mg/5ml	xcc 73100	Reglan	mg					
Levaquin	mg	x 73100	Rocephin	mg	<u>IVPB</u>				
Lortab	mg	x 73100	Solumedrol	mg					
Naprosyn	mg	x 73100	Tetanus/Diptheria Toxoid	0.5cc					
NTG sublingual	mg	x 73100	Toradol	mg					
Prednisone elixir	mg/ml	xcc 73100	Valium	mg					
Percocet	mg	x 73100	OTHER						
Phenergan	mg	x 73100		mg					
Tylenol #3		x 73100		mg					
Ultram	mg	x 73100		mg					
√ alium	mg	x 73100		mg					
Zithromax	mg	x 73100	LOCAL ANESTHETIC						
OTHER (Name of drug & dose, mg))	Amount(Qty)	NaHCO3 8.4%vial	Xylo 1% w/epi	cc				
<u> </u>			Marcaine .25%cc	Xylo 1% w/o	сс				
		<u> </u>	Marcaine .5%cc	Xylo 2% w/epi	cc				
				Xylo 2% w/o	cc				
DISPENSED MEDICATIONS (List	those not stickered		INJECTION CHARGES (Totals from above) IM IV						
(Name of drug & dose, mg)		Amount(Qty)	IM antibiotic						
			IM/SQ						
			IV push						
			Saline flush						
Dispensed		ispensed	Dispensed	Dispensed					
Medication	N N	ledication	Medication	Medication					
Sticker		Sticker	Sticker	Sticker					