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HISTORY PRESENT ILLNESS

Time Seen: _____

☐ Complete Hx Unavailable 2° to ☐ Urgency ☐ Unresponsive ☐ Dementia ☐ Patient / Parent / Child Unable to Give Complete and/or Reliable Hx ☐ Other _____

Collateral Sources ☐ Family ☐ Police ☐ EMT ☐ Mental Health ☐ Nursing Home ☐ Interpreter ☐ Other _____

☐ Duration Onset _____/_____/____ **Chief Complaint:** _____

☐ Location (where, radiation)

☐ Context (precipatory events, associated with…)

☐ Timing (constant, intermittent, gradual, sudden)

☐ Quality (sharp, burning)

☐ Severity (mild, moderate, severe) (_____ / 10)

☐ Modifying factors (helped, worsened)

☐ Assoc Symptoms

REVIEW OF SYSTEM

(circle positives, slash negatives / check box if system negative except as noted)

☐ GEN
Malaise / Weak / Fatigue
↓ Activity / Can't Ambulate w/o Support
↓ Responsive / Confused / Disoriented
↓ Appetite / ↓ Fluids / Wt Loss
Fever / Chills / Sweats
Myalgia Arthralgia

☐ Neuro
Headache / "worst" / 10/10
Unstable Gait / Coordination
Lightheaded / Dizzy
Syncope Vertigo
Numb Tingling
Saddle Anesthesia
AMS Lethargy
Slurred Speech
Visual Loss
Bowel Bladder Dysfn
Facial / Focal Weakness
Seizure

☐ ENMT
Sore Throat
Earache
Discharge
Nosebleed
Sinuses
Toothache

☐ Eyes
Vision Change
Eye Pain
Discharge
Redness
Photophobia

☐ Skel
Cervical Pain / Stiffness
Thoracic Pain
Lumbar Spine Pain
Joint Pain / Edema / Erythema

☐ Cardiac
Chest Pain
- Nocturnal / awoke pt
Palpitation Tach
Diaphoresis
Fatigue (F)

☐ Resp
DOE Orthopnea
Dyspnea
Wheezing
Cough Hemoptysis
Productive Non-Prod

☐ GI
Abdominal Pain
Nausea Vomiting
Heme Bile
Diarrhea Constipation
Melena Blood
LBM _____

☐ GU
Flank / Testicular Pain
Dysuria Frequency
Vag Bld Hematuria
Vaginal / Penile DC
Urgency Hesitancy
LNMP _____

☐ Skin
Wound
Rash Itching
Edema Erythema
Contusion
Decub Ulcer
Abscess

☐ Heme
Bruising
Bleeding
Petechiae

☐ Psych
Stress Anxiety
Depression
Suicidal

☐ Endo
Polydipsia Phagia
Hot / Cold Intol
Weight Loss / Gain
Hair Loss

☐ Immun/All
Freq Infect
Hives

☐ All systems negative except as noted

PAST MEDICAL HISTORY

(circle positives, slash negatives)

Neuro
Seizure
CVA TIA
Migraines
Dementia Alz
Parkinson MS
Carotid End
C Palsy

Cardiac
CP ETT _____
Angina CAD CHF MVP
Atrial Fib Anemia PVD
Pacemaker AID AAA
MI CABG _____
Angio Stents _____
Syncope

Risk Factors
HTN
Diabetes 1 2
↑ Chol
Obesity
Thyroid ↑ ↓
Coumadin
Sleep Apnea

Resp
PE DVT
Bronchitis
Pneumonia TB
Asthma COPD
Lung CA Resect
Home O_2 C-Pap

GI
GERD Hiatal Hernia
PUD Gastritis
Colitis IBD IBS
Small Bowel Obs
Gallstones Cirrhosis
Diverticulitis Polyps
Pancreatitis Hepatitis
Colon CA Colostomy

GU
UTI Pyelo
Calculi
STD PID
Prostate CA BPH
Transplant Dialysis
Chronic Renal Failure

OB GYN
Hyst Partial / Complete
BTL C-Sec
Ovar Cysts L R
Ectopic
Pre / Eclampsia
Birth Control
Fertility Tx / DES
Breast Cancer
G _____
P _____
EGA _____
TAB _____
EDC _____
SAB _____

SOCIAL HISTORY
Tobacco + - quit _____ 2nd hand
ETOH + - quit _____
Drugs + - quit _____
Domestic Violence Screen + -
Cocaine / Meth / Amphet + -
Lives Alone / Family Local Out of Town
Nursing Home Home Health DNR
Hospice Non English Speaking

FAM Hx
CAD CVA
HTN DM
Sudden Death
Aortic D / Marfans
IBD CA
Migraines
TB Asthma
Alzheimer's

Meds None
RN Notes Reviewed

Allergies NKDA
RN Notes Reviewed

Psych
Depression Bipolar
Anxiety Attack
Panic Attack
Schizophrenia
Psych Hospital
ETOH Drug Detox

Immunization Status
☐ UTD ☐ Not Current _____

Ortho / MS
OA RA DJD
Fibromyalgia Gout
Osteoporosis Sickle Cell
LBP Disc _____
Laminectomy
Prior Inj Ankle L R
Knee L R

Surgery / Immune Compromised / Other
CA _____ HIV SLE Sickle Cell Trait / Disease
Appy Cholecystectomy Hernia Mastectomy
Bariatric Gastric Bypass Colon Resection
Hip L R Knee L R ORIF _____
Cataracts Macular Deg Glaucoma TURP

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EXAM ✱*May be evident as function of gross observation* *ABN findings must be described*

GEN T _____ P _____ RR _____ BP _____ BP _____
Agree with vitals per Nursing Note ☐ Normal ☐ ABN
Alert in no distress ☐✱Normal ☐ ABN

EYES
Conjunctiva and lids ☐✱Normal ☐ ABN
Pupils and iris ☐✱PERRL and iris symmetrical ☐ ABN
☐ SP Cataracts
Fundoscope ☐ Discs sharp and post segments nml ☐ ABN
Slit Lamp ☐ Normal ☐ ABN
EOM ☐✱Intact ☐ ABN
Vision ☐ Normal OD_____ OS_____ OU_____ ☐ ABN

Patient Unable to Cooperate ☐ Yes _____
Pain _____

HENMT
Head / Face ☐ NCAT ☐ ABN
Sinuses / Int Nose ☐ Nontender ☐ Normal mucosa, septum ☐ ABN
Ext. Ears & Nose ☐✱Normal (no scars, masses) ☐ ABN
TM's, Canal ☐ Normal TM and auditory canal ☐ ABN
Lips, teeth & gums ☐✱Normal ☐ ABN
Oropharynx ☐ Normal mucosa, tonsils, & pharynx ☐ ABN
Trachea ☐ Trachea midline ☐ ABN
Thyroid ☐✱No goiter / not enlarged ☐ ABN
Meningismus ☐✱None, moves freely ☐ Kernig / Brudzinski neg ☐ ABN

CHEST RESP
Resp effort ☐✱Normal ☐ Labored
☐✱No retractions; symmetric expansion ☐ ABN
Stridor ☐✱None ☐ ABN
Palpation ☐ No masses lumps, or tenderness ☐ ABN
☐ Breast nontender, no lumps or DC ☐ ABN
Lungs ☐ Breath sounds clear & equal ☐ ABN

CV
Palpation ☐ Normal location of PMI & no thrills ☐ ABN
Auscultate ☐ Normal; no murmur, S_3, S_4, rub ☐ ABN
Jugular ☐✱No JVD ☐ ABN
Carotid / Femoral ☐ Normal amplitude, no bruits ☐ ABN
Aorta ☐ Non- pulsatile, no bruits ☐ ABN
Carpal / Pedal Pulses ☐ Symmetric & palpable bilaterally ☐ ABN
Edema / Varicosities ☐✱None / Normal ☐ ABN
DVT assessment ☐ Normal ☐ Homan's negative ☐ ABN

GI
Bowel sounds ☐ Normal ☐ ABN
Tenderness / Guarding / Rigidity ☐ None ☐ No TTP McBurney's point ☐ ABN
Rebound, ↑ Cough / Shaking ☐ None ☐ Neg Murphy's sign ☐ ABN
Organomegaly / Mass / Distension ☐ None ☐ ABN
Psoas, Obturator ☐ Negative ☐ ABN
Hernia ☐✱No hernias noted ☐ ABN
Rectal ☐ Normal prostate ☐ ABN
☐ Normal tone, no hemorrhoids / masses ☐ ABN
Occult blood ☐ Guaiac pos / neg ☐ Gastric Positive ☐ ABN
Surgical Scars ☐✱None ☐ Appy, Chole, C-Section ☐ ABN

GU
CVA Tenderness ☐ None ☐ ABN
(M) Testicular / Scrotum ☐ Normal scrotal contents, no hernia ☐ ABN
Penis ☐ No discharge / lesion, Circ / Uncirc ☐ ABN
Prostate ☐ Normal size, Nontender, no masses ☐ ABN
(F) Ext genitalia & vag ☐ Normal development, no discharge ☐ ABN
Urethra ☐ No tenderness, masses, no scars ☐ ABN
Uterus ☐ Nontender, non-enlarged ☐ ABN
Bladder ☐ No tenderness, or masses ☐ ABN
Cervix ☐ Closed, no CMT, no lesions or DC ☐ ABN
Adnexa ☐ No masses, or tenderness ☐ ABN

LYMPH
Neck ☐ No lymphadenopathy ☐ ABN
Axillae ☐ No lymphadenopathy ☐ ABN
Groin ☐ No lymphadenopathy ☐ ABN

SKIN
Inspect ☐✱No Evidence of Trauma, Warm + Dry ☐ ABN
☐✱No rashes, lesions or decub ulcers ☐ ABN
Palpate ☐ No induration or nodules ☐ ABN
Turgor ☐ Normal ☐ ABN

SKEL
Digits and nails ☐✱Normal, no cyanosis or clubbing ☐ ABN
C-Spine ☐ Nontender, supple ☐ ABN
Thoracic / Lumbar Spine ☐✱No deformities, no evidence of trauma ☐ ABN
☐✱Full ROM ☐ ABN
Extremities-Upper / Lower ☐✱No deformities, no evidence of trauma ☐ ABN
☐✱Normal ROM / Strength ☐ ABN
_____ ☐ Distal neurovasc intact ☐ ABN
Pelvis ☐ Stable ☐ No tenderness ☐ ABN

NEURO
Gait and Station ☐✱Normal ☐ ABN
CN II – XII ☐✱Cranial nerves intact ☐ ABN
DTR ☐ Intact and symmetrical ☐ ABN
Cerebellar Function ☐✱Intact ☐ Romberg Neg ☐ F/N, H/K, Neg ☐ ABN
Sensation ☐ Intact to light touch ☐ ABN
Motor ☐✱Strength & ROM symmetrical ☐ ABN
☐ Pronator Drift neg ☐ Pos L / R
Plantar Reflex ↓↓ ☐ Normal ☐ + Babinski L / R ☐ ABN

PSYCH
Orientation ☐✱O x3 (time, place, person) ☐ ABN
Judgment & Insight ☐✱Appropriate ☐ ABN
Memory ☐✱Normal recent & remote memory ☐ ABN
Mood and Affect ☐✱Normal mood, appropriate affect ☐ ABN
Mini Mental Status Exam ☐ Normal ☐ ABN

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DIFFERENTIAL DIAGNOSIS*

General	Eye / ENT	Neuro	CVS	Resp	GI /GU		Ortho / MS
Sepsis	Strep Mono RP / PT Abscess	Head Injury Concussion	ACS AMI	Asthma Status	Acute Abdomen	Ectopic	Fx Dislocation
Dehydration	Tooth Abscess Ludwig's	↑ INR Coumadin	CHF	PE COPD	Appendicitis	Threat AB	NVI Tendon FB
Influenza	OM OE Sinusitis	Seizures Status	DTA AAA	Resp Failure	GI Bleed PUD	PID STD	SCS HNP CES
Allergic Rxn	Corneal Abrasion FB	SDH SAH	Arrhythmia	Pneumothorax	Small Bowel Obs	Eclampsia	Gout Septic Jt
DKA OD CO	Glaucoma Keratitis Iritis	Meningitis / Enceph	DVT	Aspiration	Biliary Renal Colic	Pyelonephritis	Neuropathy
Medication Related	Retinal Vascular Occlusion	CVA TIA	Myo / Pericarditis	Pneumonia	Hepatitis Pancreatitis	Ovarian / Testicular Torsion	Cellulitis
		Temporal Arteritis			Diverticulitis	Acute Renal Failure	Rhabdomyolysis

** Considered, ruled out in course of H&P, or will be ruled in or out as clinically indicated.*

PROCEDURES

Critical Care
- ☐ DPL / Paracentesis
- ☐ CPR ☐ See Code Sheet
- ☐ Chest tube
- ☐ Cricothyrotomy ☐ Intubation
- ☐ Moderate Sedation IV / Oral
  - ☐ See Form and post exam below
- ☐ Thoracentesis ☐ Thoracotomy
- ☐ BIPAP / CPAP Mgt ☐ Ventilator Mgt
- ☐ IV Drug _____

Cardio Vascular
- ☐ IV Start
- ☐ Central Line / CVP
- ☐ IV Fluid Resus
- ☐ Interosseous
- ☐ Cutdown
- ☐ Transvenous Pacer
- ☐ Transcut Pacer
- ☐ Pericardiocent
- ☐ ABG Draw

Lac Simple
- ☐ <2.5 cm
- ☐ 2.6-7.5 cm
- ☐ Face <2.5 cm
- ☐ Face 2.6-5.0 cm
- ☐ Sc/trk/ext <2.5
- ☐ Sc/trk/ext 2.6-7.5 cm

Lac Interm
- ☐ Nk/Hd/GU <2.5
- ☐ Nk/Hd/GU 2.6-7.5 cm
- ☐ Face <2.5 cm
- ☐ Face 2.6-5.0
- ☐ Sc/trk/ext <2.5
- ☐ Sc/trk/ext 2.6-7.5 cm

Surgical
- ☐ Anoscopy
- ☐ FB soft tissue incis
- ☐ I&D abscess
- ☐ Aspiration
- ☐ NGT / OGT
- ☐ G Tube placement
- ☐ Foley Insertion
- ☐ Barth Cyst
- ☐ Nerve Block
- ☐ Debride infection

EENT
- ☐ FB ☐ conjunct
  - ☐ cornea c SL
  - ☐ cornea s SL
  - ☐ ear
  - ☐ nose
  - ☐ throat

OTHER
_____
_____

PROCEDURE NOTE: Irrigation _____ ☐ Anesthesia ☐ Local ☐ Block _____ Debridement / Revision _____Moderate / Heavy

Wound explored ☐ No FB ☐ No tendon, nerve, vessel injury Laceration of _____/ _____ Length of Repair _____/_____

Sub q Closure _____ Skin closed with sutures / staples / dermabond _____/_____

☐ Splint/strap checked by Physician Aligned & NVI ☐ Splint/Strap applied by _____

DESCRIBE PROCEDURE: _____

DIAGNOSTIC STUDIES

Pulse Ox: _____% on _____ O_2

Interp ☐ NML ☐ hypoxia

Repeat: _____% on_____ O_2

Bld Glc: _____

Interp ☐ High ☐ NML ☐ Low

Repeat _____

HCG – Urine / Serum ☐ Neg ☐ Pos

Quant HCG _____

Fetal Uterine Monitor ☐ NML _____

CBC ☐ NML ☐ NML x

_____ /

/ \

Seg _____ Bands _____

UA Dip / MIC ☐ NML ☐ NML x

WBC _____ RBC_ _____

Bact _____

LE _____ Nit _____

Wet Mount / KOH ☐ Normal _____

BMP / CMP / Cardiac / Hepatic _____ ☐ NML ☐ NML x

_____ |_____|_____ /

Ca _____ | | \

Mg _____

BNP _____

D-Dimer per PERC rules _____

CPK _____ Amylase _____ T BILI _____

CPK MB (1) _____ (2) _____ Lipase _____ SGOT/AST _____

TROP I (1) _____ (2) _____ Alk Phos _____ SGPT/ALT _____

PT _____ PTT _____ INR _____

Lactate _____ ABG's ☐ NML ☐ NML x

EKG

Rhythm _____ Rate _____ Axis _____ PR _____ QRS _____ Rhythm Strip: Rhythm _____ Rate _____

☐ Interpreted ☐ Interpreted

Acute Change vs. Old EKG on _____ ☐ Yes ☐ No ☐ None Available ☐ No Acute Ischemia_____ Repeat EKG Unchanged / Changed Time _____

RADIOGRAPHIC STUDIES

O = Ordered V = Viewed I = Interpreted

O ☐ V ☐ CXR _____ I ☐ O ☐ V ☐ _____ I ☐ O ☐ V ☐_ _____ I ☐ O ☐ V ☐ _____ I ☐

VIEWS _____ # VIEWS _____ # VIEWS _____ # VIEWS _____

☐ No Acute Process ☐ No Infiltrate ☐ No Fx / Dislocation ☐ No Acute Process ☐ No Fx / Dislocation ☐ No Acute Process

CT / ULTRASOUND / MRI / OTHER

☐ HEAD ☐ NECK ☐ CHEST ☐ ABDOMEN ☐ PELVIS ☐ OTHER _____

O ☐ V ☐ _____ I ☐ O ☐ V ☐ _____ I ☐ O ☐ V ☐ _____ I ☐ O ☐ V ☐ _____ I ☐

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ED COURSE NOTE / DISPOSITION

ED Observation @ _____ To R/O Need To Admit
ED Observation Dc'd @ _____

MEDICATIONS ☐ See Nursing Note ☐ Pain Meds Offered @ _____ ☐ Refused

REPEAT EXAMS

Time / Post Tx _____

Time _____

Time _____

Time _____

Prior to DC / Admit _____

☐ Prescriptions

☐ Admit / Transfer Orders

☐ Patient Counseling / Education _____

☐ Return to ER if No Improvement, or Immediately for any change in Condition, i.e. _____

☐ Medical Record Review: NH / EMS / EKG / ED / IN PT Date: _____ Findings: _____

Consultant:	Time called / recall:	Discussed:
☐ #1 / Radiology: _____	_____	_____
☐ #2: _____	_____	_____
☐ #3: _____	_____	_____

MEDICAL DECISION MAKING & COUNSELING AND EDUCATION**

ALL PATIENTS

- ☐ Vital signs NML
- ☐ EMS and Nursing Notes reviewed; no discordant notes
- ☐ Prior to discharge, no new complaints, exam unchanged
- ☐ Patient and/or family given clear instructions to return immediately if any change in patient's condition
- ☐ Specific follow-up discussed and scheduled with FMD / Consult
- ☐ Stressed importance of follow-up
- ☐ Medication compliance discussed
- ☐ No driving on medication counsel
- ☐ Tobacco, ETOH, Drug Counseling

ENDORSED

To Doctor _____
Working Diagnosis _____
R/O Diagnosis _____
Awaiting Labs / Diagnostics _____ _____
Awaiting / Contact _____
Plan To Discharge / Admit / Transfer _____
Re-examined endorsed patient _____ initial of receiving clinician

ABDOMINAL PAIN

- ☐ Abdomen nontender on discharge
- ☐ Serial exams arranged within 8 – 24 hrs if Ttp @ DC or pain persists
- ☐ Appendicitis counseling to patient and family
- ☐ Advised "return Immediately if symptoms worsen or new symptoms occur"
- ☐ OB consultation for pregnant woman discharged

CHEST PAIN

- ☐ Low risk for CAD, pain free, no recurrent pain in ED
- ☐ Serial or delta enzymes and repeat EKG completed
- ☐ Observation period if etiology unknown
- ☐ Urgent (within 24 hrs) stress scheduled
- ☐ Cardiology consulted, scheduled

BACK PAIN

- ☐ Cauda equina counseling, return if any bowel or bladder control problems, unsteady gait, or weakness
- ☐ Nml gait on discharge

X-RAYS / IMAGING

- ☐ Advised of possible occult fracture, all x-rays reread for 2nd opinion, will be called if any changes
- ☐ CT / US written report on record

*** Not necessarily the standard of care; guidelines only that could be interpreted and applied per judgment of the clinician.*

CRITICAL CARE ☐ **Total critical care time, does not include time spent on identifiable procedures listed in the procedure section** ☐ **30-74 min** ☐ **75-104 min** ☐ **105-134 min**

CLINICAL INSIGHT / DIAGNOSTIC IMPRESSION

_____ _____ _____ _____

☐ ADMIT ☐ ICU ☐ CCU ☐ TELE ☐ OBS ☐ _____ ☐ TRANSFER TO _____ ☐ NOT AN EMERGENCY MEDICAL CONDITION

☐ AMA - ADVISED OF RISK OF DEATH OR DISABILITY Witnessed By: _____ ☐ STABLE ☐ UNSTABLE ☐ DISCHARGE ☐ DECEASED

☐ I examined the patient and agree with the MLP's diagnostic and treatment plan except as noted _____ (initial) ☐ See initialed note above

☐ Charting completed by physician scribe, reviewed and approved by attending except as noted _____ (initial) Time Out _____

_____ _____ / _____ _____ / _____ _____

NP / PA / RES / SCRIBE SIGNATURE ATTENDING SIGNATURE ATTENDING SIGNATURE

Source: ESST (E2 Scribe and Template), Kankakee, IL.