

Date: _____

Patient Name: Last _____ First _____ D.O.B: MD/Y _____ S.S.#: _____ TRIAGE LEVEL _____

Allergies: _____ Mode of Arrival: Ambulance NC EMS Present Medication/Dosage: _____

TRiage TIME: _____ PRE-HOSPITAL TREATMENT: _____ TRIAGE INTERVENTION: _____

TRiage NOTE: CHIEF COMPLAINT: _____ PMH: _____

T: _____ P: _____ R: _____ BP: _____ PULSE OX: _____ LMP: _____ T.D. - UTD: Yes No PAIN INTENSITY SCALE: _____

NURSES SIGNATURE: _____

PSYCHOSOCIAL

AFFECT: Normal Flat **BEHAVIOR:** Cooperative Agitated Restless Anxious Other: _____ **SPEECH:** Normal Abnormal

LANGUAGE/CULTURAL: English Spanish Creole Other: _____ Interpreter utilized: No Yes Name: _____

ENVIRONMENTAL: Lives alone Family/Significant other Minor parent Minor parent Nursing home ACLF At large Other: _____

AMBULATION: Independent Assist Type: _____ Suspicion of abuse: Yes No

TIME TO TX RM: _____

RRM

RESPIRATORY EFFORT

N/A Normal Tachypnea Dyspnea Accessory Muscles Stridor

BREATH SOUNDS

L: Clear Rales Rhonchi Wheezing Diminished Absent

R:

CIRCULATORY CAPILLARY REFILL

N/A Normal Delayed

PULSES

L: Radial Pedal R:

SKIN COLOR

Normal Pale Cyanotic Mottled Jaundiced Flushed Warm Dry Cool Diaphoretic

TURGOR

Normal Decreased

EDEMA

Absent Present

MUCOUS MEMBRANES

Moist Dry

PAIN

Location: _____ Duration: _____ Quality: _____ Radiation: _____

NEURO (GCS)

EYE OPENING

4. Spontaneous
3. To Voice
2. To Pain
1. No Response

PUPIL REACTION

L: R:

VERBAL RESPONSE

5. Oriented
4. Confused
3. Inappropriate words
2. Incomprehensible sounds
1. None

MOTOR RESPONSES

6. Follows commands
5. Localizes pain
4. Withdraws pain
3. Flexes to pain
2. Extends to pain
1. None

SCORE: _____

G/G/G/GYN

N/A Soft Distended Guarding Rigid

TENDERNESS

Yes _____ No

BOWEL SOUNDS

None Present
 Vomiting x _____
 Diarrhea x _____

GU

Flank pain L R
 Dysuria
 Hematuria
 Frequency

GYN

Pregnant: Yes No
 Vaginal bleeding Amount: _____
 Vaginal discharge

NIA ORTHO/INTEGUMENTARY

A - ABRASIONS
B - BRUISE
C - BURNS
D - FOREIGN BODY
E - LACERATION
F - PUNCTURE
G - DEFORMITY
H - C/O PAIN
I - REDNESS
J - HEMATOMA
K - AVULSION
L - OTHER: _____
M - SWELLING
N - LIMITED MOVEMENT

Back Board Stiff collar

FHT

Pain Assessment SCALES

0-10 Numeric Pain Distress Scale

0 1 2 3 4 5 6 7 8 9 10

VISION: N/A GLASSES CONTACTS BLIND VISUAL ACUITY: _____ OD _____ OS _____ OU CORRECTED UNCORRECTED

ENT: N/A EPISTAXIS SWELLING PAIN DRAINAGE HEARING DIFFICULTY DIFFICULTY SWALLOWING FOREIGN BODY

NURSING DIAGNOSIS: (ACTUAL PROBLEMS)

Ineffective airway clearance/impaired gas exchange
 Alteration in tissue perfusion
 Alteration in skin integrity
 Infection
 Knowledge Deficit
 Pain Anxiety
 Other: _____

Planned Outcome/Evaluation

Improved respiratory status
 Improved tissue perfusion
 Clean Wound
 MD TX for infection
 Verbalizes understanding of TX/Discharge Instructions
 Pain free

Copes with anxiety, by _____
 Abuse report called to 1-800-95-Abuse
 Other: _____

Assessment Completed by: _____ Time: _____



**North Broward
Hospital District**

EMERGENCY DEPARTMENT RECORD / ADULT

ADDRESSOGRAPH