Your Hospital's Logo Here

Hospital Dr | Princeton, ZZ 12345 | T 202/555-1212 | F 202/555-1212

EMERGENCY DEPT RECORD

HOSPITAL #:

EMERGENCY ROOM #:

PATIENT NAME: *Last* *First* *Middle*	SEX: ☐ F ☐ M	AGE:	ADMIN DATE:	TIME IN:

HEIGHT:	WEIGHT:	IMMUNIZATIONS CURRENT: ☐ Y ☐ N	ALLERGIES:

CONDITION ON ADMISSION: ☐ Critical ☐ Good ☐ Fair ☐ Stable ☐ Guarded	BROUGHT IN BY: ☐ Other_____ ☐ Self ☐ Police ☐ EMS ☐ Family	BROUGHT IN BY: ☐ Other_____ ☐ Amb ☐ Stretcher ☐ W/C ☐ Parent's Arms

ER MD:	FAMILY MD:	LAST TETNUS:

TIME:					CURRENT PRESCRIPTION MEDICATION	SIGNIFICANT MEDICAL HISTORY
TEMP						
PULSE						
RESP						
B / P						
PULSE OX						PREGNANT? ☐ Y ☐ N
GCS						_____EDC
TS						_____FHT
						LACTATING? ☐ Y ☐ N

USED ANY OF THE FOLLOWING IN THE PAST 72 HRS?

	Yes	No
OTC Meds	☐	☐
Herbs / Vitamins	☐	☐
Street Drugs	☐	☐
Alcohol	☐	☐
Tobacco	☐	☐

If "Yes", name & amount:

NURSING ASSESSMENT & HISTORY

PHYSICAL FINDINGS

PROBLEM ORIENTED PHYSICAL EXAM:

LAB & X-RAY

☐ CBC
☐ CHEM_____
☐ EKG
☐ CXR
☐ URINALYSIS (Voided, CCMS, Cath)
☐ OTHER:

DIAG

PHYSICIANS ORDERS and TX

I _____

O _____

☐ Attending MD of Transfer / Admit
☐ Instruction Sheet Given

DISPOSITION OF CASE:
☐ Critical ☐ Admitted: RM#_____
☐ Guarded ☐ Transferred _____ *FACILITY*

CONDITION ON DISCHARGE:
☐ Improved ☐ Stable ☐ Guarded
☐ Good ☐ Critical ☐ Deceased

MODE OF DISCHARGE:
☐ Ambulance
☐ Ambulatory ☐ W / C ☐ Stretcher
☐ Parents Arms ☐ Other_____

TIME OF DISCHARGE:	PHYSICIAN'S SIGNATURE	DATE:	NURSE'S SIGNATURE:	DATE:

WHITE - Medical Records ***GREEN - Family Physician*** ***CANARY - Emergency Dept***