Tx. Room____

Time In
Room__ ____

REGIONAL MEDICAL CENTER

EMERGENCY DEPT.
TRIAGE/NURSING NOTES

Private____
Specialist____
Primary PMD

REASON FOR COMING TO MEDICAL CENTER

TRIAGE

TIME	ARRIVAL VIA	VITAL SIGNS Time____ Initial____					TETANUS	LMP	WEIGHT	
	☐ Private transport ☐ EMS ☐ Police ☐ Helicopter	BP	PULSE	RESP	O_2SAT	TEMP ☐ PO ☐ AX. ☐ R	STATUS	EDC	___lbs. ___kgs.	☐ Critical ☐ Emergent ☐ Urgent ☐ Non-urgent ☐ Minor

CHIEF COMPLAINT AND ONSET | **Pain Education addressed?** ☐ Yes | **LEVEL OF PAIN** /10

TRIAGE ASSESSMENT/PERTINENT PMH | **TRIAGED TO** ☐ FIRST CARE / ☐ CORE

TREATMENT PRIOR TO ARRIVAL: ☐ I.V. Site/size:____ ☐ IV Fluids Infused____cc's
☐ C-Collar ☐ Backboard ☐ Splint ☐ O_2 ☐ Intubation ☐ Meds Given:____

PMH | Language Barrier: ☐ Y ☐ N Education Barrier: ☐ Y ☐ N
Special Needs:____

MEDS

☐ Tylenol Protocol ____mg @ ____

ALLERGIES | NKDA ☐ | **TRIAGE SIGNATURE** RN

PRIMARY NURSE ASSESSMENT: Signature:____ RN | **PAIN GOAL FOR D/C:**

VENTILATION: ☐ No difficulty (No cough, Normal Effort)

Character	Breath Sounds			Cough
☐ Regular	☐ Equal Bilaterally			☐ Non-productive
☐ Irregular	☐ Decreased			☐ Productive
☐ Shallow	☐ Crackles	R	L	Color:____
☐ Tachypnea	☐ Wheeze	R	L	Comments:
☐ Labored	☐ Rhonchi	R	L	
☐ Nasal flaring	☐ Absent	R	L	Smoker ☐ Yes ☐ No
☐ Retractions	☐ Clear	R	L	# packs per day____

CIRCULATION: ☐ No difficulty (Skin warm and dry)

Rhythm	Chest Pain: ☐ Yes ☐ No Scale (1-10):____
☐ Regular	Onset:____
☐ Irregular	Description:____
☐ Tachy	Location:____ NTG ☐ Yes ☐ No
☐ Brady	Radiating: ☐ No ☐ Yes To:____
☐ Pacemaker/AICD	Other S/S (Specify):____
☐ Monitor Strip Record Initiated	

Pulses: Pedal ☐ R ☐ L Radial ☐ R ☐ L

EYES / ENT: ☐ No difficulty (No discharge, redness, swelling)

Eyes			VISUAL ACUITY	Reaction / Size	
☐ Blurring	R	L	R___ L___	R___ / ___	B = Brisk
☐ Pain	R	L	☐ Corrected	L___ / ___	S = Sluggish
☐ Other____			☐ Uncorrected		
☐ F.B.	R	L			

Photophobia: ☐ Yes ☐ No

Ears			Nose	Throat
☐ F.B.	R	L	☐ Deformity	☐ Sore
☐ Pain	R	L	☐ Congestion	☐ Difficulty Swallowing
☐ Other:____			☐ Bleeding	
☐ Other:____			☐ Other:____	☐ Other:____

MUSCULOSKELETAL: ☐ No difficulty (ROM all joints)
Location of Injury:____

Pulses:	☐ Present	☐ Absent
Capillary Filling:	☐ Brisk	☐ Prolong
Range of Motion:	☐ Full	☐ Decreased ☐ None
Swelling:	☐ Yes	☐ No
Deformity:	☐ Yes	☐ No

NEURO / PSYCH: ☐ No difficulty (Alert & oriented x3)

Description	Behavior	Orientation	Speech
☐ Alert	☐ Appropriate	☐ Oriented	☐ Clear
☐ Lethargic	☐ Flat	☐ Disoriented	☐ Slurred
☐ Confused	☐ Agitated		☐ Garbled
☐ New	☐ Depressed		☐ Aphasic
☐ Chronic			

Hand Grips: Equal
Weakness____
Numbness____

Accucheck ☐
EMS ____ ED ____
☐ Facial Droop:

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ED-210 (3/03)

GASTROINTESTINAL: ☐ No difficulty (No N.V.D. pain) **Last BM**_____

Bowel Function:
☐ Blood
☐ Constipation
☐ Diarrhea
☐ Incontinent

Bowel Sounds:
☐ Normoactive
☐ Hyperactive
☐ Hypoactive
☐ Absent

Abdomen:
☐ Soft
☐ Rigid
☐ Tenderness:_____
☐ Distention:_____
☐ Pain:_____
☐ Nausea:_____
☐ Vomiting:_____
☐ Other:_____

GENITOURINARY: ☐ No difficulty

Voiding Pattern:
☐ Frequency ☐ Urgency ☐ Pain ☐ Hematuria
☐ Retention ☐ Incontinence ☐ Burning ☐ Discharge

OB/GYN: ☐ N/A ☐ No difficulty

Fetal Heart rate:_____ Vaginal bleeding ☐ Yes ☐ No

Pads per day_____ ☐ Clots Discharge ☐ Yes ☐ No

PSYCHOSOCIAL ASSESSMENT/LEARNING NEEDS:

Self Care:
☐ Independent
☐ Needs Assistance
☐ Dependent

Speaks English: ☐ Yes ☐ No
Other Language:_____
Vision Impaired: ☐ Yes ☐ No
Hearing Impaired: ☐ Yes ☐ No

Evidence of abuse/neglect: ☐ Yes ☐ No Family present_____

INTEGUMENTARY: ☐ No difficulty (Skin warm, dry, normal turgor)

Color
☐ Normal
☐ Pale
☐ Cyanotic
☐ Jaundiced
☐ Mottled
☐ Flushed
☐ Ashen

Character
☐ Warm
☐ Hot
☐ Cool
☐ Dry
☐ Clammy
☐ Diaphoretic

Integrity
☐ Intact
☐ Rash:_____
☐ Burns:_____
☐ Decubitus:_____
☐ Laceration:_____
☐ Contusion:_____

Mucous Membranes:
☐ Moist ☐ Dry

Location:

GLASGOW COMA SCALE

Eye Opening
☐ Spontaneous 4
☐ To voice 3
☐ To pain 2
☐ None 1

Verbal Response
☐ Oriented 5
☐ Confused 4
☐ Inappropiate Words 3
☐ Incomprehensible Words 2
☐ None 1

Motor Response
☐ Obeys Commands 6
☐ Purposeful 5
☐ Withdrawls (Pain) 4
☐ Flexion (Pain) 3
☐ Extension (Pain) 2
☐ None 1

Total_____

TIME	DOCUMENTATION										INITIALS
	☐ Cardiac Monitoring ☐ BP Monitor Oxygen: ☐ NC ☐ Mask ☐ See First Care Notes										
	VITAL SIGNS					PAIN	GCS	I&O	MEDICATIONS / IV FLUIDS	NURSING INTERVENTIONS / NOTES	
	BP	P	R	T	SAO_2						

TOTALS IN___ **OUT**_____

TRIAGE TIME:_____ **Seen by Provider**_____/**Name**_____ **DISPOSITION TIME:**_____

☐ Home ☐ Admitted ☐ Transfer ☐ Left AMA ☐ Left without being seen ☐ Morgue

☐ Other_____

Mode of Discharge/Transfer: ☐ Ambulatory ☐ W/C ☐ Stretcher Discharged with whom: ☐ Self ☐ Family Member ☐ Friend ☐ Police

Ambulatory Supports: ☐ None ☐ Crutches ☐ Walker ☐ Cane ☐ Other

Admitted to:_____ Report called to unit by:_____ To:_____ RN Time_____

Equipment with patient: ☐ Monitor ☐ Stretcher ☐ O_2 Tank ☐ Patent IV Site ☐ RN ☐ Tech ☐ Transporter

SIGNATURE / TITLE	INITIALS	LEVELS:
		1☐ 2☐ 3☐
		4☐ 5☐

CASE CATEGORY:
☐ GM ☐ GU ☐ ORTHO ☐ CAR ☐ NEURO
☐ PSY ☐ GI ☐ OB/GYN ☐ RESP ☐ TRAUMA
☐ ENT ☐ LAC ☐ DENTAL
☐ OTHER, specify_____

SERIAL OBSERVATIONS

TIME	BP	P	R	Pulse Ox. SaO_2	0-10 Pain	GCS	Tx & Meds.	COMMENTS

ADMISSION DATA: Time_____ Room #____ Adm. MD__________ Report to__________ Transport by__________

SUMMARY NOTE: BP P R GCS TEMP

____

____

____

____

____

GLASGOW COMA SCALE ☐ DEFFERED

Eye Opening	Verbal Response	Motor Response
4 ☐ Spontaneous	5 ☐ Oriented	6 ☐ Obeys Commands
3 ☐ To voice	4 ☐ Confused	5 ☐ Purposeful
2 ☐ To pain	3 ☐ Inappropriate Words	4 ☐ Withdrawls (Pain)
1 ☐ None	2 ☐ Incomprehensible Sounds	3 ☐ Decordicate (Pain)
	1 ☐ None	2 ☐ Decerebrate (Pain)
		1 ☐ None

SERIAL OBSERVATIONS

TIME	BP	P	R	Pulse Ox. SaO_2	0-10 Pain	GCS	Tx & Meds.	COMMENTS

ADMISSION DATA: Time____ Room #____ Adm. MD________ Report to__________ Transport by________

SUMMARY NOTE: BP ____ P ____ R ____ GCS ____ TEMP ____

GLASGOW COMA SCALE ☐ DEFFERED

Eye Opening	Verbal Response	Motor Response
4 ☐ Spontaneous	5 ☐ Oriented	6 ☐ Obeys Commands
3 ☐ To voice	4 ☐ Confused	5 ☐ Purposeful
2 ☐ To pain	3 ☐ Inappropiate Words	4 ☐ Withdrawls (Pain)
1 ☐ None	2 ☐ Incomprehensible Sounds	3 ☐ Decorticate (Pain)
	1 ☐ None	2 ☐ Decerebrate (Pain)
		1 ☐ None

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DATE	TOOTH #	SURFACE	TREATMENT NOTES