EMERGENCY DEPARTMENT NURSING FLOW SHEET

Date	Mode of Arrival ☐ Walk ☐ W/C ☐ Gurney ☐ Carried ☐ Police	Medic Unit ________	Pain Scale: 0 1 2 3 4 5 6 7 8 9 10	PMD:	TRIAGE CATEGORY I II III IV V

RAPID ASSESSMENT

Does the patient have an infection or suspicion of infection? Yes No — Is patient on antibiotics (not prophylaxis?) Yes No

CHIEF COMPLAINT:

AIRWAY	BREATHING	CIRCULATION	NEURO	
☐ Patent ☐ Impaired	☐ Unlabored ☐ Labored ☐ Shallow ☐ Deep	☐ Palpable pulse ________ ☐ Strong ☐ Weak ☐ Regular ☐ Irregular ☐ Normal ☐ Pale ☐ Jaundice ☐ Cyanotic	☐ Alert ☐ Oriented ☐ Confused ☐ Unresponsive ☐ Clear ☐ Slurred ☐ Garbled	Time of Assessment: ________ Rapid Triage RN Signature:

TEMP oral / rectal	PULSE	RESP	BP	Rt / Lt	Sat Rm Air -RA	ACCUCHECK	WEIGHT - KG STATED ACTUAL	Ht	IMMUNIZATION	LMP	ROOM	TIME	PLACED IN RM BY

ALLERGIES: (Drug / Reaction) ☐ **NKDA**

Glasgow Coma Scale

Best Eye Opening	4 - Spontaneous 3 - To voice	2 - To pain 1 - None
Best Verbal	5 - Oriented (Coos, babbles) 4 - Confused (cries) 3 - Inappr words (screams/grunts)	2 - Incomp. sounds 1 - None
Best Motor	6 - Obeys commands (Spont.) 5 - Localizes pain 4 - Withdrawal	3 - Flexion 2 - Extension 1 - None
GCS Total:		

PAIN SCALE:
0 1 2 3 4 5 6 7 8 9 10
On Arrival ________
PAIN: Onset ________
Location: ________

INTERVENTION
☐ Ice ☐ Elevate ☐ Soft splint
☐ Dressing applied ☐ Bleeding controlled
☐ Hard Collar placed ☐ Acetaminophen
☐ NPO instruction given ☐ Ibuprofen
☐ Respiratory Precautions Initiated

VISUAL ACUITY

LT	RT	BOTH	CORRECTED ☐ YES ☐ NO

☐ **See Medication Reconciliation Form**

HISTORY
☐ None ☐ Substance Abuse ☐ Sz
☐ CVA ☐ ETOH ☐ Psych
☐ Cardiac ☐ COPD ☐ Dialysis
☐ Diabetes ☐ Asthma Last Tx ____
☐ HTN ☐ GI ☐ Unknown
☐ Smoker ☐ GU ☐ Migraines
☐ Elevated Cholesterol ☐ Breast Feeding
☐ CA ________ ☐ Thyroid
☐ Other ________

PRE HOSPITAL CARE VS: P______ R______ BP______ SPO2______/O2______ L/min
Cardiac Rhythm ________ C-spine precautions ☐ Yes ☐ No
Respiratory Assist ☐ Yes ☐ No **ETT** ☐ Yes ☐ No **CPR** ☐ Yes ☐ No
Accucheck ________ Medication/Treatments ________
IV ☐ Yes ☐ No
Gauge ________ Site ________

SKIN SIGNS
☐ Normal, Warm, Dry
☐ Cyanotic ☐ Clammy
☐ Pale ☐ Diaphoretic
☐ Jaundice ☐ Hot
☐ Flushed ☐ Cool

GAIT: ☐ Steady ☐ W/Crutches/Cane
☐ In W/C ☐ Not Observed ☐ ________
RME MD/PA/NP: ________
Time of Assessment ________
Comprehensive Triage/ Assessment RN Signature

NEURO
☐ ALERT ☐ RESTLESS
☐ ORIENTED ☐ COMBATIVE
☐ COOPERATIVE ☐ CRYING
☐ CLEAR ☐ SLURRED
☐ UNCONSCIOUS ☐ GARBLED
☐ SEE NEURO FLOW SHEET

☐ **PUPILS** ☐ N/A
Size: Rt ________ Lt ________
Reactivity: Rt ________ Lt ________

EXTREMITY C.S.M. ☐ N/A
CAPILLARY REFILL
Rt Arm ________ Rt Leg ________
Lt Arm ________ Lt Leg ________
SENSATION
Rt Arm ________ Rt Leg ________
Lt Arm ________ Lt Leg ________
MOVEMENT / STRENGTH
Rt Arm ________ Rt Leg ________
Lt Arm ________ Lt Leg ________
W- weak D - delayed over 2 sec.
A - absent N - numbness
T - tingling P - painful B - brisk
Ir - irregular I - intact

CARDIOVASCULAR ☐ N/A
PULSES
☐ STRONG ☐ JVD
☐ REGULAR ☐ PEDAL EDEMA
☐ IRREGULAR

PEDIATRICS
CAPILLARY REFILL ________
FONTANEL ________
OF WET DIAPERS ________ x 24
TEARS ________
MUCOUS MEMBRANES ________

RESPIRATORY ☐ N/A
☐ SYMMETRICAL ☐ ASYMMETRICAL
RESPIRATIONS LUNG SOUNDS LT RT
☐ UNLABORED
☐ LABORED ☐ CLEAR ☐
☐ SHALLOW ☐ WHEEZES ☐
☐ DEEP ☐ RALES ☐
☐ RETRACTION ☐ RHONCHI ☐
☐ NASAL FLARING ☐ DIMINISHED ☐
☐ ACCESSORY MUSCLE USE
☐ ABSENT ☐
☐ PAINFUL ☐ COUGH
☐ ABSENT SPUTUM COLOR
☐ MECHANICAL/SUPPORTED________

GI / GU ☐ N/A

ABDOMEN
☐ UNREMARKABLE
☐ SOFT
☐ FIRM
☐ DISTENDED
☐ TENDER
☐ NONTENDER
☐ PAINFUL
☐ MASSES
☐ RIGID
☐ REBOUND
☐ NAUSEA
☐ VOMITING x ________
☐ DIARRHEA x ________

BOWEL SOUNDS
☐ PRESENT
☐ ABSENT
☐ HYPOACTIVE
☐ HYPERACTIVE

INCONTINENCE
☐ BOWEL
☐ BLADDER
☐ CATHETER PRESENT
GENITALS
☐ DISCHARGE: COLOR ________
☐ BLEEDING
___ MAXI PAD/___ HR
___ MINI PAD/___ HR
___ TAMPON/___ HR
☐ OTHER ________
Gravida ______ Para ______
TAB ______ SAB ______
EDC ______ FHT ______
☐ Dysuria
☐ Hematuria
LAST BM ________

SKIN INTEGRITY

RIGHT LEFT LEFT RIGHT

A - Abrasion FB-Foreign Body S - Swelling
B - Burns H - Hematoma 1 - Stage I
C - Redness P - Pain/Tender 2 - Stage II
D - Deformity L - Laceration 3 - Stage III
E - Ecchymosis PW-Puncture Wound 4 - Stage IV
F - Edema R - Rash O - Other

SCREENING TOOL

	NON-CONTRIBUTORY	REFERRAL
NUTRITION	☐	☐
DOMESTIC VIOLENCE	☐	☐
PSYCHOSOCIAL	☐	☐
SKIN INTEGRITY	☐	☐
EDUCATION	☐	☐
COMMUNICATION BARRIER	☐	

INTERPRETER ________
INTERVENTION ________

☐ **Sepsis/Aspiration screen completed**

Patient Identification

ASSESSMENT RN SIGNATURE ________ **Time:** ________
☐ **Assessment completed by RME MD/PA/NP Time:** ________

09680 (5/21/08)