EMERGENCY DEPARTMENT NURSING FLOW SHEET

Date	Mode of Arrival	Pain Scale:	PMD:	TRIAGE CATEGORY
	☐ Walk ☐ W/C ☐ Gurney ☐ Carried ☐ Police Medic Unit _____	0 1 2 3 4 5 6 7 8 9 10		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	☐ CLEAR	☐
☐ LABORED	☐ WHEEZES	☐
☐ SHALLOW	☐ RALES	☐
☐ DEEP	☐ RHONCHI	☐
☐ RETRACTION	☐ DIMINISHED	☐
☐ NASAL FLARING		

☐ ACCESSORY MUSCLE USE
☐ ABSENT ☐
☐ PAINFUL ☐ COUGH
☐ ABSENT SPUTUM COLOR
☐ MECHANICAL/SUPPORTED_____

GI / GU ☐ N/A

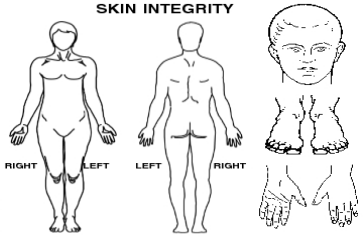
ABDOMEN
☐ UNREMARKABLE
☐ SOFT
☐ FIRM
☐ DISTENDED
☐ TENDER
☐ NONTENDER
☐ PAINFUL
☐ MASSES
☐ RIGID
☐ REBOUND
☐ NAUSEA
☐ VOMITING x _____
☐ DIARRHEA x _____

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



A - Abrasion
B - Burns
C - Redness
D - Deformity
E - Ecchymosis
F - Edema

FB-Foreign Body
H - Hematoma
P - Pain/Tender
L - Laceration
PW-Puncture Wound
R - Rash

S - Swelling
1 - Stage I
2 - Stage II
3 - Stage III
4 - Stage IV
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:** _____