EMERGENCY DEPARTMENT NURSING FLOW SHEET

RAPID ASSESSMENT

CHIEF COMPLAINT:

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

PAIN SCALE

0 1 2 3 4 5 6 7 8 9 10

Glasgow Coma Scale

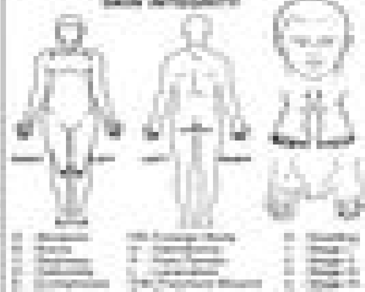
HISTORY

NEURO

CARDIOVASCULAR

RESPIRATORY

SKIN INTEGRITY



SCREENING TOOL

☐ **Sepsis/Aspiration screen completed**

ASSESSMENT RN SIGNATURE ____________ **Time:** ________