

EMERGENCY DEPARTMENT NURSING FLOW SHEET

Room	Ward of 2	Ward of 4	Ward of 6	Ward of 8	Ward of 10	Ward of 12	Ward of 14	Ward of 16	Ward of 18	Ward of 20	Ward of 22	Ward of 24	Ward of 26	Ward of 28	Ward of 30	Ward of 32	Ward of 34	Ward of 36	Ward of 38	Ward of 40
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RAPID ASSESSMENT

Is this the patient from an admission or registration at this facility? Yes No Is patient an admission (and registration)? Yes No

CHIEF COMPLAINT:

ADMIT <input type="checkbox"/> Admit <input type="checkbox"/> Transfer	ADMISSION <input type="checkbox"/> Admission <input type="checkbox"/> Transfer <input type="checkbox"/> Discharge <input type="checkbox"/> Death	REGISTRATION <input type="checkbox"/> New Patient <input type="checkbox"/> Transfer <input type="checkbox"/> Discharge <input type="checkbox"/> Death	STATUS <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Transfer <input type="checkbox"/> Discharge <input type="checkbox"/> Death	TYPE OF ADMISSION Rapid Triage-ER Signature
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ALLERGIES (Drug / Reactions) <input type="checkbox"/> NONE

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ASSESSMENT AND SIGNATURE

Assessment completed by ERN SIGNATURE: _____ TIME: _____