

DATE: _____ TIME SEEN: _____ on arrival RM: _____ EMS Arrival
 HISTORIAN: patient spouse paramedics _____
 ___ HX / ___ EXAM LIMITED BY: _____ unable to obtain

HPI

chief complaint: injury / pain to: neck back _____
 hx of: acute chronic recurrent : neck / back pain _____

onset / duration: started just PTA yesterday continues in ED better
 today _____ min / hrs / days ago gone now worse
 sudden / gradual onset _____ lasted _____

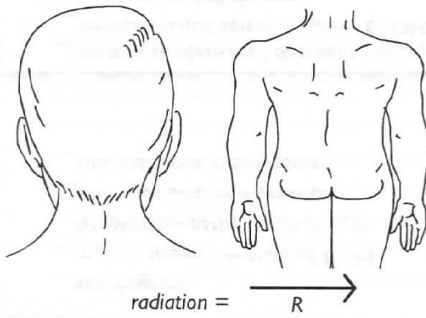
recent injury? no yes possibly

context: lifting turning / bending fall / near-fall

When? as above
 Where? home work school
 Other injuries? neck head back other _____

severity of pain: mild moderate severe (1/10)

quality: burning sharp dull aching similar to prior back pain(s)

location of pain: 

associated symptoms: chest pain weakness numbness / tingling
 fever / chills sweating headache

exacerbated by: nothing sitting position movement (of trunk / of neck) cough / deep breaths
relieved by: nothing supine upright position remaining still lying on side (R / L)

Similar symptoms previously _____
 Recently seen / treated by doctor / hospitalized _____

ROS

CONST recent illness _____
NEURO difficulty with speech _____
EYES problems with vision _____
ENT sore throat _____
CVS palpitations _____
RESP shortness of breath / cough _____
GU incontinence problems urinating _____
LNMP preg post-menop _____

GI nausea / vomiting _____
MS low back pain _____
SKIN rash _____
LYMPH swollen glands ankle swelling (R / L) _____
PSYCH anxiety / depression _____

except as marked positive, all systems above reviewed and found negative

* CONST / NEURO / CVS components also addressed in HPI

PAST HX

no chronic diseases *cardiac risk factors
 *cardiac disease Afib CAD CHF MI CVA / TIA deficit (R / L)
 *diabetes Type 1 Type 2 DVT / PE
 diet / oral / insulin hepatitis / HIV
 *hypertension *hyperlipidemia
 arthritis peptic ulcer disease
 compression fracture(s)
 intervertebral disc disease
 neck / back injury
 neck / back pain episode(s) chronic
 old records reviewed / summary: _____

Surgeries / Procedures none
 neck / back surgery : appendectomy cholecystectomy
 laminectomy fusion discectomy cardiac bypass / stent
 CT / MRI

Tetanus immun. UTD / given in ED
Medications none see nurses note
 aspirin within 24 hrs coumadin clopidogrel
 NSAID acetaminophen
Allergies NKDA see nurses note

SOCIAL HX *smoker ppd / never / past / quit: _____ ago
 tobacco: use / dependence nicotine: use / dependence
 drugs alcohol (recent / heavy / occasional) screening
FAMILY HX aortic disease *cardiac disease DVT / PE

PHYSICAL EXAM

General Appearance

no acute distress
 alert
 c-collar / backboard (PTA / in ED)
 mild / moderate / severe distress
 anxious / lethargic

EENT

nml ENT inspection
 pharynx nml
 scleral icterus / pale conjunctivae
 pharyngeal erythema
 facial petechia

NECK

nml inspection
 non-tender
 painless ROM
 thyroid nml
 lymphadenopathy / thyromegaly
 pain with axial compression
 subcutaneous emphysema

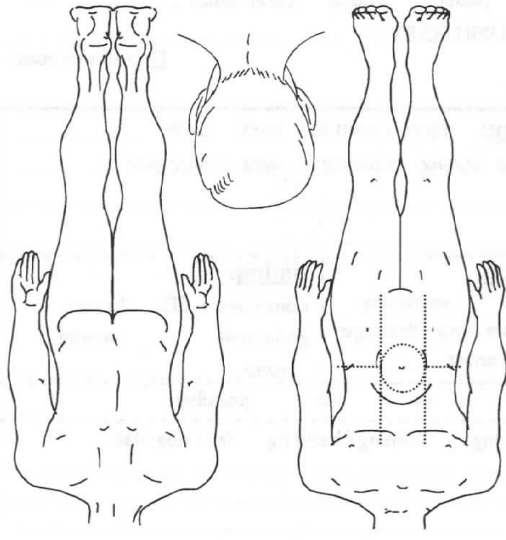
BACK

nml inspection
 non-tender
 painless ROM
 see diagram
 vertebral point tenderness
 CVA tenderness (R/L)
 muscle spasm / decreased ROM

RESPIRATORY

see diagram
 tenderness / ecchymosis
 abrasions
 splinting / paradoxical movements
 decreased breath sounds (R/L)
 wheezes / rales / rhonchi (R/L)

A	Abrasion
B	Burn
C	Contusion
E	Ecchymosis
L	Laceration
M	Muscle spasm
PT	Point
R	Rebound
S	Swelling
T	Tenderness
∅	without
m	mild
mod	moderate
sv	severe



heart sounds nml
 tachycardia / bradycardia
 bilateral pulses nml

ABDOMEN / GU

non-tender
 no organomegaly
 see diagram
 hepatomegaly / splenomegaly / mass
 catheter present

SKIN

color nml, no rash
 warm, dry
 intact
 cyanosis / diaphoresis / pallor
 rash / embolic lesions
 pressure ulcer: location
 depth / stage: 1 2 3 4

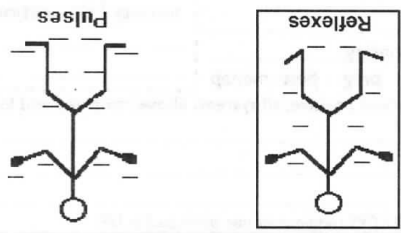
EXTREMITIES

non-tender, full ROM
 no pedal edema
 calf tenderness (R/L)
 pedal edema (R/L)

NEURO / PSYCH

oriented x4
 motor nml
 sensation nml
 grips normal / symmetrical
 reflexes nml
 mood / affect nml
 motor / sensory deficit
 person place time situation
 disoriented to:

PROGRESS



Time _____
 unchanged improved re-examined

Nexus criteria neg	
midline tenderness / distracting injury	
altered mental status / recent ETOH	
focal neuro deficit	

XRAYS / CT / MRI

(Head & Rib Xrays on pg 4)

Xrays done: spine: C T L S _____

Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD ___ no fracture ___ nml alignment
 abnml: fracture (see below) ___ DJD ___ disc bulge ___ disc protrusion

CT done: spine: C T L S head _____

MRI done: spine: C T L S head _____

Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD _____
 abnml: _____

Fracture:

C1 fx: arch: ant post burst (Jefferson fx) lateral mass
 : stable unstable nondisplaced displaced

C2 fx: dens: type I II III extension teardrop
 traumatic spondylo (hangman fx): type I II IIA III
 : stable unstable nondisplaced displaced

C T L S: wedge teardrop burst spinous process
 # ___ : stable unstable nondisplaced displaced

C T L S: wedge teardrop burst spinous process
 # ___ : stable unstable nondisplaced displaced

CXR

Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD ___ no pneumo ___ nml heart size ___ nml mediastinum
 abnml: _____

LABS

CBC normal except	Chemistries normal except	UA normal except	ETOH _____
WBC _____	Na _____	_____	TOX _____
Hgb _____	K _____	_____	_____
Hct _____	CO2 _____	HCG _____	_____
Platelets _____	Gluc _____	serum / urine	_____
_____	BUN _____	POS NEG	_____
_____	Creat _____	_____	_____

EKG

RHYTHM STRIP Rate: _____ Rhythm: NSR _____

EKG Interp. by me Viewed by me Discsd w/ cardiologist
 ___ nml / NAD ___ nml intervals ___ nml axis ___ nml QRS ___ nml ST/T
 Rate: _____ Rhythm: NSR sinus tach A-fib _____

not / changed from: _____ repeat EKG: unchanged / _____

PROGRESS - Continued

Time _____ unchanged improved re-examined

◆ **BP Screen** - ≥ 18 y / screening / follow-up documented _____

◆ **Minor head trauma** - 2y - 17y / ≥ 18 y / GCS 15 / PECARN risk: high low
 / CT head _____ see PECARN rule on quality addendum template #200
 ___ measure exclusions: not eligible / refused / not indicated / contraindicated

___ Discussed with Dr. _____ Time: _____
 will see patient in: ED / hospital / office

Counseled patient / family regarding: _____ Additional history from:
 lab / rad. results diagnosis need for follow-up family caretaker paramedics
 ___ Rx given _____

___ Tobacco cessation: discussed: plan / trigger / challenges / gave Rx _____
 ___ Alcohol cessation: discussed: plan / risk / coping measures _____
 CRIT CARE TIME (excluding separately billable procedures) _____ min

Initial visit unless marked:

CLINICAL IMPRESSION

subsequent sequelae

Skin (**R/L; FB; specify anatomy)

Laceration: _____

Abrasion: _____

Contusion: _____

Strain

Neck thorax: ant post low back

Sprain

Spine ligaments: C T L SI joint

Spine (See Xrays / CT / MRI)

Fracture: closed / open

Dislocation

Disc disorder: degenerative
 herniated / bulging disc :
 C T L S : upper mid lower
 w/ radiculopathy myelopathy

DJD (spondylosis): C T L S

Osteomyelitis of spine:
 acute hematogenous

Scoliosis: idiopathic / secondary
 juvenile / adolescent :
 C T L S : upper mid lower

Spinal stenosis:
 C T L S : upper mid lower

Neuro

 (See HPI & PE)

Cord compression: C T L S level

Cord injury: incomplete complete
 : level C: # _____
 T: # _____
 L: # _____ sacral

Radiculopathy: C T L S :
 upper mid lower

Sciatica: R / L w/ low back pain

CV / Resp

Acute MI: STEMI NSTEMI
 anterior inferior lateral post

Aortic dissection: acute chronic
 thoracic abdominal

R / L Pneumothorax tension

Abdomen / GI / GU

Biliary colic: w/ gallstones

Cholecystitis: acute chronic
 w/: gallstones obstruction

Pancreatitis: acute chronic :
 idiopathic biliary alcoholic

Nephrolithiasis

Ureterolithiasis Renal Colic

Pyelonephritis: acute chronic:
 w/ obstructive

Spleen: contusion: <2cm >2cm
 lac: <1cm 1-3cm >3cm

Kidney:
 R / L : contusion: <2cm >2cm
 lac: <1cm 1-3cm >3cm

Other

Epidural abscess / Epidural mass

Sickle Cell dz: w/ crisis:
 Hb: SS SC S trait S thal

Pain: acute chronic :
 traumatic cancer related
 neck thoracic spine low back

DISPOSITION DECISION TIME- _____ home transfer _____

admit ___ POA pressure ulcer / UTI (foley)

CONDITION- unchanged improved stable _____

Care transferred to Dr. _____ Time: _____

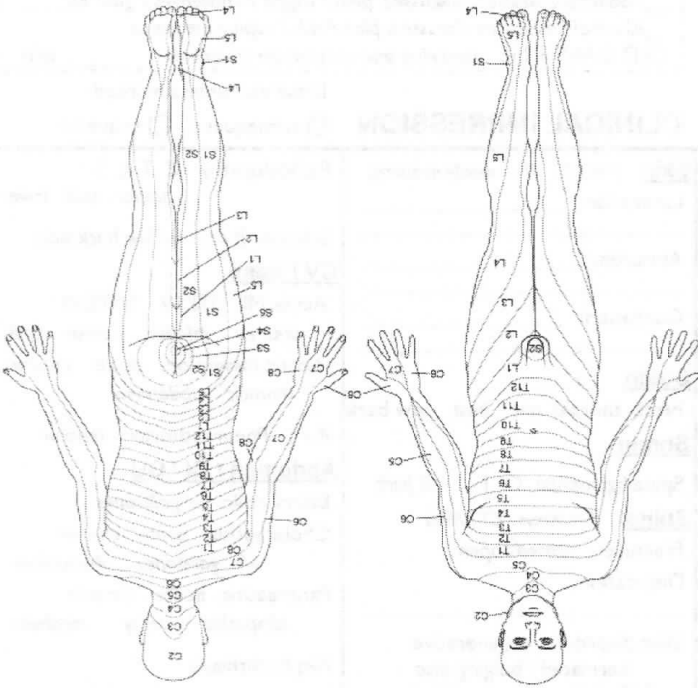
MD / DO

Template Complete See Addendum (Dictated / Template # _____)

Template Complete See Addendum (Dictated / Template # _____)

MD / DO _____

- Levels of principle dermatomes**
- C5 Clavicles
 - C5, 6, 7 Lateral parts of upper limbs
 - C8, T1 Medial sides of upper limbs
 - C6, 7, 8 Thumb
 - C6 Hand
 - C8, T1 Ring and little fingers
 - T4 Level of nipples
 - S1 Lateral margin of foot and little toe
 - S2, 3, 4 Perineum
 - T10 Level of umbilicus
 - T12 Inguinal or groin regions
 - L1, 2, 3, 4 Anterior and inner surfaces of lower limbs
 - L4, 5, S1 Foot
 - L4 Medial side of great toe
 - S1, 2, L5 Posterior and outer surfaces of lower limb



PROGRESS

Time _____ unchanged improved re-examined

XRAYS - Continued

Xray done: skull R/L scapula R/L rib series

Interpretation: By me Viewed by me Discsd w/ radiologist

mm/ NAD no fracture abnml: fracture (see below)

Fracture:

Skull: frontal parietal temporal occipital basilar: ant mid post

R/L linear comminuted depressed

Scapula: glenoid neck acromion coracoid process body R/L n/d

(n=nondisplaced d=displaced)

PROCEDURES

Wound Description / Repair: _____ cm location

length _____ cm location

linear stellate irregular flap into: subcut / muscle

clean contaminated moderately/heavily

distal NVT: neuro / vasc intact no tendon injury

prep: Betadine / other

irrigated with saline

wound explored

to base / in bloodless field

foreign body identified:

wood glass metal other

foreign material removed

repair: superficial deep complicated

Wound closed with: adhesive / Dermabond / steri-strips

SKIN: # _____ nylon / prolene / staples / silk / ethilon / dexon

SUBCUT: # _____ vicyl / chromic

CHEST TUBE INSERTION

estimated blood loss _____ mL

Time: _____ (French) Betadine prep

anesthesia- _____ mL local regional (rib) block lidocaine bupivacaine

position- mid / anter / post axillary line interspace

sutured in place position confirmed on CXR

return- air / blood connected to suction

CENTRAL LINE

estimated blood loss _____ mL

central line placed _____ lumen _____ gauge prep: chlorhexidine

maximum sterile barrier technique U/S assisted: sterile technique

anesthesia- _____ mL local lidocaine / _____

position- R / L subclavian internal jugular (post / ant / inf approach)

secured good blood return position confirmed on CXR