

DATE: _____ TIME SEEN: _____ on arrival RM: _____ EMS Arrival

HISTORIAN: patient spouse paramedics _____

__HX / __EXAM LIMITED BY: _____ unable to obtain

HPI

chief complaint: injury to: R / L thigh knee leg ankle
 foot toe: 1st 2nd 3rd 4th 5th

| | |
|--|---|
| onset / duration: just prior to arrival today / yesterday _____ _____ min / hrs / days ago | where: home school neighbor's park work street |
|--|---|

| | |
|--|---|
| severity of pain: mild moderate severe (1/10) _____ | worse / persistent since pain intermittent / lasting _____ |
|--|---|

context: fall twist direct blow stub laceration burn
 barefoot / wearing shoes _____

| | |
|---|---|
| associated symptoms: snapping / popping sensation (R/L) swelling (R/L) tingling / numbness distally (R/L) | modifying factors: __none pain on movement _____ |
|---|---|

ROS

| | |
|--------------------------------------|--|
| MS - neck / back pain _____ | RESP - shortness of breath / cough _____ |
| NEURO - headache _____ | GI - nausea / vomiting _____ |
| CONST - recent illness / fever _____ | LYMPH - ankle swelling (R/L) _____ |
| CVS - chest pain _____ | SKIN - rash _____ |
| GU - problems urinating _____ | PSYCH - anxiety / depression _____ |
| LNMP _____ preg post-menop _____ | |

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

* NEURO / MS components also addressed in HPI

PAST HX __no chronic diseases

cardiac disease Afib CAD CHF MI hypertension
 diabetes Type 1 Type 2 hepatitis / HIV
 diet / oral / insulin prior injury
 __old records reviewed / summary: _____

Tetanus immun. UTD / given in ED
 Meds- __none / see nurses note
 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 __negative

Nursing Assessment Reviewed Vitals Reviewed _____
 V/S BP _____ HR _____ RR _____ Temp _____

PHYSICAL EXAM

General Appearance

__no acute distress __mild / moderate / severe distress _____
 __alert __anxious / lethargic _____

EXTREMITIES

FOOT

__nml inspection __see diagram _____
 __non-tender __tenderness soft-tissue / bony (R/L) _____
 __swelling / ecchymosis (R/L) _____
 __limited ROM (R/L) _____
 due to: pain / functional deficit _____
 __deformity (R/L) _____
 __nail injury (R/L) toe: # _____
 complete / partial avulsion subungual hematoma _____

ANKLE

__nml inspection __see diagram _____
 __non-tender __tenderness soft-tissue / bony (R/L) _____
 __nml ROM __swelling / ecchymosis (R/L) _____
 __stable __limited ROM (R/L) _____
 __deformity (R/L) _____
 __ligamentous instability (R/L) _____

Ottawa Ankle/Foot Rules:

- Any pain in the malleolar or midfoot area, and any one of the following:
- Bone tenderness along the distal 6 cm of the posterior edge of the fibula or tibia, or the tip of the lateral or medial malleolus
 - Bone tenderness at the base of the 5th metatarsal (for foot injuries)
 - Bone tenderness at the navicular bone (for foot injuries)
 - An inability to bear weight four steps both immediately and in the ED

| | | |
|-------------|-------------------|--------------|
| A=Abrasion | FB=Foreign Body | S=Swelling |
| B=Burn | Lac=Laceration | T=Tenderness |
| C=Contusion | PW=puncture wound | |
| ∅ =without | m=mild | mod=moderate |
| | sev=severe | |

XRAYS - Foot / Ankle

(CXR on pg 4)

Xrays done:

R lower leg ankle foot toes
L lower leg ankle foot toes

Interpretation:

By me Viewed by me Discsd w/ radiologist
__nml / NAD __no fracture __nml alignment __no FB
abnml: fracture / dislocation (see below) STS effusion FB

Fracture:

Tibia: proximal: spine tuberosity condyle: medial lateral
R/L shaft: transverse oblique spiral segmental comminuted
distal: med malleolus pilon torus
n / d

Fibula: proximal: linear avulsion stress Maisonneuve torus
R/L shaft: transverse oblique spiral segmental comminuted
distal: lat malleolus comminuted torus
n / d

Ankle: lat malleolus med malleolus
R/L bimalleolar trimalleolar distal tibial pilon
n / d

Foot: calcaneus: body ant process tuberosity
R/L extra-articular intra-articular
talus: head neck body dome post process lat process
extra-articular intra-articular avulsion chip fx
navicular cuboid cuneiform: medial middle lateral
metatarsal: 1st 2nd 3rd 4th 5th
toe: 1st 2nd 3rd 4th 5th: prox phalanx middle distal
n / d

Dislocation:

R/L Ankle / Foot: subtalar midtarsal transmetatarsal Lisfranc
R/L Toe: 1st 2nd 3rd 4th 5th: MTP PIP IP DIP

(n=nondisplaced d=displaced)

LABS

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

PROGRESS - Continued

Time _____ unchanged improved re-examined

◆ **BP Screen** - > 18 y / screening / follow-up documented
__measure exclusions: not eligible / not indicated / contraindicated
__referred to / discussed with Dr. _____ Time: _____
will see patient in: ED / hospital / office in _____ days

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: _____

Toe Tip inj: 1st 2nd 3rd 4th 5th
R/L : subungual hematoma
nail injury nail bed injury
nail avulsion tip amputation

Abrasion: _____

Puncture wound: w/ FB _____

Contusion: _____

Burn: thermal electrical
chemical: _____

accident self-harm assault unk
1st, area: _____; _____ %
2nd, area: _____; _____ %
3rd, area: _____; _____ %
Total BSA= _____ %

Strain

R/L lower leg muscle: ant post
peroneal muscle Achilles

R/L foot: intrinsic muscle

Sprain

R/L knee: collateral: med lat
cruciate: ant post

R/L ankle: calcaneofibular
talofibular: ant post
tibiofibular deltoid

R/L foot: tarsal ligament
tarsometatarsal lig.

R/L toe: MTP / IP : 1 2 3 4 5

Ortho

(See Xrays / CT)
Fracture: closed / open

Dislocation

Achilles Tendon Rupture: R / L

Traumatic Joint Effusion:
R / L knee ankle

Neuro

Nerve inj: R / L tibial peroneal
cutaneous sensory
plantar: med lat
digital: 1 2 3 4 5
at: low leg ankle foot toe

Vascular

Lacerated:
R / L digital artery: 1 2 3 4 5

Tendon

(**specify tendon or function & location of injury)

R / L Lacerated tendon: _____
at: low leg foot toe: 1 2 3 4 5

Other

Crush injury:
R / L lower leg foot
toe: 1 2 3 4 5

Amputation: partial complete
R / L at: lower leg ankle
midfoot toe: 1 2 3 4 5

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 # _____)

6230.142.07-18

◆ Reportable Measure

