

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

HPI

chief complaint: _____

onset / duration: just prior to arrival today / yesterday _____ _____ min / hrs / days ago	where: home school neighbor's park / playground daycare
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context: blunt / penetrating trauma _____

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

location of pain / injury: head face neck chest abdomen
 back: upper mid- lower R/L- shoulder UE hip LE _____

associated symptoms: lethargic / fussy persistent crying
 nausea / vomiting bruising _____
 lost consciousness: yes no unknown duration: _____ sec / min
 remembers: event coming to hospital _____

ROS

EYE - problem with vision _____	CONST - recent illness / fever _____
NEURO - numbness / weakness _____	ENT - nasal drainage _____
MS - pain with weight-bearing _____	RESP - trouble breathing / cough _____
SKIN - laceration _____	GI - drinking / eating less _____
GU - decreased urination _____	LYMPH - swollen glands _____
LNMP _____ preg premenstrual _____	

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

* CONST / NEURO / GI / SKIN components also addressed in HPI

PAST HX

diabetes Type I insulin _____ prior injury _____
 asthma _____ development delay _____
 seizure disorder _____
 ___ old records reviewed / summary: _____

Tetanus immun. UTD / given in ED _____
 Meds- ___ none / see nurses note _____
 Allergies- ___ NKDA / see nurses note _____

SOCIAL HX attends: daycare / school _____
 caretaker / foster care _____
 2nd hand smoke exposure / smoker ___ppd / never / past / quit: ___ ago
 tobacco: use / dependence _____ nicotine: use / dependence _____
 drugs _____ alcohol (recent / occasional) screening _____
FAMILY HX ___negative adopted _____

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

PHYSICAL EXAM

General Appearance
 ___ no acute distress ___ c-collar / backboard (PTA / in ED)
 active / playful / smiles ___ mild / moderate / severe distress
 attentiveness nml ___ fussy / crying / cries on exam / irritable
 good eye contact ___ lethargic / weak cry
 sleeping/easily aroused ___ inconsolable
 ___ consolable

HEAD

___ no evidence of trauma
 ___ raccoon eyes / Battle's sign (R / L)
 ___ soft tissue swelling
 ___ bony deformity
 ___ scalp laceration / facial trauma (R / L)

NECK

___ non-tender ___ see diagram
 ___ painless ROM ___ vertebral point-tenderness
 ___ trachea midline ___ muscle spasm / decreased ROM
 ___ pain on movement of neck

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

EYES

___ PERRL ___ unequal pupils R- ___ mm L- ___ mm
 ___ EOMI ___ EOM entrapment / palsy (R / L)
 ___ lids & conjunct. nml ___ subconjunctival hemorrhage (R / L)
 ___ pale conjunctivae
 ___ corneal abrasion / hyphema (R / L)

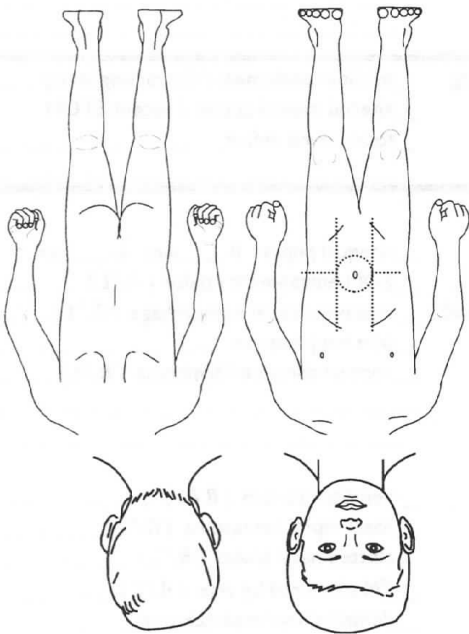
ENT

___ ears nml ___ hemotympanum (R / L)
 ___ nose nml ___ nasal septal hematoma (R / L)
 ___ pharynx nml ___ clotted nasal blood (R / L)
 ___ TM obscured by wax (R / L)
 ___ dental injury / malocclusion

Reduction / Splinting / Other: Time: _____
 procedural sedation (see page 4) _____
 local / regional anesthesia _____
 reduced with manipulation _____
 post reduction NV intact alignment good / fair / poor _____
 splint Velcro OCL / Plaster Aluminum-foam _____
 Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up _____
 Long-leg Short-leg Air splint Boot buddy taped _____
 stirrup knee immobilized clavicle strap ace wrap crutches _____
 applied by ED Physician / MLP / Tech / Nurse _____
 examined post splint application NV intact alignment good _____
 digital block: finger / toe _____ bupivacaine / lidocaine _____ mL
 foreign body removed with forceps with incision with exploration _____

Wound Description / Repair: cm location _____
 length _____ cm location _____
 linear stellate irregular flap into: subcut / muscle _____
 clean contaminated moderately / heavily _____
 distal NVT: neuro / vasc intact _____ tendon intact _____
 anesthetic: local topical _____ lidocaine / bupivacaine epi / bicarb _____
 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 _____
 no closure required _____
 SKIN- # _____ nylon / prolene / staples / _____
 silk / ethilon / dexon _____
 SUBCUT- # _____ vicryl / chronic _____
 OTHER- # _____

PROCEDURES



A=Abraction
 B=Burn
 C=Contusion
 E=Echymosis
 FB=Foreign Body
 L=Laceration
 M=Muscle Spasm
 P=Point
 PT=Tenderness
 PV=Puncture
 Wound
 S=Swelling
 T=Tenderness
 m=mild
 m=moderate
 m=severe
 ∅=without

RESP / CVS
 chest non-tender _____
 breath sounds nml _____
 heart sounds nml _____
 strong periph. pulses _____
 nml capillary refill _____
 tenderness / swelling / ecchymosis _____
 crepitus / subcutaneous emphysema _____
 decreased breath sounds (R/L) _____
 wheezes / rales / rhonchi (R/L) _____
 guarding on breathing _____
 tachycardia / bradycardia _____
 peripheral pulses weak / thready _____
 slow capillary refill _____ sec _____
 non-tender _____
 see diagram _____
 rebound / tenderness / guarding : _____
 generalized RUQ LUQ RLQ LLQ _____
 mass / organomegaly _____
 no seat belt trauma _____
 nml bowel sounds _____
 no organomegaly _____
 no tenderness / guarding _____
 see diagram _____
 rebound / tenderness / guarding : _____
 generalized RUQ LUQ RLQ LLQ _____
 mass / organomegaly _____
 no seat belt trauma _____

GENITAL EXAM
 nml genital exam _____
 perineal hematoma _____
 blood at urethral meatus _____
 exam consistent with abuse _____
 nml rectal exam _____
 decreased rectal tone _____
 heme negative stool _____

BACK
 non-tender _____
 see diagram _____
 vertebral-point tenderness _____
 CVA tenderness (R/L) _____
 muscle spasm _____

SKIN
 nml color _____
 warm, dry _____
 skin intact _____
 see diagram _____
 ecchymosis / abrasions / laceration _____
 cyanosis / diaphoresis / pallor / icterus _____
 skin rash _____

EXTREMITIES
 moves all extremities _____
 non-tender _____
 painless ROM _____
 no pulse deficits _____
 see diagram _____
 pulse deficit (R/L) _____
 painful / unable to bearing weight (R/L) _____
 joint / extremity swelling (R/L) _____
 deformity (R/L) _____

HIPS / PELVIS
 pelvis stable _____
 hips non-tender _____
 see diagram _____
 bony tenderness (R/L) _____
 pain on hip movement (R/L) _____

NEURO
 alert _____
 nml mental status _____
 motor nml _____
 sensation nml _____
 nml gait (if applic.) _____
 CN's nml (2-12) _____
 reflexes nml _____

XRAYS: Head & Extremities

Xrays done: skull facial

R shoulder clavicle humerus elbow f-arm wrist hand
L shoulder clavicle humerus elbow f-arm wrist hand

R hip femur knee lower leg ankle foot toes
L hip femur knee 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 fat pad sign
DJD FB

Skull / Facial Fracture:

Skull: frontal parietal temporal occipital basilar: ant mid post
R/L linear comminuted depressed

Facial: nasal orbit malar maxilla zygoma Le Fort: I II III
R/L mandible: ramus angle body condyle subcondyle symphysis

Upper Extremity Fracture:

Clavicle: proximal shaft distal : nondisplaced displaced: ant post
R/L

Humerus: proximal: articular head surgical neck: 2 parts 3 4
R/L tuberosity: greater lesser SH: 1 2 3 4 5
shaft: transverse oblique spiral segmental comminuted
distal: supracondylar: simple comminuted
condyle: medial lat intercondylar transcondylar
epicondyle: medial lateral SH: 1 2 3 4 5
n/d

Radius: proximal: head neck torus SH: 1 2 3 4 5
R/L shaft: transverse oblique spiral segmental comminuted
Galeazzi's greenstick "bent bone"
distal: Colle's Smith's Barton's intra-articular torus styloid
SH: 1 2 3 4 5
n/d

Ulna: proximal: olecranon coronoid process : intra-articular torus
R/L shaft: transverse oblique spiral segmental comminuted
Monteggia's greenstick "bent bone"
distal: styloid transverse oblique comminuted torus
SH: 1 2 3 4 5
n/d

Carpal: navicular: prox 1/3 mid 1/3 distal 1/3 triquetrum lunete
R/L capitate hamate pisiform trapezium trapezoid
n/d

Metacarpal: 1st 2nd 3rd 4th 5th : base shaft neck head
R/L Bennett's Rolondo's SH: 1 2 3 4 5
n/d

Upper Extremity Dislocation:

R/L Shoulder: anterior posterior inferior
R/L AC joint: post inf displaced: 100% - 200% >200%
R/L Elbow: ant post med lat radial head: ant post med lat
R/L Wrist: distal radioulnar radiocarpal midcarpal
carpometacarpal: 1st 2nd 3rd 4th 5th

(SH=Salter Harris type fx n=nondisplaced d=displaced)

LABS

CBC	Chemistries	UA	ETOH
normal except	normal except	normal except	TOX
WBC	Na		
Hgb	K		
Hct	CO2		
Platelets	Gluc	HCG	
	BUN	serum / urine	
	Creat	POS NEG	
Pulse Ox ___% on RA / ___ L O ₂ Interp: nml / hypoxic Time: _____			

Lower Extremity Fracture:

Femur: head: articular surface neck: subcapital transcervical base
R/L intertrochanteric greater troch lesser troch subtroch
shaft: transverse oblique spiral segmental comminuted
distal: supracondylar: w/ intercondylar
condyle: medial lateral transcondylar
SH: 1 2 3 4 5

n/d

Patella: longitudinal transverse comminuted osteochondral
R/L n/d

Tibia: proximal: spine tuberosity condyle: medial lateral
R/L SH: 1 2 3 4 5
shaft: transverse oblique spiral segmental comminuted
distal: med malleolus pilon torus SH: 1 2 3 4 5
n/d

Fibula: proximal: linear avulsion stress Maisonneuve torus
R/L SH: 1 2 3 4 5
shaft: transverse oblique spiral segmental comminuted
distal: lat malleolus comminuted torus SH: 1 2 3 4 5
n/d

Ankle: lat malleolus med malleolus SH: 1 2 3 4 5
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
SH: 1 2 3 4 5
n/d

Lower Extremity Dislocation:

R/L Hip: central posterior anterior: obturator pubic iliac
R/L Patella: medial lateral
R/L Knee: anterior posterior medial lateral rotatory
R/L Ankle / Foot: subtalar midtarsal transmetatarsal Lisfranc
R/L Toe: 1st 2nd 3rd 4th 5th : MTP PIP IP DIP

Circle (positives), backslash negatives, check V normals

6230.147.07-18 ♦ Reportable Measure

MD/DO: _____
Template Complete See Addendum (Dictated / Template # _____)
CONDITION: improved unchanged stable
DISPOSITION DECISION TIME: home transfer POA admit

Time _____
re-examined _____
improved _____
unchanged _____

PROGRESS

abnml: _____
Interpretation: By me Disc'd w/ radiologist
Ultrasound / FAST Exam: heart / pericardium abdomen

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

Pelvic: R/L pubic: superior ramus inferior ramus
R/L ischium: avulsion ramus tuberosity: displaced
R/L acetabulum: ant wall medial post dome: displaced

Fracture: Rib: R/L single multiple
Sternum: body manubrium xiphoid

CT done: chest abdomen pelvis spine: C T L S
Interpretation: By me Disc'd w/ radiologist

Xrays done: CXR KUB pelvis spine: C T L S
Interpretation: By me Disc'd w/ radiologist

XRAYS / CT : TORSO

Table with columns for Neuro, Spine, Ortho, CV/Resp, and Other. Includes fields for Concussion, Diffuse traumatic brain injury, Fracture / Dislocation, and various injury descriptions.

CLINICAL IMPRESSION

exam suspicious for abuse / child protective services notified
Minor head trauma - zy - 17y / GCS 15 / PECARN risk: high low / CT head
see PECARN rule on quality addendum template #200
measured exclusions: not eligible / refused / not indicated / contraindicated