

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

HPI

chief complaint: injury to: _____

onset / duration: just prior to arrival today yesterday _____ min / hrs / days ago	where: home school neighbor's park work street
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context: bicycle wreck (w/ helmet) pedestrian vs. vehicle

location of pain / injuries:	-right-	-left-
head face mouth	shldr hip	shldr hip
neck chest abdomen	arm thigh	arm thigh
back upper mid lower	elbow knee	elbow knee
radiating to R/L thigh / leg	f-arm leg	f-arm leg
	wrist ankle	wrist ankle
	hand foot	hand foot

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

associated symptoms: dizziness light-headedness seizure
 lost consciousness: yes no unknown duration: _____ sec / min
 remembers: event coming to hospital

ROS

CONST - recent illness / fever _____	LYMPH - ankle swelling (R/L) _____
NEURO - numbness / weakness _____	EYE - problems with vision _____
MS - neck / back pain _____	ENT - nasal drainage _____
RESP - shortness of breath / cough _____	SKIN - rash _____
GI - nausea / vomiting blood _____	PSYCH - depression / hallucinations _____
GU - problems urinating _____	
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 asthma / COPD
 diet / oral / insulin hepatitis / HIV
 ___old records reviewed / summary: _____

Tetanus immun. UTD / given in ED
 Meds- ___none / see nurses note aspirin coumadin clopidogrel

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 ___c-collar / backboard (PTA / in ED)
 ___alert ___mild / moderate / severe distress
 ___anxious / lethargic / unconscious

HEAD

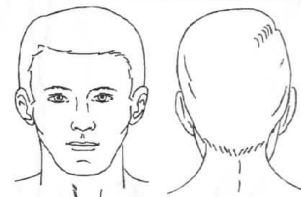
___no evidence of trauma ___see diagram
 ___raccoon eyes / Battle's sign (R/L)

NECK

___non-tender ___see diagram
 ___painless ROM ___decreased / limited ROM
 ___trachea midline ___pain on movement of neck

___Nexus criteria neg ___midline tenderness / distracting injury
 ___altered mental status / recent ETOH
 ___focal neuro deficit

(see next page for legend)



EYES

___PERLL ___unequal pupils R- _____ mm L- _____ mm
 ___EOMI ___EOM entrapment / palsy (R/L)
 ___subconjunctival hemorrhage (R/L)

ENT

___nml ext inspection ___hemotympanum (R/L)
 ___airway nml ___TM obscured by wax (R/L)
 ___no dental / oral inj ___clotted nasal blood (R/L)
 ___dental injury / malocclusion

XR**Extremities & Spine** (Torso on pg 4)

Xrays done: skull facial spine: C T L S
 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 greater tuberosity lesser tuberosity
 shaft: transverse oblique spiral segmental comminuted
 distal: supracondylar: simple comminuted
 condyle: medial lat intercondylar transcondylar
 epicondyle: medial lateral
 n/d

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

Carpal: navicular: prox 1/3 mid 1/3 distal 1/3 triquetrum lunate
 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
 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

Spine 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

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
 n/d

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

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

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

(n=nondisplaced d=displaced)

BP Screen - ≥ 18 y / screening / follow-up documented
Minor head trauma - 2y - 17y / ≥ 18 y / GCS 15 / PECARN risk: high low
measure exclusions: not eligible / refused / not indicated / contraindicated

PROGRESS-Continued

RHYTHM STRIP Rate: Rhythm: NSR
EKG Interp. by me Viewed by me Discsd w/ cardiologist
Rate: Rhythm: NSR sinus tach A-fib

Table with 2 columns: Lab Name (CBC, Chemistries, UA, ETOH, etc.) and Result/Status (normal except, etc.)

FAST Exam: heart/pericardium abdomen
Interpretation: By me Viewed by me Discsd w/ radiologist

Fracture: Rib: R/L single multiple
Sternum: body manubrium xiphoid
Pelvis: R/L pubic: superior ramus inferior ramus

CT done: head chest abdomen pelvis
Interpretation: By me Viewed by me Discsd w/ radiologist

Xrays done: CXR rib sternum abdomen pelvis
Interpretation: By me Viewed by me Discsd w/ radiologist

XRAYS/CT cont

Circle positives, backslash negatives, check normals

DISPOSITION DECISION TIME- home transfer
CONDITION- admit POA pressure ulcer / UTI (foley)
Care transferred to Dr. Time:

Main clinical assessment grid with columns: Skin, CV/Resp, Laceration, Abrasion, Contusion, Burns, Ortho, Strain, Sprain, Spine, Abdomen/GI/GU, Hemoperitoneum, Liver, Contusion, Splen, Pancreas, Head, Body, Tail, Kidney, etc.

CLINICAL IMPRESSION
Discussed with Dr. Time:
Additional history from: lab / rad. results diagnosis need for follow-up