

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 bar

context / mechanism of injury:

fists kicked choked
 bitten pushed / thrown pushed / thrown against wall
 reported spousal abuse struck with object(s): _____

location of pain /

injuries:

head face mouth
 neck chest abdomen
 back upper mid lower
 radiating to R/L thigh / leg

-right-

shldr hip
 arm thigh
 elbow knee
 f-arm leg
 wrist ankle
 hand foot

-left-

shldr hip
 arm thigh
 elbow knee
 f-arm leg
 wrist ankle
 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 _____ 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 _____ hepatitis / HIV _____
 diet / oral / insulin _____ CVA / TIA (R/L) _____
 ___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

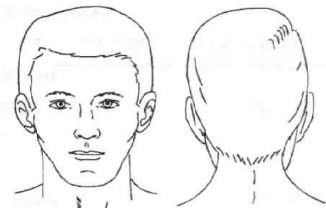
General Appearance

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

HEAD

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

(see next page for legend)



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

EYES

___PERRL ___unequal pupils R- ___mm L- ___mm
 ___EOMI ___EOM entrapment / palsy (R/L)
 ___subconjunctival hemorrhage (R/L) _____

ENT

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

XR: Extremities & Spine (Torso on pg 4)

Xray: _____ 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)

Circle positives, backslash negatives, check normals

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Circle (positives), backslash negatives, check V normals

police notified _____

Time _____ unchanged improved re-examined

PROGRESS - Continued

not / changed from: _____
repeat EKG: unchanged /
Rate: _____ Rhythm: NSR sinus tach A-fib
_____ nml / NAD _____ nml intervals _____ nml QRS _____ nml ST/T
EKG Interp. by me Viewed by me Discsd w/ cardiologist
RHYTHM STRIP Rate: _____ Rhythm: NSR

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

abnml: _____
nml / NAD _____
Interpretation: By me By radiologist
Ultrasound / FAST Exam: heart / pericardium abdomen

Pelvis: R/L pubic: superior ramus inferior ramus
R/L ischium: avulsion ramus tuberosity: displaced
R/L acetabulum: ant wall medial post dome: displaced
R/L ilium: wing ant sup spine ant inf spine:
avulsion comminuted linear: displaced
Sacrum: transverse: displaced: ant post upper-comminuted
vertical fx thru: ala foramen spinal canal: displaced: mild sv

Sternum: body manubrium xiphoid
Rib: R/L single multiple
Fracture: _____
abnml: _____
nml / NAD _____
Interpretation: By me Viewed by me Discsd w/ radiologist
CT done: head chest abdomen pelvis
R/L hemothorax pneumothorax tension pulm. contusion
abnml: fracture (see below) STS D/D FB
nml / NAD _____ no pneumothorax _____ nml heart size _____
Interpretation: By me Viewed by me Discsd w/ radiologist
Xrays done: CXR rib sternum abdomen pelvis

XRAYS/CT cont

<p>CV/Resp (see Xrays/CT) Aorta transection: abd thoracic Cardiac arrest Cardiac contusion R/L Hemothorax R/L Pneumothorax tension R/L Pulmonary: contusion lac Respiratory arrest Abdomen / GI / GU Hemoperitoneum Liver: contusion Spleen: contusion: <2cm >2cm lac: <1cm 1-3cm >3cm Spine: C T L Spleen: contusion: <2cm >2cm lac: <1cm 1-3cm >3cm Kidney: R/L: contusion: <2cm >2cm lac: <1cm 1-3cm >3cm Other Sexual assault reported Shock: traumatic hypovolemic GSW / Stab / Penetrating injury: to: head neck: ant post thorax abd low back pelvic ext genitals Crush injury to: Amputation: partial complete: to: at level of: Tooth #: _____: fx avulsion sublux sacral</p>	<p>Skin (**R/L, FB, specify anatomy) Laceration: Abrasion: Open bite: Contusion: Strain (**R/L; specify anatomy) Sprain (**R/L; except for spine specify joint & ligament) Spine: C T L Ortho (see Xrays/CT) Fracture / Dislocation: closed / open Neuro (see HPI & PE) Concussion R/L Cerebral: contusion lac traumatic hemorrhage R/L Epidural Subdural Traumatic SAH LOC: unknown few sec < min sec / mins unk time Cord injury: incomplete complete : level C: # _____ T: # _____ L: # _____ sacral</p>
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CLINICAL IMPRESSION subsequent sequelae

Initial visit unless marked:
 ♦ 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. _____
 will see patient in: ED / hospital / office
 Counseled patient / family regarding: 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