

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

HPI

chief complaint: suture / staple removal wound / burn recheck

treated in ED / other ED:

yesterday _____ min / hrs / days ago _____

context / previous ED treatment:

laceration repair I&D of abscess burn dressing

antibiotics given

IV IM prescription _____

location of injury: see diagram on following page

associated symptoms: none

pain fever chills redness discharge numbness weakness

ROS

CONST - recent illness _____ CVS - chest pain _____
 SKIN - rash _____ RESP - shortness of breath / cough _____
 EYE - problems with vision _____ GI - abdominal pain _____
 ENT - nasal drainage _____ LYMPH - ankle swelling (R / L) _____
 GU - problems urinating _____ NEURO - dizziness _____
 LNMP _____ preg post-menop _____ PSYCH - anxiety / depression _____

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

* CONST / NEURO / SKIN 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 asthma / COPD

____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

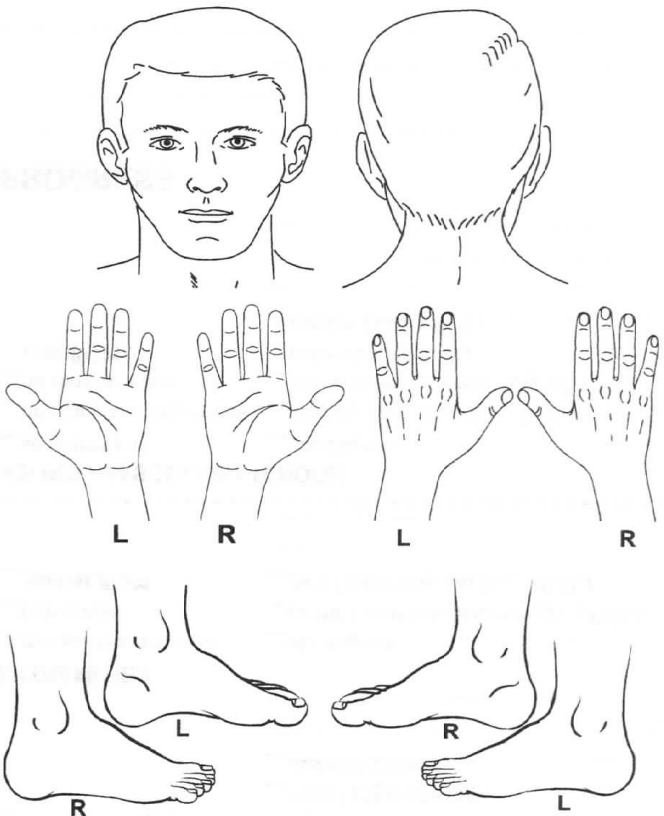
____negative

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

PHYSICAL EXAM

SKIN

____healing wound _____ see diagram
 ____no infection _____ erythema
 ____intact _____ purulent drainage
 _____ lymphangitis
 _____ wound dehiscence
 _____ warmth / tenderness
 _____ pressure ulcer: location _____
 depth / stage: 1 2 3 4 _____
 _____ healing cellulitis / abscess _____ expanding cellulitis
 _____ increased swelling / erythema
 _____ lymphangitis / adenopathy
 _____ healing burn _____ ruptured blister(s)
 _____ increased swelling / erythema



A=Abrasion E=Ecchymosis PtT=Point Tenderness
 B=Burn FB=Foreign Body S=Swelling
 C=Contusion Lac=Laceration T=Tenderness
 Ø =without n=mild mod=moderate sv=severe Tsv = Tenderness on palpation (severe)

PROCEDURES

sutures / staples removed by nurse / physician / MLP / tech
 drain removed from abscess cavity
 dry sterile dressing applied by nurse / physician / MLP / tech
 burn dressings applied by nurse / physician / MLP / tech
 antibiotic administered IV / IM / topical

LABS

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

XRAYS

Xrays done: _____

Interpretation: By me Viewed by me Discsd w/ radiologist

nml / NAD no fracture soft tissues nml no FB
 abnml: fracture STS FB gas in soft tissue

Ultrasound:

Interpretation: By me By radiologist

nml / NAD
 abnml:

PROGRESS - Continued

Time _____ unchanged improved re-examined

♦ **BP Screen** - ≥ 18 y / screening / follow-up documented _____
 _____ measure exclusions: not eligible / 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: _____

Puncture wound: _____

Bite: dog cat _____ :
 superficial open wound :
 R / L

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

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

Contusion: _____

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

Strain (**R / L; specify anatomy)

Sprain (**R / L; except for spine specify joint & ligament)

Ortho (See Xrays)

Fracture: closed / open
 Dislocation

ID

Cellulitis / Lymphangitis, acute /
 Abscess-cutaneous :
 head face neck
 chest wall abd wall
 umbilicus perineum back
 R / L breast R / L buttock
 R / L axilla arm elbow f-arm
 hand digit: 1 2 3 4 5
 R / L groin thigh knee low leg
 foot toe: 1 2 3 4 5

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

R / L Lacerated tendon: _____

Other

Amputation: partial complete
 R / L hand digit: 1 2 3 4 5
 R / L toe: 1 2 3 4 5

Rabies: exposure vaccination
 Removal: suture staples drain

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 # _____)

Wound Description # _____ Time: _____

Location: _____

Length: _____ cm

Distal NVT: neuro / vasc intact galea intact no tendon injury

Depth / Shape / Contamination: linear stellate irregular flap nail avulsed
 into: subcut / muscle
 clean contaminated moderately / heavily
 with dirt gravel grease ink

Anesthesia local topical _____ lidocaine / bupivacaine epi / bicarb
 digital block

Prep: Betadine / other
 irrigated with saline
 debrided mod. / extensive
 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 / ster-strips
 no closure required

SKIN # _____ -0 nylon / prolene / vicryl / staples / silk / ethilon / dextron
 interrupted running simple mattress (h / v)

***SUBCUTANEOUS / MUCOSA** # _____ -0 vicryl / silk
 interrupted running simple mattress (h / v)

***FASCIA / MUSCLE / TENDON** # _____ -0 vicryl /
 interrupted running simple mattress (h / v)

NAIL / NAIL MATRIX nail excised nail reattached # _____ -0 vicryl /

OTHER retention sutures placed

PROCEDURES

Circle **positives**, backslash negatives, check **normals**

Template Complete See Addendum (Dictated / Template # _____) MD / DO

PROGRESS - Continued

Time _____ unchanged improved re-examined