

EMERGENCY PHYSICIAN RECORD
 ♦ Miscellaneous Complaints / General Adult ♦

DATE: _____ TIME SEEN: _____ on arrival RM: _____ EMS Arrival
 TRANSFER FROM: _____ see transfer record
 HISTORIAN: patient spouse paramedics _____
 ___ HX / ___ EXAM LIMITED BY: _____
 unable to obtain

HPI

chief complaint: high blood sugar high blood pressure
 medication refill _____

onset / duration: _____ min / hrs / days ago _____

timing:	severity:	modifying factors:
still present	mild	none
better	moderate	_____
gone now	severe	_____
worse	(1/10) _____	_____

context: _____

quality: _____

location: _____

Recent trauma _____

Similar symptoms previously _____

Recently seen / treated by doctor / hospitalized _____

ROS

CONST
 recent illness / fever _____
 sweating _____
 weight loss / gain _____

EYES
 problems with vision _____

ENT
 sore throat _____
 nasal drainage _____

CVS
 chest pain _____

RESP
 shortness of breath / cough _____

GI
 abdominal pain _____
 nausea / vomiting _____
 diarrhea _____
 black stools _____

GU
 problems urinating _____
 LNMP _____ preg post-menop _____

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

MS
 calf / leg pain (R/L) _____
 neck / back pain _____
 joint pain _____

SKIN
 rash _____

LYMPH
 swollen glands _____
 ankle swelling (R/L) _____

NEURO
 headache _____
 fainting _____
 dizziness _____
 tingling _____
 numbness / weakness _____
 difficulty walking _____
 difficulty with speech _____

PSYCH
 anxiety / depression _____

PAST HX ___no chronic diseases

cardiac disease Afib CAD CHF MI _____
 diabetes Type 1 Type 2 _____
 diet / oral / insulin _____

hypertension _____
 renal disease _____
 kidney stones _____

hepatitis / HIV _____
 pancreatitis / peptic ulcer _____
 asthma / COPD _____
 CVA / TIA deficit (R/L) _____
 seizure disorder _____

___old records reviewed / summary: _____

Surgeries / Procedures ___none

cardiac bypass / stent _____ endoscopy upper / lower _____
 cholecystectomy _____ hysterectomy / BTL / C-section _____
 CT / MRI / ECHO _____

Immunizations: influenza / pneumovax UTD / referred to PCP

Medications ___none see nurses note
 aspirin within 24 hrs coumadin clopidogrel
 NSAID _____

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

XRAYS / CT

CT done: head chest abdomen pelvis _____
Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD
 abnml: _____

CXR
Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD ___ no infiltrates ___ nml heart size ___ nml mediastinum
 abnml: _____

Ultrasound: _____
Interpretation: By me By radiologist
 ___ nml / NAD
 abnml: _____

Other: _____
 ___ nml / NAD
 abnml: _____

LABS

CBC normal except WBC _____ Hgb _____ Hct _____ Platelets _____ segs _____ bands _____	Chemistries normal except Na _____ K _____ CO2 _____ Gluc _____ BUN _____ Creat _____	CK _____ CKMB _____ Troponin _____ PT/PTT _____ INR _____ Amylase _____ Lipase _____	UA normal except _____ _____ _____
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Cultures sent
 blood x _____
 sputum _____
 urine _____

Pulse Ox ___% on RA / ___ L O₂ **Interp:** nml / hypoxic **Time:** _____

EKG

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

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:
 subsequent sequelae

CLINICAL IMPRESSION

<p>Anemia: assoc w/: chronic dz cancer ESRD chemotherapy Iron deficiency: due to: inadequate diet blood loss: acute chronic</p> <p>Anxiety disorder, generalized Dementia: senile multi-infarct Alzheimer's: early onset late Parkinson's frontotemporal w/ behavioral problem</p> <p>Depression: major depressive disorder: single episode recurrent : mild moderate severe</p> <p>Diabetes: Type 1 Type 2 : uncomplicated / complicated w/: hyperglycemia DKA hypoglycemia diabetic: peripheral neuropathy foot ulcer skin ulcer PVD: w/ gangrene nephropathy</p>	<p>◆ Hypertension: uncontrolled malignant</p> <p>MI, acute: STEMI NSTEMI anterior inferior lateral post</p> <p>Pneumonia: interstitial atypical bronchopneumonia lobar aspiration viral: RSV influenza: A / B bacterial: _____</p> <p>Substance abuse: w/: intoxication dependence withdrawal delirium perceptual disturbance</p> <p>Syncope: vasovagal orthostatic</p> <p>UTI: cystitis: acute chronic : w/ hematuria</p> <p>Viral syndrome</p> <p>Signs / Symptoms / Labs Chest pain: precordial atypical Chest wall pain Hypokalemia Malaise / Fatigue</p> <p>Other (non-diagnostic) Prescription refill</p>
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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 # _____)

Circle positives backlash negatives, check normals

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