

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

HPI

chief complaint: headache facial pain fever "migraine"

onset / duration: _____ min / hrs / days ago
 onset during: exertion sex argument _____

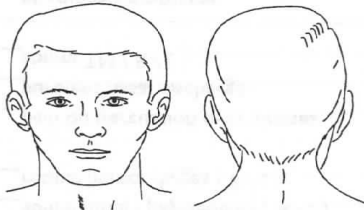
timing:
 abrupt / thunderclap / gradual _____
 while turning / twisting head _____
 cannot pinpoint exact onset _____
 still present better gone now _____
 _____ intermittent episodes lasting _____
 _____ worse / persistent since _____

context:
 For new, gradual-onset HA- CO exposure tick bite / insect bite
 sick contacts meningitis exposure recent head injury
 recent travel: outside US _____

severity:
 maximum- mild moderate severe worst of life (1/10) _____
 currently - mild moderate severe (1/10) _____

quality:
 similar to previous headaches
 "pain"
 tightness
 throbbing
 sharp / dull

location:



associated symptoms:
 fever / chills _____ nausea / vomiting _____
 sweating _____ neck pain / stiffness _____
 problems with vision _____ speech problems _____
 sensitivity to light _____ weakness _____
 preceding symptoms _____ trouble walking _____
 visual disturbance scotoma _____ tingling / numbness _____
 typical of prior aura(s) _____ dizziness / light-headedness _____

exacerbated by: light noise movement position _____

Similar symptoms previously _____

Recently seen / treated by doctor / hospitalized _____

ROS

NEURO confusion _____ GI abdominal pain _____
 fainting _____ diarrhea _____
PSYCH anxiety / depression _____ MS muscle aches _____
ENT sore throat _____ back pain _____
 difficulty swallowing _____ RESP shortness of breath / cough _____
 sinus pain / drainage _____
CVS chest pain _____ SKIN rash _____
 lesions _____
GU incontinence _____ LYMPH swollen glands _____
 problems urinating _____ LNMP _____ preg post-menop _____
 except as marked positive, all systems above reviewed and found negative

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

PAST HX ___no chronic diseases

cardiac disease Afib CAD CHF MI sinus problems
 diabetes Type 1 Type 2 prior CNS infection
 diet / oral / insulin SAH risk factors: _____
 hypertension SAH in primary relative
 chronic headaches: connective tissue disorder
 occasional frequent "migraine" cancer chemo / rad tx
 mild moderate severe asthma / COPD
 prior neuro consult depression
 CVA / TIA deficit (R / L) hepatitis / HIV
 ___old records reviewed / summary: _____

Surgeries / Procedures ___none

appendectomy _____ VP shunt _____
 cholecystectomy _____ head CT / MRI _____

Immunizations: UTD / referred to PCP _____

Medications ___none see nurses note
 aspirin 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 cerebral aneurysm migraine headaches CVA
 hypertension pseudotumor _____

XRAYs / CT / MRI

Head CT / MRI:
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: _____

LABS

CBC normal except WBC _____ Hgb _____ Hct _____ Platelets _____ segs _____ bands _____	Chemistries normal except Na _____ K _____ CO2 _____ Gluc _____ BUN _____ Creat _____	COHb _____ ESR _____	UA normal except _____
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PROCEDURES

LP
 ___ discussed risks, benefits, options; patient / parent / guardian consents
 Time: _____ open press. = _____
 sitting / lying (R / L) fluid color _____ RBC _____ monos _____
 sterile technique glucose _____ WBC _____ lymphs _____
 L3-4 L4-5 protein _____ polys _____ gm stn _____

PROGRESS - Continued

Time _____ unchanged improved re-examined
 pain relieved pain almost fully relieved

- ◆ CVA - t-PA given within 3 hrs last known well
- ◆ Sinusitis - >18y / No CT / No antibiotic / amoxicillin w or wo clavulanate
- ◆ BP Screen - ≥ 18 y / screening / follow-up documented
- ___ measure exclusions: not eligible / refused / 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

Neuro Migraine HA: acute chronic : tx resistant poor control : w/: aura status migrainosus hemiplegia menses cerebral infarct Headache: acute chronic episodic : tx resistant poor control : tension vascular cluster hypertensive exertional allergy related cough post traumatic post LP drug induced: _____ ◆ CVA: (**specify vessel if known) Infarct: thrombotic embolic occlusion, unk type artery involved: (R / L) _____ Hemorrhage: Intracerebral: subcortical cortical intraventricular SAH brainstem cerebellar artery involved: (R / L) _____	Meningitis / Encephalitis aseptic viral bacterial : organism: _____ Subdural (nontraumatic): R / L: acute subacute chronic Other CO Poisoning: accident self-harm source: vehicle exhaust gas appliance wood burning kerosene stove _____ ◆ Hypertension: uncontrolled malignant Hay fever Pseudotumor cerebri ◆ Sinusitis: acute recurrent chronic : maxillary ethmoid frontal sphenoid Temporal arteritis TMJ syndrome Trigeminal neuralgia Signs / Symptoms Nausea / Vomiting / Dehydration
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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 # _____)

