

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: cough sore throat "flu" sinus pain
 fever chills _____

onset / duration: _____ min / hrs / days ago
 _____ constant sudden-onset
 _____ intermittent episodes
 _____ lasting _____
 _____ worse / persistent
 _____ since _____

context: recent foreign travel insect / tick bite(s)
 sick contacts: home work _____
 multiple patients presenting with similar complaints
 recent chemotherapy _____

severity: mild moderate severe (1/10)

associated symptoms: allergy / hay fever
 fever / chills chest pain
 sweating cough bloody / productive
 muscle aches shortness of breath:
 earache (R/L) mild moderate severe
 runny nose hurts to breath
 sinus pain / drainage headache
 sore throat / hoarseness _____

worsened by: deep breath physical activity _____

Similar symptoms previously _____

 Recently seen / treated by doctor / hospitalized _____

ROS

CONST	EYES
weakness _____	eye problems redness itching _____
CVS	MS
palpitations _____	joint swelling (R/L) _____
LYMPH	SKIN
ankle swelling (R/L) _____	rash _____
swollen glands _____	
GI	NEURO
abdominal pain _____	fainting _____
nausea / vomiting _____	dizziness _____
diarrhea _____	confusion _____
GU	PSYCH
problems urinating _____	anxiety / depression _____
LNMP _____ preg post-menop	

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

• CONST / ENT / CVS / RESP / NEURO / MS components also addressed in HPI

PAST HX _____ no chronic diseases

cardiac disease Afib CAD CHF MI	DVT / PE risk factors: cast cancer
diabetes Type 1 Type 2 _____	recent surgery leg swelling bedridden
diet / oral / insulin _____	paralysis prior DVT/PE
hypertension _____	GI bleed / cirrhosis
cancer chemo / rad tx _____	hepatitis / HIV
lung disease:	
asthma COPD pneumothorax	
pseudomonas bronchiectasis	
pneumonia bronchitis TB	

_____ old records reviewed / summary: _____

Surgeries / Procedures _____ none

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

Immunizations: influenza / pneumovax UTD / referred to PCP

Medications _____ none see nurses note	Allergies _____ NKDA
aspirin coumadin clopidogrel NSAID	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 DVT / PE _____

XRAYS / CT

Xrays done: sinus facial

Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD ___ no sinus opacification ___ no air-fluid level
 abnml: _____

CXR

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

CT done: chest facial head

Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD _____
 abnml: _____

Other: _____

LABS

CBC	Chemistries	ABGs	UA
normal except	normal except	RA / ___ L O ₂	normal except
WBC _____	Na _____	pH _____	dip: _____
Hgb _____	K _____	pCO ₂ _____	
Hct _____	CO ₂ _____	pO ₂ _____	
Platelets _____	Gluc _____		Cultures sent
segs _____	BUN _____	Mono Spot _____	blood x _____
bands _____	Creat _____	Flu Screen _____	sputum _____
lymphs _____		Strep Screen _____	

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

PROGRESS - Continued

Time _____ unchanged improved re-examined
 air movement: good fair poor

___ EGDT for sepsis considered

◆ **Severe Sepsis** - ≥ 18 y / <3 hrs / lactate / BC / antibiotic / IV bolus
 <6 hrs / IV bolus / vasopressors / vol. status assess / focused exam or (2 below)
 CVP / ScvO₂ / US / dynamic assess. of fld response

◆ **Pharyngitis** - 3y - 18y / strep A test / antibiotic

◆ **Bronchitis** - 18y - 64y / No antibiotic

◆ **Sinusitis** - ≥ 18y / No CT / No antibiotic / amoxicillin w or wo clavulanate

◆ **BP Screen** - ≥ 18 y / screening / follow-up documented

___ measure exclusions: refused / not eligible / indicated / not indicated
 / contraindicated / prescribed / dispensed / not available

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>Resp / ENT</p> <p>Asthma / Reactive airway dz : acute exacerbation status asthmaticus : hx of: mild / mod / severe dz : intermittent persistent</p> <p>Bronchospasm, acute</p> <p>◆ Bronchitis: acute RSV chronic: simple mucopurulent</p> <p>Cold (Nasopharyngitis)</p> <p>CPD: w/: exacerbation ◆ acute bronchitis</p> <p>Epiglottitis: acute w/ obstruction</p> <p>Herpes gingivostomatitis</p> <p>Herpes pharyngotonsillitis</p> <p>Influenza: H1N1 A/B _____</p> <p>Laryngitis</p> <p>Otitis media: R / L : acute recurrent chronic : serous suppurative w/ TM perf: central marginal</p> <p>◆ Pharyngitis: acute Strep</p> <p>Pneumonia: interstitial atypical bronchopneumonia lobar aspiration viral: RSV influenza: A/B _____ bacterial: _____</p> <p>Rhinitis, allergic: seasonal perennial</p>	<p>◆ Sinusitis: acute recurrent chronic maxillary frontal ethmoid</p> <p>Tonsillitis: acute recurrent chronic : Strep GC Herpes mono: EBV CMV</p> <p>URI</p> <p>Other</p> <p>Endocarditis, infective: acute subacute</p> <p>Meningitis: viral bacterial: H influ Pneumo Strep Staph</p> <p>Mononucleosis: EBV CMV w/: splenomegaly hepatomegaly</p> <p>Pyelonephritis: acute chronic</p> <p>◆ SIRS / Sepsis, severe w/: hypotension shock DIC alt. mental hypoxia resp. distress</p> <p>Tick borne dz: Rocky Mtn spotted fever Lyme disease Tick paralysis</p> <p>UTI: cystitis: acute chronic : w/ hematuria</p> <p>Viral syndrome</p> <p>Signs / Symptoms / Labs</p> <p>Cough</p> <p>Fever</p> <p>Headache</p> <p>Neutropenia</p> <p>Skin rash: purpura petechiae</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 # _____)

