

DATE: \_\_\_\_\_ TIME SEEN: \_\_\_\_\_ on arrival RM: \_\_\_\_\_ EMS Arrival  
 TRANSFER FROM: \_\_\_\_\_  see transfer record  
 TREATMENT PTA: by patient paramedics EDP PCP  
 albuterol / ipratropium / xopenex \_\_\_\_\_  
 HISTORIAN: patient spouse paramedics \_\_\_\_\_  
 \_\_\_HX / \_\_\_EXAM LIMITED BY: \_\_\_\_\_  
 unable to obtain

**HPI**

**chief complaint:** wheezing asthma attack shortness of breath

**onset / duration:** \_\_\_\_\_ min / hrs / days ago  
 \_\_\_\_\_ continues in ED  
 \_\_\_\_\_ gone now better  
 \_\_\_\_\_ intermittent  
 \_\_\_\_\_ worse

**initiating event:** \_\_\_none upper respiratory illness out of meds  
 sports / exercise cold air environmental allergy

**context:** \_\_\_\_\_

**severity:** mild moderate severe (1/10)

**associated symptoms:**

fever / chills \_\_\_\_\_ chest discomfort \_\_\_\_\_  
 sweating \_\_\_\_\_ left / right / central / upper / lower  
 trouble breathing \_\_\_\_\_ pain / pressure / tightness  
 shortness of breath \_\_\_\_\_ constant / intermittent  
 hurts to breathe \_\_\_\_\_  
 cough: loose / barking / hacking / paroxysmal \_\_\_\_\_  
 runny nose: yellow / green / clear / drainage \_\_\_\_\_

**current therapy:**

\_\_\_none see nurses note Home Peak Flows: measured usual: \_\_\_\_\_  
 inhaled- neb / MDI latest: \_\_\_\_\_  
 albuterol \_\_\_\_\_ oral- prednisone / prednisolone \_\_\_\_\_  
 inhaler / uses spacer \_\_\_\_\_ PRN taking brief course  
 nebulizer \_\_\_\_\_ tapering maintenance  
 steroid \_\_\_\_\_ current mg / day: \_\_\_\_\_  
 ipratropium \_\_\_\_\_  
 xopenex \_\_\_\_\_  
 primatene (OTC) \_\_\_\_\_

Similar symptoms previously \_\_\_\_\_

Recently seen / treated by doctor / hospitalized \_\_\_\_\_

**ROS**

**CONST** recent illness \_\_\_\_\_  
**EYES** eye problems redness itching \_\_\_\_\_  
**ENT** sore throat \_\_\_\_\_  
 runny nose \_\_\_\_\_  
**CVS** heart racing \_\_\_\_\_  
 palpitations \_\_\_\_\_  
**GI** abdominal pain \_\_\_\_\_  
 nausea / vomiting \_\_\_\_\_  
**GU** problems urinating \_\_\_\_\_  
 LNMP \_\_\_\_\_ preg post-menop \_\_\_\_\_  
 except as marked positive, all systems above reviewed and found negative

**MS** leg / calf pain (R/L) \_\_\_\_\_  
**SKIN** rash \_\_\_\_\_  
**LYMPH** swollen glands \_\_\_\_\_  
 ankle swelling (R/L) \_\_\_\_\_  
**NEURO** headache \_\_\_\_\_  
 dizziness / light-headedness \_\_\_\_\_  
 tingling (R/L) hands / face \_\_\_\_\_  
 muscle spasms (R/L) hands / feet \_\_\_\_\_  
**PSYCH** anxiety \_\_\_\_\_

• CONST / ENT / RESP components also addressed in HPI

**PAST HX** \_\_\_no chronic diseases

cardiac disease Afb CHF CAD 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 dialysis  
 asthma hepatitis / HIV  
 intermittent attacks / persistent  
 : mild moderate severe  
 previously intubated / admitted  
 lung disease: \_\_\_\_\_  
 COPD pneumonia bronchitis  
 pseudomonas bronchiectasis  
 \_\_\_old records reviewed / summary: \_\_\_\_\_

**Surgeries / Procedures** \_\_\_none

cardiac bypass / stent \_\_\_\_\_ endoscopy upper / lower \_\_\_\_\_  
 cholecystectomy \_\_\_\_\_ hysterectomy / BTL / C-section \_\_\_\_\_  
 CT / MRI / ECHO \_\_\_\_\_ joint replacement (R/L) \_\_\_\_\_

**Immunizations:** influenza / pneumovax UTD / referred to PCP

**Medications** \_\_\_none see nurses note **Allergies** \_\_\_NKDA  
 aspirin coumadin clopidogrel NSAID see nurses note  
 BCP's \_\_\_\_\_

**SOCIAL HX** smoker \_\_\_ppd / never / past / quit: \_\_\_\_\_ ago

tobacco: use / dependence \_\_\_\_\_ nicotine: use / dependence \_\_\_\_\_  
 drugs \_\_\_\_\_ alcohol (recent / heavy / occasional) screening \_\_\_\_\_

**FAMILY HX** emphysema asthma CAD PE / DVT \_\_\_\_\_

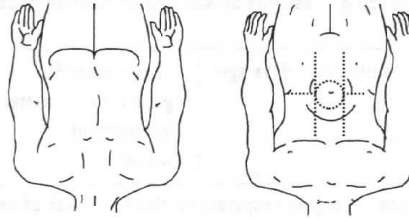
Circle positives, backslash negatives, check normals

**SKIN**  
 color nml, no rash  
 warm, dry  
 intact

**ABDOMEN / GU**  
 non-tender  
 no organomegaly

T=Tenderness  
 R=Rebound  
 m=mild  
 mod=moderate  
 sv=severe

see diagram  
 hepatomegaly / splenomegaly / mass  
 tenderness:  
 generalized RUQ LUQ RLQ LLQ  
 bruit  
 catheter present



**CVS**  
 reg. rate & rhythm  
 no JVD  
 heart sounds nml  
 pulses full / equal

irregularly irregular rhythm  
 extrasystoles (occasional / frequent)  
 tachycardia / bradycardia  
 JVD present  
 murmur grade \_\_\_ /6 sys / dias  
 gallop (S3 / S4)  
 decreased pulse (R/L)

**RESPIRATORY**  
 no resp. distress  
 breath sounds nml  
 no pain on inspiration  
 speaks full sentences

respiratory distress / failure  
 prolonged expirations  
 retractions / splinting  
 accessory muscle use  
 decreased air movement  
 wheezes / rales / rhonchi / stridor (R/L)  
 speaks in \_\_\_ word sentences

**NECK**  
 nml inspection

thyromegaly  
 lymphadenopathy

**ENT**  
 eyes nml inspection  
 ENT nml inspection  
 pharynx nml

pale conjunctivae  
 purulent nasal drainage  
 pharyngeal erythema

**General Appearance**  
 alert  
 no acute distress

mild / moderate / severe distress  
 anxious / lethargic

**PHYSICAL EXAM**

Nursing Assessment Reviewed  Vitals Reviewed  
 V/S BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_

**EXTREMITIES**

non-tender  
 nml ROM  
 no pedal edema  
 mild / moderate / severe distress

**NEURO / PSYCH**

oriented x4  
 CN's nml (2-12)  
 motor nml  
 sensation nml  
 mood / affect nml

**PROGRESS**

unchanged improved re-examined  
 air movement: poor fair good  
 wheezing: none mild moderate severe

**XRAYS / CT**

**CXR**  
**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_ no infiltrates \_\_\_ nml heart size \_\_\_ nml mediastinum  
 abnml: \_\_\_\_\_

**Chest CT**  
**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_\_\_  
 abnml: \_\_\_\_\_

**LABS**

<b>CBC</b> normal except WBC _____ Hgb _____ Hct _____ Platelets _____ segs _____ bands _____	<b>Chemistries</b> normal except Na _____ K _____ CO2 _____ Gluc _____ BUN _____ Creat _____	Troponin _____ D-Dimer _____ BNP _____ _____	<b>ABGs</b> RA / ___ L O <sub>2</sub> pH _____ pCO <sub>2</sub> _____ pO <sub>2</sub> _____
<b>Peak Flow</b> _____ mL pre tx / on arrival _____ mL post tx / at disch	<b>Cultures sent</b> blood x _____ sputum _____		

**Pulse Ox** \_\_\_ % on RA / \_\_\_ L O<sub>2</sub> *Interp:* nml / hypoxic *Time:* \_\_\_\_\_  
 \_\_\_ % on RA / \_\_\_ L O<sub>2</sub> *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 / \_\_\_\_\_

**Treatment**  
 nasal / oral suctioning \_\_\_\_\_ oxygen \_\_\_\_\_ L per NC / mask  
 steroids po im iv:  
 prednisone / prednisolone / dexamethasone / solumedrol \_\_\_\_\_ mg  
 bronchodilator therapy:  
 albuterol / levelbuterol / racemic epinephrine / ipatropium \_\_\_\_\_  
 nebulization MDI with spacer \_\_\_\_\_  
 treatments given: 1 2 3 4 continuous (1 hour) x 1 2

**PROGRESS - Continued**

*Time* \_\_\_\_\_ unchanged improved re-examined

wheezing: none mild moderate severe \_\_\_\_\_

air movement: poor fair good \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ◆ 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: not eligible / refused / 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

**CLINICAL IMPRESSION**

Initial visit unless marked:  
 subsequent  sequelae

<p><b>Resp / ENT</b>            Asthma / Reactive airway dz :            acute exacerbation            status asthmaticus :            hx of: mild / mod / severe dz            : intermittent persistent</p> <p>ARDS            Bronchospasm, acute</p> <p>◆ Bronchitis: acute RSV            chronic: simple mucopurulent</p> <p>Cold (Nasopharyngitis)            COPD: w/: exacerbation            ◆ acute bronchitis</p> <p>Epiglottitis: acute w/ obstruction            Influenza: H1N1 A/B _____</p> <p>◆ Pharyngitis: acute Strep            Pneumonia: interstitial atypical            bronchopneumonia            lobar aspiration            viral: RSV influenza: A/B _____            bacterial: _____</p> <p>Pneumothorax: R / L tension            Pulm edema: acute w/ CHF            Pulm embolism w/ cor pulmonale</p>	<p>Respiratory failure, acute:            w/ hypoxia</p> <p>◆ Sinusitis:            acute recurrent chronic :            maxillary frontal ethmoid</p> <p>Smoke inhalation</p> <p>URI</p> <p><b>Other</b>            Acute MI: STEMI NSTEMI            anterior inferior lateral post</p> <p>Allergic reaction / anaphylaxis :            due to: _____</p> <p>CHF: acute chronic : LVF RVF</p> <p>GERD</p> <p>Viral syndrome</p> <p><b>Signs / Symptoms</b>            Chest pain: precordial atypical            Chest wall pain            Cough            Fever            Hypoxemia            Shortness of breath            Wheezing</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**, backslash **negatives**, check **normals**

Template Complete  See Addendum (Dictated / Template # \_\_\_\_\_) MD / DO \_\_\_\_\_

**CENTRAL LINE**

estimated blood loss \_\_\_\_\_ mL

central line placed \_\_\_\_\_ -lumen \_\_\_\_\_ -gauge prep: chlorhexidine maximum sterile barrier technique U/S assisted: sterile technique anesthesia \_\_\_\_\_ mL local lidocaine / \_\_\_\_\_ femoral position- R / L subclavian internal jugular (post / ant / inf approach) secured good blood return position confirmed on CXR

**INTUBATION**

intubated with # \_\_\_\_\_ ETT curved / straight blade nasal / oral preoxygenated / premedicated placement confirmed by: auscultation CXR placement corrected

**CHEST TUBE**

estimated blood loss \_\_\_\_\_ mL

chest tube inserted ( \_\_\_\_\_ French) Betadine prep anesthesia \_\_\_\_\_ mL local lidocaine / bupivacaine / \_\_\_\_\_ interspace position- mid / anter / post axillary line sutured in place position confirmed on CXR return- air / blood \_\_\_\_\_ connected to suction

PERC Rule:	
age < 50 yr	3
HR < 100	3
RA O2 sat > 94	1.5
no prior DVT / PE	1.5
no recent surg/trauma	1.5
no hemoptysis	1
no unilateral leg swelling	1
(if initial clin susp low & all above true, low risk of PE)	
Wells Criteria for PE	
clin signs/symptoms DVT	3
PE most likely Dx	3
HR > 100	1.5
immobile ≥ 3d / surg < 4wk	1.5
prior DVT or PE	1.5
hemoptysis	1
cancer tx < 6 months	1
Low: 0-2pt; Med: 3-6pt; High: >6pt	

For documentation purposes only:

**PROGRESS - Continued**

Time \_\_\_\_\_ improved unchanged re-examined