

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: abdominal pain vomiting diarrhea
 flank pain (R / L) _____

onset / duration: _____ min / hrs / days ago waxing / waning
 gradual sudden-onset
 persistent / worse
 since _____

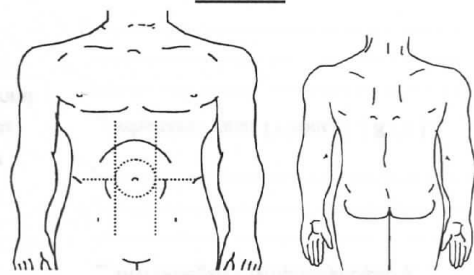
timing: still present better gone now _____
 constant intermittent episodes lasting: _____

context: recent travel: outside US bad food recent trauma
 sick contacts _____

severity: max- mild moderate severe (1/10) _____
 currently- mild moderate severe (1/10) _____ gone

quality: "pain"
 aching
 dull
 burning
 cramping
 sharp
 stabbing
 fullness

location:



migration (show migration: →)

associated symptoms: sweating _____
 fever / chills _____ loss of appetite _____
 nausea / vomiting x _____ chest pain _____
 bloody blood-streaks coffee-grounds testicular pain _____
 diarrhea x _____ back / neck pain _____
 blood streaks grossly bloody mucous _____

exacerbated by: supine upright position
 movements walking
 cough deep breaths
 food nothing

relieved by: supine upright position
 remaining still antacids
 food nothing

Similar symptoms previously _____
 Recently seen / treated by doctor / hospitalized _____

ROS

CONST
 recent illness _____ joint pain _____
 recent injury _____ SKIN
 rash _____
GI
 constipation _____ LYMPH
 black / bloody stools _____ swollen glands _____
 ankle swelling (R / L) _____
CVS
 palpitations _____ EYES
 problems with vision _____
RESP
 shortness of breath / cough _____ ENT
 hurts to breathe _____ sore throat _____
GU
 bloody / dark urine _____ NEURO
 problems urinating _____ headache _____
 LNMP _____ preg post-menop _____ dizziness / light-headedness _____
 anxiety / depression _____
 except as marked positive, all systems above reviewed and found negative

* CONST / CVS / RESP / GI / GU / MS components also addressed in HPI

PAST HX _____ no chronic diseases

cardiac disease Afib CHF CAD MI abdominal aneurysm _____
 diabetes Type 1 Type 2 CVA / TIA deficit (R / L) _____
 diet / oral / insulin ectopic pregnancy _____
 hypertension fecal impaction _____
 peptic ulcer hepatitis _____
 gall stones hyperlipidemia _____
 kidney stones intestinal obstruction _____
 bladder / kidney infections ovarian cyst(s) / fibroids _____
 ischemic bowel risk factors: pelvic infection / STD _____
 valvular disease elderly
 low BP recent MI
 pancreatitis / GERD / diverticulitis _____
 _____ old records reviewed / summary: _____

Surgeries / Procedures _____ none

appendectomy _____ cardiac bypass / stent _____
 cholecystectomy _____ hysterectomy / BTL / C-section _____
 endoscopy upper lower _____ tonsillectomy _____
 hernia repair (R / L) _____

Immunizations: 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 gall stones ovarian cysts CAD ulcer
 kidney stones aortic aneurysm _____

EKG

RHYTHM STRIP Rate: _____ Rhythm: NSR

EKG Interp. 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 /

Feeding Tube Insertion - Procedure Note

TIME: _____ "Time out" at _____

Indication: dislodged malfunctioning G-tube J-tube nasal feeding tube

Preparation: risks, benefits, alternatives explained: _____
 to patient parent guardian
 topical anesthesia used: lidocaine gel
 benzocaine spray
 tube size: _____

Procedure: successful / unsuccessful
 performed by: me ED physician PA nurse
 tube inserted into: abdominal stoma
 oropharynx R/L nostril
 no sig resistance met
 confirmed placement: by aspiration X-ray
 by auscultation
 secured: w/ tape suture dressing
Complications: none bleeding vomiting

Disposition Decision
 Decision made at: _____ Left Dept. at: _____

Basis For Discharge Decision:
 pt. condition: stable improved unchanged
 ambulatory active
 drinking fluids eating
 pain controlled

pt. exam:
 stable improved unchanged
 tenderness migratory
 no rebound no rigidity
 test results: no abnml no serious abnml
 min abnml mod abnml
 social support: adequate good excellent
 follow up: available arranged discussed w/ physician

Basis For Admit Decision:
 need for: further evaluation
 IV hydration
 IV medication
 IV antibiotics
 culture results
 pain control
 surgery / intensive care

Circle positives, backslash negatives, check normals

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

PROGRESS - Continued

Time _____ improved re-examined