37 McLaren THUMB REGION

McLaren Thumb Region
1100 S. Van Dyke
Bad Axe, MI 48413 • 989-269-9521

EMERGENCY PHYSICIAN RECORD
♦ Nausea / Vomiting / Diarrhea ♦

DATE:_____ TIME SEEN:_____ on arrival RM:____ *EMS Arrival*

HISTORIAN: patient spouse paramedics_____

__HX / __EXAM LIMITED BY:_____

☐ unable to obtain

HPI

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

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

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

context: recent antibiotic use sick contacts bad food camping
recent travel: *outside US* recent trauma _____

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

associated symptoms:

vomiting_____
*mild freq x*_____
bloody blood-streaked
bilious feculent

diarrhea_____
mild copious
mucous watery
bloody blood-streaked

abdominal pain_____
cramping aching burning
mild moderate severe
diffuse epigastric
RUQ RLQ LUQ LLQ
suprapubic periumbilical

Similar symptoms previously_____

Recently seen / treated by doctor / hospitalized_____

ROS

CONST
recent illness / fever_____
sweating_____

CVS
chest pain_____

RESP
cough *bloody / productive*_____
shortness of breath_____

GI
constipation _____
black stools_____

GU
bloody / dark urine_____
problems urinating_____
LNMP _____ *preg post- menop*

EYES
problems with vision_____

ENT
sore throat_____

MS
joint pain_____

SKIN
rash_____

LYMPH
swollen glands_____
ankle swelling *(R / L)*_____

NEURO
headache_____

PSYCH
anxiety / depression_____

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

▪ *GI components also addressed in HPI*

PAST HX __no chronic diseases

cardiac disease *AFib CAD CHF MI*
diabetes *Type I Type 2*_____
*diet / oral / insulin*_____
hypertension_____
clostridium difficile dz_____
pancreatitis
peptic ulcer_____

gall stones_____
colon problems_____
Crohn's / ulcerative colitis / IBS
liver disease_____
hepatitis / HIV_____

__old records reviewed / summary:_____

Surgeries / Procedures __none
appendectomy_____
cholecystectomy_____
cardiac bypass / stent_____
hysterectomy_____

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
diabetes bowel disease _____

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☐ Nursing Assessment Reviewed ☐ Vitals Reviewed _____ ☐ Posturals

*V/S BP*_____ *HR*_____ *RR*_____ *Temp*_____

PHYSICAL EXAM

General Appearance

__no acute distress
__alert
__mild / moderate / severe distress_____
__anxious / lethargic_____

EENT

__eyes inspection nml
__ENT inspection nml
__pharynx nml
__scleral icterus / pale conjunctivae_____
__EOM palsy *(R / L)* / anisocoria_____
__abnml TM / hearing deficit *(R / L)*_____
__pharyngeal erythema / exudate_____
__dry mucous membranes_____

NECK

__supple
__nml inspection
__thyromegaly / lymphadenopathy_____
__meningismus_____
__Kernig's sign / Brudzinski's sign_____

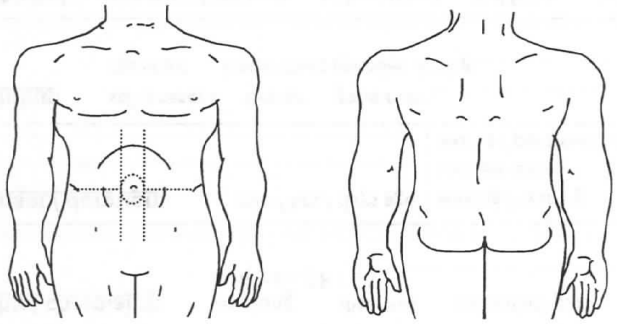
RESPIRATORY

__no resp. distress
__breath sounds nml
__wheezes / rales / rhonchi *(R / L)*_____

CVS

__reg. rate & rhythm
__heart sounds nml
__pulses full / equal
__irregularly irregular rhythm_____
__tachycardia / bradycardia_____
__JVD present_____
__gallop (S3 / S4)_____
__murmur_____
__decreased pulse_____
*R / L radial*____ *fem*____ *dors ped*____

ABDOMEN / GU



G = guarding	R = rebound	T = tenderness	*m* = mild	*mod* = moderate	*sv* = severe

__soft, non-tender
__no organomegaly
__nml bowel sounds
__distension_____
__guarding / rebound / tenderness: _____
generalized RUQ LUQ RLQ LLQ
__abnml bowel sounds_____
__McBurney's point tenderness_____
__psoas / Rovsing's sign / obturator sign_____
__hepatomegaly / splenomegaly / mass_____
__catheter present_____

PELVIC EXAM

__external exam nml
__speculum exam nml
__bimanual exam nml
__vaginal bleeding / discharge_____
__cervical motion tenderness _____
__adnexal tenderness / mass *(R / L)*_____
__enlarged / tender uterus_____

MALE GENITAL

__nml inspection
__testicular tenderness *(R / L)*_____

RECTAL

__non-tender
__heme neg stool
__tenderness_____
__black / bloody / heme pos. stool *trace* __
__no stool_____

BACK

__nml inspection
__CVA tenderness *(R / L)*_____

SKIN

__color nml, no rash
__warm, dry
__intact
__cyanosis / diaphoresis / pallor_____
__skin rash / embolic lesions_____
__signs of IVDA_____
__poor turgor_____
__pressure ulcer: *location*
*depth / stage: 1 2 3 4*_____

EXTREMITIES

__non-tender
__nml ROM
__no pedal edema
__calf tenderness *(R / L)*_____
__Homan's sign / cords *(R / L)*_____
__abnml joints *(R / L)*
__pedal edema *(R / L)*_____

NEURO / PSYCH

__oriented x4
__CN's nml *(2-12)*
__motor nml
__sensation nml
__mood / affect nml
__disoriented to: _____
person place time situation
__speech / cognition abnormalities_____
__facial droop / weakness / sensory loss_____
__depressed mood / affect_____

PROGRESS

*Time*_____ unchanged improved re-examined

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XRAYS / CT

Xrays done: *KUB upright abd 3-view chest: PA / lat AP*
Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist
__nml / NAD __nml bowel gas __no free air __no mass
__no infiltrates __nml heart size __nml mediastinum
abnml:_____

CT done: *abdomen pelvis* _____
Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist
__nml / NAD _____
abnml:_____

Ultrasound / FAST Exam: *abdomen pelvis*
Interpretation: ☐ By me ☐ By radiologist
__nml / NAD_____
abnml:_____

LABS

CBC	Chemistries		
normal except	normal except	Lipase_____	Rh_____
WBC_____	Na_____	Amylase_____	
Hgb_____	K_____	Alk Phos_____	**UA**
Hct_____	CO2_____	AST_____	normal except
Platelets_____	Gluc_____	ALT_____	WBC_____
segs_____	BUN_____	Lactate_____	RBC_____
bands_____	Creat_____	HCG	bacteria_____
		serum / urine	dip:_____
		POS NEG	

Pulse Ox ____% on RA / ____L O_2 Interp: nml / hypoxic Time:_____

PROGRESS - Continued

Time_____ unchanged improved re-examined

__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_____
♦ **Pregnancy -** HCG / US_____
♦ **Rh Negative Pregnancy-** Rhogam _____
♦ **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: lab / rad. results diagnosis need for follow-up
Additional history from: 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

CV
Acute MI: STEMI NSTEMI
anterior inferior lateral post
Angina: stable unstable
Ischemic chest pain
Ischemic colitis
Mesenteric ischemia: acute chronic

GI
Amebiasis, acute
Appendicitis: acute chronic :
w/ peritonitis: local general
Bowel obstruction
Crohn's dz: small bowel large
w/: bleeding fistula
obstruction abscess
Clostridium difficile enterocolitis
Diverticulitis: small bowel large
w/: bleeding perf abscess
Enteritis: viral bacterial
Gastritis: acute chronic :
alcoholic w/ bleeding
Gastroenteritis infectious viral
Irritable bowel w/ diarrhea
Paralytic ileus
Peptic ulcer dz: acute chronic :
w/: perforation hemorrhage
Ulcerative colitis:
involving: rectum sigmoid colon
w/: bleeding fistula
obstruction abscess
Volvulus

Liver / GB / Pancreas
Biliary colic: w/ gallstones
Cholecystitis: acute chronic
w/: gallstones obstruction
Hepatitis: acute chronic :
viral: A B C alcoholic
drug induced _____
Pancreatitis: acute chronic :
idiopathic biliary alcoholic

GU
Ovarian cyst: follicular simple
PID: acute chronic :
GC chlamydia _____
♦ Pregnancy: 1st 2nd 3rd trimester
+preg test ectopic - tubal
Pyelonephritis: acute chronic:
w/ obstruction
Torsion: R / L testicular ovarian
Ureterolithiasis R / L w/ gout
UTI: cystitis: acute chronic :
w/ hematuria

Other
Dehydration
DKA: w/: type I diabetes coma
Drug reaction - adverse:_____
Hypovolemia
Hypotension: orthostatic
w/ hypovolemia
Meningitis / Encephalitis
aseptic viral bacterial :
organism: _____
Pneumonia: interstitial atypical
bronchopneumonia
lobar aspiration
viral: RSV influenza: A / B ___
bacterial: _____
♦ SIRS / Sepsis, severe
w/: hypotension
shock DIC alt. mental
hypoxia resp. distress

Sign / Symptoms
Abd pain: RUQ LUQ RLQ LLQ
generalized acute abd
w/: rebound tenderness
Fever
Flank pain
Nausea / Vomiting / Diarrhea

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 #_____)

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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 /* _____

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
add'l testing IV medication
monitoring IV antibiotics
telemetry culture results
pain control surgery / intensive care

PROGRESS - Continued

*Time*_____ unchanged improved re-examined

_____ *MD / DO*

☐ Template Complete ☐See Addendum (Dictated / Template # _____)

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