

DATE: \_\_\_\_\_ TIME SEEN: \_\_\_\_\_ on arrival RM: \_\_\_\_\_ EMS Arrival  
 HISTORIAN: patient spouse paramedics \_\_\_\_\_  
 \_\_\_ HX / \_\_\_ EXAM LIMITED BY: \_\_\_\_\_  
 unable to obtain

**HPI**

**chief complaint:** pelvic pain vaginal pain vaginal discharge  
 vaginal bleeding passing tissue dysuria

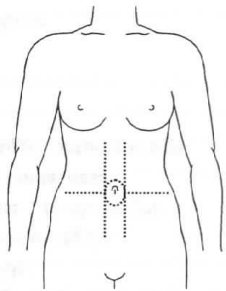
**onset / duration:** \_\_\_\_\_ min / hrs / days ago

**timing:** continues in ED gone now / better intermittent / worse

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

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

**location / quality of pain:**  
 abdominal pain:  
 generalized RUQ LUQ RLQ LLQ  
 pelvic pain:  
 cramping / pressure / "pain"  
 burning / sharp \_\_\_\_\_  
 vulvar / vaginal pain \_\_\_\_\_  
 low back pain \_\_\_\_\_  
 flank pain (R/L) \_\_\_\_\_  
 shoulder pain (R/L) \_\_\_\_\_  
 breast pain (R/L) \_\_\_\_\_



**vaginal bleeding:**  
 abnormal bleeding (started) \_\_\_\_\_  
 compared to menstrual periods: severe / heavier / similar / lighter / spotting  
 passing clots / tissue \_\_\_\_\_

**LNMP:** \_\_\_\_\_ post-menop. s / p hyst  
 irregular / missed / abnormal period(s)

**Sexual Hx:** active inactive pain w/ intercourse  
 Contraceptive- none condoms BCP's IUD patch Depo \_\_\_\_\_  
 hormonal \_\_\_\_\_

pregnant preg test: home in clinic (blood / urine)  
 G \_\_\_\_\_ P \_\_\_\_\_ Ab \_\_\_\_\_  
 EDC: \_\_\_\_\_ by: ultrasound / dates  
 prenatal care none clinic Dr. \_\_\_\_\_

<b>urinary symptoms:</b> frequent urination _____ blood in urine _____ discomfort with urination _____ burning urgency pain _____	<b>discharge:</b> vaginal discharge _____ vaginal fluid leakage (pregnant) _____
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Similar symptoms previously \_\_\_\_\_  
 Recently seen / treated by doctor / hospitalized \_\_\_\_\_

**ROS**

<b>CONST</b> recent illness / fever _____ sweating _____	<b>EYES</b> problems with vision _____
<b>GI</b> nausea / vomiting _____ decreased appetite _____ diarrhea _____ black / bloody stools _____	<b>ENT</b> sore throat _____
<b>CVS</b> chest pain _____	<b>LYMPH</b> swollen glands _____ ankle swelling (R/L) _____
<b>RESP</b> shortness of breath _____ cough productive _____	<b>MS</b> joint pain _____
<b>PSYCH</b> anxiety / depression _____	<b>SKIN</b> rash _____
	<b>NEURO</b> headache _____ fainting / dizziness _____

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

\* GI / GU / MS components also addressed in HPI

**PAST HX** \_\_\_ no chronic diseases

diabetes Type 1 Type 2 \_\_\_\_\_ PID / STD: GC Chlamydia \_\_\_\_\_  
 diet / oral / insulin \_\_\_\_\_ abortion \_\_\_\_\_  
 cardiac disease Afib CAD CHF MI \_\_\_\_\_ spontaneous / induced \_\_\_\_\_  
 hypertension \_\_\_\_\_  
 ectopic pregnancy \_\_\_\_\_  
 endometriosis / fibroids \_\_\_\_\_ gall stones / kidney stones \_\_\_\_\_  
 ovarian cyst(s) \_\_\_\_\_ hepatitis / HIV \_\_\_\_\_  
 bladder / kidney infections \_\_\_\_\_  
 \_\_\_ old records reviewed / summary: \_\_\_\_\_

**Surgeries / Procedures** \_\_\_ none

c-section _____	appendectomy _____
hysterectomy _____	cholecystectomy _____
salpingo-oophorectomy (R/L) _____	tonsillectomy _____
bilat tubal ligation _____	
dilation / curettage _____	

Immunizations: UTD / referred to PCP

Medications ___ none see nurses note	Allergies ___ NKDA see nurses note
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**SOCIAL HX**

smoker \_\_\_ ppd / never / past / quit: \_\_\_\_\_ ago  
 tobacco: use / dependence \_\_\_\_\_ nicotine: use / dependence \_\_\_\_\_  
 drugs \_\_\_\_\_ alcohol (recent / heavy / occasional) screening \_\_\_\_\_

**FAMILY HX**

ovarian cysts \_\_\_\_\_ ovarian cancer \_\_\_\_\_



**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:** pelvis \_\_\_\_\_

**Interpretation:**  By me  By radiologist  
 \_\_\_ nml / NAD \_\_\_\_\_  
 abnml: \_\_\_\_\_

**Fetal Heart Tones:**

Time \_\_\_\_\_  
 Time \_\_\_\_\_

**Postural Vitals:**

lying: BP \_\_\_\_\_ HR \_\_\_\_\_  
 sitting: BP \_\_\_\_\_ HR \_\_\_\_\_  
 standing: BP \_\_\_\_\_ HR \_\_\_\_\_

**LABS**

CBC	Chemistries	HCG	UA
normal except	normal except	serum / urine	normal except
WBC _____	Na _____	quant	WBC _____
Hgb _____	K _____	POS NEG	RBC _____
Hct _____	CO2 _____		bacteria _____
Platelets _____	Gluc _____		dip: _____
segs _____	BUN _____	Rh _____	
	Creat _____	GC / Chlam _____	
		Wet Prep _____	

**PROGRESS - Continued**

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

EGDT for sepsis considered

♦ **Severe Sepsis** -  $\geq 18$  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** -  $\geq 18$  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

GU	Other
♦ Abortion: - threatened, $<20$ wks - missed, $<20$ wk, fetal demise - spontaneous / induced : incomplete complete w/: UTI PID ♦ sepsis-severe delayed hemorrhage shock  Bartholin's abscess w/ I&D  ♦ Blighted ovum Cervicitis: GC chlamydia herpes trichomonas  ♦ Discomforts of pregnancy: trimester: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> : nausea vomiting fatigue low back pain pedal edema hemorrhoids  Dysfunctional uterine bleeding Dysmenorrhea: primary secondary Dyspareunia  ♦ Ectopic preg: R/L tubal abd Endometritis: acute chronic post-partum GC chlamydia Gonorrhea: vaginitis cervicitis Herpes genitalis: involving: vulva vagina cervix  Nephrolithiasis R / L Ovarian cyst: follicular simple Ovarian torsion R / L PID: acute chronic GC chlamydia  ♦ Pregnant: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> trimester +preg test IUP Pyelonephritis: acute chronic: w/ obstruction	Renal colic R / L  TOA: acute chronic Ureterolithiasis R / L Urethritis: nonspecific GC chlamydia trichomonas  Uterine fibroid: intramural submucosal subserosal  Urinary incontinence: stress urge post-void continual  UTI: cystitis: acute chronic : w/ hematuria catheter  Vaginal bleeding: heavy period menorrhagia metrorrhagia dysfunctional uterine bleed w/ ovulation post-coital  Vaginal discharge Vaginitis: acute chronic atrophic candida GC chlamydia  <b>Other</b> Appendicitis: acute chronic : w/ peritonitis: local general  Hernia: R / L : inguinal femoral w/: obstruction gangrene  <b>Sign / Symptoms</b> Abd pain: RUQ LUQ RLQ LLQ generalized acute abd w/: rebound tenderness  Dysuria / Fever Hematuria: gross microscopic Nausea / Vomiting Pain: R / L : flank pelvic

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 # \_\_\_\_\_)

