

EMERGENCY PHYSICIAN RECORD
◆ Uterine Contractions ◆
(Pregnancy greater than 20 wks)

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

HPI

chief complaint: uterine contractions vaginal bleeding
 vaginal fluid leakage pelvic pain abdominal pain

onset / duration: just prior to arrival **timing:** still present better
 today / yesterday _____ gone now lasted: _____
 _____ min / hrs / days ago

severity: mild moderate severe (1/10) _____

context:
 contractions / pelvic pain
 • STRENGTH- weak moderate strong
 • PATTERN- regular irregular
 FREQUENCY- every _____ mins uncertain
 DURATION- _____ mins brief
 vaginal bleeding
 • mild (bloody show) moderate heavy (pads / day _____)
 leakage of fluid
 • uncertain mild heavy gush

pregnancy hx: Rh _____
 prenatal care none clinic Dr. _____
 prior sonogram date _____ IUP fetal demise other
 pregnant preg test: home in clinic (blood / urine)
 EDC: _____ by: ultrasound / dates
 LNMP: _____ G _____ P _____ Ab _____ c-section vaginal

problems with current pregnancy: none
 gestational HTN "false labor" pre-eclampsia gestational diabetes

problems with prior pregnancy: none
 fetal distress gestational diabetes
 precipitous delivery failure to progress
 premature deliv. (at _____ wks) cranio-pelvic disproportion
 pregnancy-induced HTN pre-eclampsia

Similar symptoms previously _____

Recently seen / treated by doctor / hospitalized _____

ROS

CONST recent illness / fever _____ sweating _____	GI nausea / vomiting _____ decreased appetite _____ diarrhea _____
NEURO headache _____ fainting / dizzy _____	MS joint pain _____
EYES problems with vision _____	SKIN rash _____
ENT sore throat _____ nasal drainage / congestion _____	LYMPH swollen glands _____ ankle swelling (R/L) _____
CVS chest pain _____	PSYCH anxiety / depression _____
RESP shortness of breath _____ cough _____	

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

* GU components also addressed in HPI

PAST HX ___ no chronic diseases

cardiac disease Afib CAD CHF MI _____	abortion spontaneous / induced _____
diabetes Type 1 Type 2 _____ diet / oral / insulin _____	kidney stone(s) _____
hypertension _____	bladder / kidney infection _____
PID / STD: GC Chlamydia _____	gall stones _____
herpes genitalis _____	hepatitis / HIV _____
ectopic pregnancy (R/L) _____	
ovarian cyst(s) (R/L) _____	
endometriosis / fibroids _____	

___ old records reviewed / summary: _____

Surgeries / Procedures ___ none
 C-section _____ appendectomy _____
 dilation / curettage _____

Immunizations: UTD / referred to PCP

Medications ___ none see nurses note
 Rhogam _____

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 _____

Circle positives, backslash negatives, check normals

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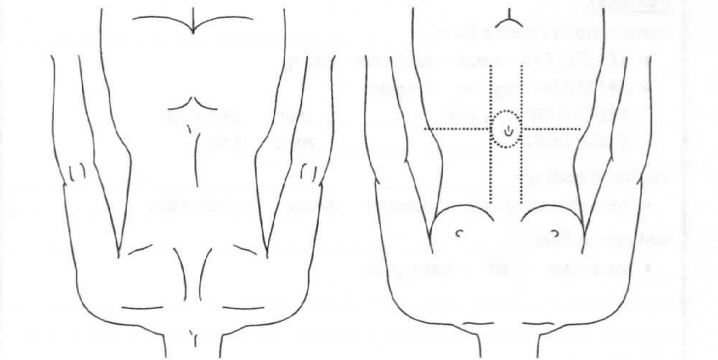
RECTAL

non-tender _____
 heme neg stool _____
 tenderness _____
 black / bloody / heme pos. stool trace _____
 fecal impaction _____

soft, non-tender _____
 no organomegaly _____
 no distension _____
 nml bowel sounds _____
 hepatomegaly / splenomegaly _____
 McBurney's point tenderness _____
 Rovsing's sign / obturator sign _____
 mass _____

gravid uterus _____
 uterine size: term c/w dates _____ -wk size _____
 contractions: _____
 strong moderate weak none _____
 uterine irritability _____
 tenderness / guarding / rebound: _____
 generalized RUQ LUQ RLQ LLQ _____
 no organomegaly _____
 no distension _____
 nml bowel sounds _____

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



ABDOMEN

heart sounds nml _____
 breath sounds nml _____
 no resp. distress _____
 wheezes / rales / rhonchi (R/L) _____
 tachycardia / bradycardia / murmur _____

RESP / CVS

nml inspection _____
 thyromegaly / lymphadenopathy _____

NECK

pharynx nml _____
 ENT inspection nml _____
 eyes inspection nml _____
 scleral icterus / pale conjunctivae _____
 EOM palsy (R/L) / anisocoria _____
 pharyngeal erythema _____
 abnml TM / hearing deficit (R/L) _____

EENT

no acute distress _____
 alert _____
 mild / moderate / severe distress _____
 anxious / lethargic _____

General Appearance

PHYSICAL EXAM

V/S BP _____ HR _____ RR _____ Temp _____
 Nursing Assessment Reviewed Vital signs reviewed Posturals

re-examined unchanged improved non-surgical _____
 Time _____

PROGRESS

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

disoriented to: _____
 person place time situation _____
 clonus / hyperreflexia (R/L) _____
 weakness / sensory loss _____
 facial droop (R/L) _____
 speech / cognition abnormalities _____
 depressed mood / affect _____

NEURO / PSYCH

distal pulses intact _____
 no pedal edema _____
 non-tender, nml ROM _____
 calf tenderness (R/L) _____
 pedal edema (R/L) _____
 Homan's sign (R/L) _____

EXTREMITIES

nml inspection _____
 CVA tenderness (R/L) _____

BACK

color nml, no rash _____
 warm, dry _____
 intact _____

SKIN

skin rash zoster-like _____
 embolic lesions / signs of IVDA _____
 pressure ulcer: location _____
 depth / stage: 1 2 3 4 _____

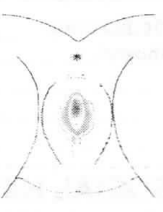
FHT'S:

external exam nml _____

presentation vertex breech uncertain _____
 station -2 -1 0 +1 +2 crowning _____
 dilation _____ -cm _____
 effacement _____ % _____
 vaginal discharge / vaginal bleeding _____
 amniotic fluid: _____
 none clear blood-tinged meconium _____
 Exam with cough-POS / NEG for fluid leakage _____
 nitrazine neg; weakly pos. strongly pos. _____
 (see nursing record for repeat FHT's) _____
 catheter present _____

PELVIC EXAM / GU

Digital Exam Speculum Exam



Circle **positives**, backslash ~~negatives~~, check **normals**

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

Time _____ unchanged improved re-examined

PROGRESS - Continued

INTUBATION

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

FIVE MINUTE APGAR SCORE: HR= _____ RR= _____

HR	Absent	less than 100	100 or greater
RR	Absent	Weak Cry	Strong Cry
Color	Blue or Pale	Pink blue extremities	Pink
Muscle Tone	Limp	Some flexion	Active Motion
Reflex Irrit	No response	Grimace	Cough or sneeze

SCORE= _____

ONE MINUTE APGAR SCORE: HR= _____ RR= _____

HR	Absent	less than 100	100 or greater
RR	Absent	Weak Cry	Strong Cry
Color	Blue or Pale	Pink blue extremities	Pink
Muscle Tone	Limp	Some flexion	Active Motion
Reflex Irrit	No response	Grimace	Cough or sneeze

SCORE= _____

VAGINAL DELIVERY

Position: lithotomy position (gurney / pelvic table) _____
 Anesthesia: vulvar local _____
 Prep / Episiotomy: betadine episiotomy (midline, right, left) _____
 Delivery Stabilization: precipitous delivery nuchal cord removed _____
 Newborn: suctioned (bulb syringe / suction catheter) stimulated _____
 intubated suctioned _____
 warmed with: blanket / infant warmer _____
 see newborn/spontaneous delivery template _____

XRAYS

Xrays done: KUB upright abd 3-view CXR _____

Interpretation: By me Viewed by me Discsd w/ radiologist

_____ nml / NAD _____ nml bowel gas _____ no mass _____ no organomegaly _____ nml lungs _____

abnml: _____