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

EMERGENCY PHYSICIAN RECORD
♦ Skin Rash / Insect Bite / Abscess ♦

DATE:______ TIME SEEN:_______ on arrival RM:____ EMS Arrival

HISTORIAN: patient spouse paramedics__________________

__HX / __EXAM LIMITED BY:______________________________

☐ unable to obtain

HPI

chief complaint: skin rash / lesion tender / swollen area insect bite / sting possible insect bite

onset / duration: ______ min / hrs / days ago __________

timing:
still present / better
worse_______________
gone now

*constant*______________
changing location with time
*intermittent / lasting*__________

location:
generalized facial neck trunk perirectal
axillary *R / L* upper extremity *R / L* lower extremity *R / L*

severity: mild moderate severe (1/10)________

quality: itchy painful burning __________

identified cause? no yes possibly__________

context:

Exposure-

Medication	Food	Other
antibiotic	*shellfish*	*bee / wasp sting*
aspirin	*nuts*	*ant bite*
NSAID	*soybeans*	*spider / insect bite*
ACE inhibitor	*eggs*	*poison ivy / oak*
other		*infectious illness*
		soap / detergent

When? *just prior to symptom onset* __________
Where- home work

Similar symptoms previously__________________

Recently seen / treated by doctor / hospitalized__________________

ROS

CONST
recent illness / fever__________
sweating__________

CVS
chest pain__________

RESP
shortness of breath__________
cough__________

EYES
redness / itching__________

ENT
sore throat __________
nasal drainage__________

GI
abdominal pain__________
nausea / vomiting__________

GU
problems urinating __________
*LNMP*______ *preg* *post- menop*

MS
calf / leg pain *(R / L)*__________
neck / back pain__________
joint pain__________

LYMPH
swollen glands__________
ankle swelling *(R / L)*__________

NEURO
headache__________
fainting__________
dizziness__________
tingling / numbness__________

PSYCH
anxiety__________

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

▪ *SKIN 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__________
hereditary angioedema__________

allergy to poison ivy__________
shingles__________
strep throat__________
hepatitis / HIV__________
lupus__________
chicken pox__________

__old records reviewed / summary:__________________

Surgeries / Procedures __none

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

atopic allergy asthma__________

Circle (positives) backslash negatives, check √ normals

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☐ Nursing Assessment Reviewed ☐ Vitals Reviewed ________

V/S BP________ HR________ RR________ Temp________

PHYSICAL EXAM

General Appearance

__no acute distress __mild / moderate / severe distress________
__alert __anxious / lethargic________

SKIN

__warm, dry __cyanotic / diaphoretic / pallid / jaundiced________
__nml color __abscess / tender indurated area________
__intact *pointing fluctuant w/ erythema w/ lymphangitis*

__skin rash / erythema / lesion / plaque________

location:
__generalized________
__face________
__scalp / ears *(R / L)*________
__neck *anterior / posterior*________
__trunk *chest / abdomen / back*________
__genitals________
__extremities *(R / L)*________

character:
__symmetric / asymmetric
__macular / papular / maculopapular
__fine / confluent / patchy
__linear / lacy / polycyclic
__vesicular / bullous
__urticarial / erythematous / petechial

with:
__warmth / tenderness / swelling
__lymphangitis
__induration / thickening
__scaling / well defined border
__weeping / inflammation / crusting
__rough texture / sand paper like
__skin-line distribution like pityriasis rosea________

__pressure ulcer: *location*________
depth / stage: 1 2 3 4 ________

EXTREMITIES

__nml inspection __described above________
__nml ROM __edema *(R / L) hands / arms / legs / pedal*
__non-tender
__no pedal edema

EENT

__eyes nml inspection __scleral icterus / injected conjunctivae________
__lips / gums nml __EOM palsy *(R / L)* / anisocoria________
__pharynx nml __pharyngeal erythema / swelling________

NECK

__trachea midline __stiff neck / meningismus________
__no swelling __lymphadenopathy________

RESPIRATORY

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

CVS

__reg. rate & rhythm __tachycardia / bradycardia________
__heart sounds nml __murmur grade ___ /6 *sys / dias*________

ABDOMEN / GU

__non-tender __tenderness:________
__no organomegaly *generalized RUQ LUQ RLQ LLQ*
__hepatomegaly / splenomegaly________
__catheter present________

RECTAL

__non-tender __rectal tenderness / mass / drainage________

NEURO / PSYCH

__oriented x4 __disoriented to:________
__CN's nml *(2-12)* *person place time situation*
__motor nml __facial droop *(R / L)*________
__sensation nml __weakness / sensory loss________
__mood / affect nml __depressed mood / affect________

PROGRESS

*Time*________ unchanged improved re-examined

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Circle positives backslash negatives, check √ normals

Ultrasound:
Interpretation: ☐ By me ☐ By radiologist
__nml / NAD
abnml:

LABS

CBC	Chemistries		
normal except	normal except		
WBC	Na		
Hgb	K		
Hct	CO2		
Platelets	Gluc		
segs	BUN		
bands	Creat		

PROCEDURES

INCISION AND DRAINAGE OF ABSCESS

Anesthesia
__local
lidocaine 1% 2% epi bicarb
bupivicaine 0.25% 0.5%
__procedural sedation
(see page 4)

Prep / Procedure
__skin prep
__incised abscess with ____blade
__purulent drainage *large / small*
__probed to break up loculations
__packed with gauze
__obtained cultures / gram stain
__estimated blood loss______mL

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
♦ **Pharyngitis -** *3y - 18y / strep A test / antibiotic*
♦ **BP Screen -** *≥ 18 y / screening / follow-up documented*
__measure exclusions: *not eligible / refused / not indicated / contraindicated / not available*
__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

Allergy
Allergic reaction / Anaphylaxis : *localized generalized*
to: bee sting wasp fire ants
food:
drug:
substance:
w/: pruritus rash hives bronchospasm angioedema shock
Angioendema: *hereditary*
Contact dermatitis, allergic:
due to: latex plants cosmetics metal

Soft Tissue Infection
*(**Specify location)*
Abscess - cutaneous:
Cellulitis:
Lymphangitis, acute:

Skin / Systemic / Other
Drug rash: *due to:*
enteral parenteral topical :
Eczema: *intrinsic flexural*
Erythema multiforme: *due to:*
Fifth disease
Gonococcemia *w/: arthritis urethritis vaginitis PID*
Hand, foot, mouth dz
Herpes genitalis: *penis scrotum cervix vagina vulva perianal*
Herpes zoster: *w/: keratitis external otitis*
Hidradenitis suppurativa
Impetigo: *bullous non-bullous*

Insect bite / sting:
ant fire ant bee wasp hornet spider tick mosquito caterpillar centipede
Lyme dz: *w/: rash myalgias arthralgias*
Measles
Meningococcemia, acute *w/ meningitis*
MRSA: *cellulitis lymphangitis*
abscess : location:
Pityriasis rosea
Poison Ivy / Poison Oak
Pruritus: *local generalized*
Psoriasis: *flexural plaque generalized pustular*
Rocky Mtn Spotted Fever
Rubella *w/ encephalitis*
Scabies
Scarlatina: *w/: rash ♦ pharyngitis*
♦ SIRS / Sepsis, severe
w/: hypotension shock DIC alt. mental hypoxia resp. distress
Syphilis: primary: *genital anal*
secondary: *rash PID*
Tinea: *capitis corporis cruris pedis verisicolor*
Toxic shock syndrome
Ulceration:
pressure non-pressure
: location:
: depth / stage:
Urticaria: *allergic idiopathic*
Varicella *w/ pneumonia*
Viral syndrome

Signs / Symptoms
Fever
Rash
Shortness of breath

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

♦ Reportable Measure

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PROCEDURAL SEDATION NOTE

☐ See Nursing notes for V/S monitoring

Sedation type: deep moderate other________

HPI ☐ see patient template

Indications:________

last meal________ Time: _ _ _ _

HPI ☐ see patient's template

prior complications to general anesthesia________

prior complications to procedural sedation________

Allergies: __NKDA see nurses note________

brevital etomidate fentanyl ketamine lidocaine

midazolam morphine nitrous oxide propofol________

other________

ASA Classification ______

E. Emergency conditions applies

P1. Normal healthy patient

P2. Patient with a mild systemic disease

P3. Patient with a severe systemic disease

P4. Patient with a severe systemic disease that is a constant threat to life

P5. Moribund patient who is not expected to survive w/o the operation

Physical Exam ☐ see patient's template

AIRWAY

__nml anatomy

__obese________

__large tongue / teeth________

__angioedema________

__abnormal 3-3-2-rule________

__possible upper airway obstruction________

__neck immobility________

Mallampati Classification ______

Class1. Soft palate, anterior / posterior tonsillar pillars, and uvula visible

Class2. Tonsillar pillars and uvula hidden by base of tongue

Class3. Only soft palate visible

Class4. Soft palate not visible

Preparation

__plan explained:________

to patient *to parent / guardian*

__consent signed (see hospital consent)________

__oximetry during procedure________

__capnometry during procedure________

__IV access obtained________

__suction immediately available________

__cardiac monitor used________

Sedation

__etomidate________

__fentanyl________

__ketamine________

__propofol________

__versed________

Reversal

__none________

__narcan________

__romazicon________

Complications during / after procedure -

none vomiting apnea O_2 desaturation

required BVM-PPV hypotension agitation

other________

Post Sedation Recovery Score ☐ see sedation record

I personally performed ☐ sedation and / or ☐ procedure

Intra-service time: __less than 10 mins __10-22min __23-37 min __38-52 min __53-67 min __68-82 min __83-97 min __98-112 min

PROCEDURES

INCISION AND DRAINAGE OF ABSCESS

Anesthesia

__local

lidocaine 1% 2% epi bicarb

bupivicaine 0.25% 0.5%

__procedural sedation

(*see attached sheet*)________

Prep / Procedure

__skin prep________

__incised abscess with ____blade

__purulent drainage *large / small*

__probed to break up loculations

__packed with gauze________

__obtained cultures / gram stain

__estimated blood loss______mL

XRAYS

CXR

Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist

__nml / NAD __no infiltrates __nml heart size __nml mediastinum

*abnml:*________

PROGRESS - continued

*Time*________ unchanged improved re-examined

________ **MD / DO**

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

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Circle positives, backslash negatives, check √ normals