

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

TREATMENT PTA: by patient paramedics EDP PCP
 epinephrine steroids benadryl _____ mg PO / IM / IV
 IV fluids _____

HISTORIAN: patient spouse paramedics _____
 ___ HX / ___ EXAM LIMITED BY: _____
 unable to obtain

HPI

chief complaint: face / throat swelling skin rash itching
 trouble breathing dizziness / fainting _____

onset / duration: _____ min / hrs / days ago
 continues in ED _____
 gone now better _____
 worse _____
 intermittent _____

associated symptoms:

skin rash / itching
 facial trunk extremities diffuse
 "redness" "hives"
 swelling
 face lip(s) tongue throat hands feet diffuse
 shortness of breath
 mild moderate severe
 trouble swallowing / speaking
 mild moderate severe
 fainting / dizziness

identified cause? no yes possibly _____

context:

Exposure-

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

When? just prior to symptom onset _____

Where- home work other _____

Similar symptoms previously _____

Recently seen / treated by doctor / hospitalized _____

ROS

EYES _____
 eyes: redness itching _____
 ENT _____
 sore throat _____
 CVS _____
 chest pain _____
 RESP _____
 cough _____
 GI _____
 abdominal pain _____
 nausea / vomiting _____
 GU _____
 problems urinating _____
 LNMP _____ preg post-menop _____

CONST _____
 recent illness / fever _____
 sweating _____
 MS _____
 calf / leg pain (R/L) _____
 neck / back pain _____
 LYMPH _____
 swollen glands _____
 NEURO _____
 headache _____
 tingling / numbness _____
 PSYCH _____
 anxiety _____

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

* RESP / NEURO / SKIN components also addressed in HPI

PAST HX _____ no chronic diseases

cardiac disease Afib CAD CHF MI asthma _____
 diabetes Type 1 Type 2 _____ hay fever _____
 diet / oral / insulin _____
 hypertension _____
 prior allergic reaction _____
 anaphylaxis hives _____
 idiopathic hives _____
 hereditary angioedema _____
 _____ old records reviewed / summary: _____

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 _____ negative

XRAYS

(chest CT on pg 4)

CXR

Interpretation: By me Viewed by me Discsd w/ radiologist

__ nml / NAD __ no infiltrates __ nml heart size __ nml mediastinum

abnml: _____

LABS

CBC normal except	Chemistries normal except	CK _____	UA normal except
WBC _____	Na _____	CKMB _____	WBC _____
Hgb _____	K _____	PT/PTT _____	RBC _____
Hct _____	CO2 _____	INR _____	bacteria _____
Platelets _____	Gluc _____		dip: _____
segs _____	BUN _____		
bands _____	Creat _____		
lymphs _____			

Pulse Ox ____% on RA / ____ L O₂ *Interp:* nml / hypoxic *Time:* _____

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 / _____

TREATMENT

__ oxygen / IV fluids / diphenhydramine / epinephrine _____

__ methylprednisolone / prednisolone / prednisone / dexamethasone _____

__ cimetidine / ranitidine / famotidine _____

__ nebulized albuterol / Xopenex / ipratropium _____

PROGRESS - Continued

Time _____ unchanged improved re-examined

◆ **BP Screen** - ≥ 18 y / screening / follow-up documented _____

measure exclusions: not eligible / 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

CLINICAL IMPRESSION

subsequent sequelae

<p>Allergic reaction / Anaphylaxis : localized generalized</p> <p>to: bee sting wasp fire ants</p> <p>food: _____</p> <p>drug: _____</p> <p>substance: _____</p> <p>w/: pruritus rash hives bronchospasm angioedema shock</p> <p>Angioedema: hereditary</p> <p>ENT / Resp</p> <p>Airway Obstruction</p> <p>Allergic rhinitis: acute chronic : seasonal perennial due to: pollen food dander _____</p> <p>Asthma / Reactive airway dz : acute exacerbation status asthmaticus : hx of: mild / mod / severe dz : intermittent persistent</p> <p>Bronchospasm, acute</p> <p>Hay fever</p>	<p>Skin / Other</p> <p>Contact dermatitis, allergic: due to: latex plants cosmetics metal _____</p> <p>Drug rash: due to: enteral parenteral topical _____</p> <p>Erythema multiforme: due to: _____</p> <p>Insect bite / sting : ant fire ant bee wasp hornet spider tick mosquito caterpillar centipede _____</p> <p>Poison Ivy / Poison Oak</p> <p>Pruritus: local generalized</p> <p>Urticaria, allergic</p> <p>Signs / Symptoms</p> <p>Nasal congestion</p> <p>Rash</p> <p>Shortness of breath</p> <p>Stridor</p> <p>Syncope</p>
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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 # _____)

