

DATE: \_\_\_\_\_ TIME SEEN: \_\_\_\_\_ on arrival RM: \_\_\_\_\_ EMS Arrival  
 TRANSFER FROM: \_\_\_\_\_  see transfer record  
 HISTORIAN: patient spouse paramedics NH records \_\_\_\_\_  
 \_\_\_HX / \_\_\_EXAM LIMITED BY: \_\_\_\_\_  unable to obtain

**HPI**

**chief complaint:** decreased mental status / confusion \_\_\_\_\_  
 low blood sugar / diabetic fever \_\_\_\_\_

**onset / duration:** \_\_\_\_\_ min / hrs / days ago  
 upon waking cannot confirm onset  
 gone now better continues in ED more than 3 hours  
 last known well date: \_\_\_\_\_ time: \_\_\_\_\_

*gradual-onset* \_\_\_\_\_  
*sudden-onset* \_\_\_\_\_  
*intermittent* \_\_\_\_\_  
*constant* \_\_\_\_\_

**character of altered mental status:**  
 trouble concentrating / disoriented / confused / combative / agitated  
 seizure activity / decreased responsiveness / unresponsive

**context:**  
 found unresponsive / unknown duration \_\_\_\_\_  
 by nursing home staff bystander family: \_\_\_\_\_  
 dextrostick PTA (\_\_\_\_\_) given D50 / Narcan PTA  
 good / marginal / no response  
 recent / heavy alcohol intake (beer / wine / liquor)  
 last drink: \_\_\_\_\_  
 drug abuse / overdose \_\_\_\_\_  
 recent trauma head injury \_\_\_\_\_  
 recent illness / other family members sick \_\_\_\_\_  
 new medications \_\_\_\_\_  
 nursing home resident / chronic dementia / depression \_\_\_\_\_

**baseline:**

<i>Cognition</i>	<i>Gait</i>
alert, oriented x4	walks w/o assistance
alert but disoriented to time	uses a cane / walker
alert but confused	walks only w/ assistance
poor alertness	unable to walk

**associated symptoms:**

fever / chills _____	fainting / dizziness _____
headache _____	trouble breathing _____
new weakness _____	nausea / vomiting _____
decreased ability to stand / walk	abdominal pain:
weak difficult off balance	generalized RUQ LUQ RLQ LLQ _____
cannot walk cannot stand falling	chest pain _____
involuntary movements / seizure	neck / back pain _____

Similar symptoms previously \_\_\_\_\_  
 Recently seen / treated by doctor / hospitalized \_\_\_\_\_

**ROS**

<b>EYES</b>	GI
problems with vision _____	diarrhea _____
	black stools _____
<b>ENT</b>	MS
trouble swallowing _____	joint pain _____
sore throat _____	
<b>CVS</b>	<b>SKIN</b>
palpitations _____	rash _____
<b>RESP</b>	<b>LYMPH</b>
cough _____	swollen glands _____
	ankle swelling (R/L) _____
<b>GU</b>	<b>PSYCH</b>
problems urinating _____	LNMP _____ preg post-menop anxiety / depression _____

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

\* CONST / CVS / RESP / NEURO / MS / GI components also addressed in HPI

**PAST HX** \_\_\_no chronic diseases

cardiac disease Afib CAD CHF MI	asthma / COPD _____
diabetes Type 1 Type 2	hepatitis / HIV _____
diet / oral / insulin	hyperlipidemia _____
hypertension _____	insect bite _____
confusion / dementia _____	GI bleeding _____
CVA / TIA deficit (R/L) _____	
head trauma _____	
overdose _____	
seizure disorder _____	
psychiatric disorder _____	
schizoph. / bipolar / depression	
___old records reviewed / summary: _____	

**Surgeries / Procedures** \_\_\_none \_\_\_recent \_\_\_\_\_

appendectomy _____	hysterectomy / BTL _____
cardiac bypass / stent _____	pacemaker _____
cholecystectomy _____	hip / knee replacement (R/L) _____

**Immunizations:** influenza / pneumovax UTD / referred to PCP \_\_\_\_\_

**Medications** \_\_\_none see nurses note  
 aspirin coumadin clopidogrel

**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** CVA CAD HTN cerebral aneurysm \_\_\_\_\_

Circle (positives), backslash \negatives, check \normals

**NECK**

supple  
non-tender  
no carotid bruit  
cervical lymphadenopathy  
stiff neck / meningismus  
carotid bruit (R/L)  
Kernig's sign / Brudzinksi's sign

**PSYCH**

mood / affect nml  
thought content nml  
thought process nml  
depressed / tearful / anxious / paranoid  
labile / flat / agitated  
non-communicative / pressured / slow  
rambling / tangential  
suicidal / homicidal ideation / plan  
grandiosity / hallucination: vis / aud  
disorganized / flight of ideas  
poor insight / poor judgment

**motor / sensory**

motor nml  
sensation nml  
reflexes nml  
Babinski reflex (R/L)  
asterixis  
abnl movements  
tremor  
altered light-touch / pin-prick / 2-pt discrimin  
pronator drift (R/L)  
weakness / hemiparesis / hemiplegia (R/L)

**cerebellar**

nml as tested  
abnl Romberg / gait / finger-nose test (R/L)

**cranial nerves**

nml (2-12)  
facial palsy (R/L) forehead: involved spared  
tongue deviation (to R/L)

**NEURO**

disoriented to: time place person situation  
speech / cognition abnormalities  
abnl response to commands  
no response eyes open slow inappropriate  
abnl response to pain:  
withdraws flexor extensor none  
aphasic expressive / receptive  
dysarthria

**General Appearance**

no acute distress  
alert

**PHYSICAL EXAM**

V/S BP HR Temp  
RR  
Vitals Reviewed   
Nursing Assessment Reviewed

**HEENT**

EOM's intact  
PERRL  
scleral icterus / pale conjunctivae  
unequal pupils R mm L mm  
raccoon eyes / Battle's sign (R/L)  
EOM palsy (R/L)  
abnl funduscopic / papilledema (R/L)  
hemomypanum (R/L)  
deprsd gag reflex / handles secretions poorly  
pharyngeal erythema / exudate  
tenderness / swelling / echymosis (R/L)  
dry mucous membranes

**RESPIRATORY**

no resp. distress  
breath sounds nml

**ABDOMEN / GU**

non-tender  
no organomegaly

**SKIN**

color nml, no rash  
warm, dry, intact  
cyanosis / diaphoresis / pallor / ecchymosis  
rash / embolic lesions  
pressure ulcer: location  
depth / stage: 1 2 3 4

**RECTAL EXAM**

nml rectal exam  
heme neg. stool  
decreased rectal tone

**PROGRESS**

unchanged  
improved  
re-examined

**EXTREMITIES**

non-tender  
nml ROM  
no pedal edema

**CVS**

reg. rate & rhythm  
heart sounds nml

**ABDOMEN / GU**

guarding / tenderness :  
generalized RUQ LUQ RLQ LLQ  
hepatomegaly / splenomegaly / mass  
catheter present

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**XRAYS / CT / MRI**

**Head CT / MRI:**  
**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_  
 abnml: \_\_\_\_\_

**CXR**  
**Interpretation:**  By me  Viewed by me  Discsd w/ radiologist  
 \_\_\_ nml / NAD \_\_\_ no infiltrates \_\_\_ nml heart size \_\_\_ nml mediastinum  
 abnml: \_\_\_\_\_

**LABS**

<b>CBC</b> normal except WBC _____ Hgb _____ Hct _____ Platelets _____ segs _____ bands _____	<b>Chemistries</b> normal except Na _____ K _____ CO2 _____ Gluc _____ BUN _____ Creat _____	<b>ABG</b> RA / ___ L O <sub>2</sub> _____ pH _____ pCO <sub>2</sub> _____ pO <sub>2</sub> _____ PT/PTT _____ INR _____ ammonia _____ lactate _____ TSH _____	<b>UA</b> normal except _____
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**Cultures**  
 blood x \_\_\_\_\_  
 sputum \_\_\_\_\_  
 ETOH \_\_\_\_\_  
 TOX \_\_\_\_\_

**Pulse Ox** \_\_\_ % on RA / \_\_\_ L O<sub>2</sub> **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 / \_\_\_\_\_

**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 / ScvO<sub>2</sub> / US / dynamic assess. of fld response \_\_\_\_\_

◆ **CVA** - t-PA given within 3 hrs last known well \_\_\_\_\_

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

\_\_\_ measure exclusions: not eligible / refused / not indicated / contraindicated

Altered Mental Status - 45 Page 3 of 4

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** Initial visit unless marked:  
 subsequent  sequelae

<p><b>Neuro</b>          ◆ <b>CVA:</b> (**specify vessel if known)          Infarct: thrombotic embolic occlusion, unk type          artery involved: (R / L) _____          Hemorrhage:          Intracerebral: subcortical cortical intraventricular          SAH brainstem cerebellar          artery involved: (R / L) _____          TIA: acute recent multiple :          c/w syndrome:          carotid ACA MCA PCA          a. fugax vertebra-basilar          lacunar: motor sensory          Seizure: generalized focal complex partial status :          w/ hx of epilepsy: idiopathic : controlled: well poorly          Dementia: senile multi-infarct          Alzheimer's: early onset late          Parkinson's frontotemporal w/ behavioral problem          Subdural (nontraumatic):          R / L acute subacute chronic          Syncope: vasovagal orthostatic</p>	<p><b>ID</b>          Meningitis / Encephalitis          aseptic viral bacterial :          organism: _____          Pneumonia: interstitial atypical bronchopneumonia lobar aspiration          viral: RSV influenza: A / B          bacterial: _____          ◆ <b>SIRS / Sepsis, severe</b>          w/: hypotension shock DIC alt. mental hypoxia resp. distress</p> <p><b>Other</b>          Dehydration          Hyponatremia          Hypoglycemia: w/ coma w/ diabetes: Type 1 Type 2          Hypoxia          Hypovolemia: shock          Overdose / Poisoning:          intentional accidental unknown substance: _____          Substance abuse: _____          w/: intoxication dependence withdrawal delirium perceptual disturbance</p> <p><b>Signs / Symptoms</b>          Confusion / Stupor / Coma</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 # \_\_\_\_\_)

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**PROCEDURES**

**TREATMENT / PROCEDURE** Time: \_\_\_\_\_  
D50 Narcan Thiamine \_\_\_\_\_  
Intubated by ED Physician pre-oxygenated \_\_\_\_\_  
RSI protocol succinylcholine vecuronium \_\_\_\_\_  
# \_\_\_\_\_ nasal / oral breath sounds equal position confmd on CXR

**INTUBATION**  
intubated with # \_\_\_\_\_ ETT curved / straight blade nasal / oral  
preoxygenated / premedicated \_\_\_\_\_  
placement confirmed by: auscultation CXR end-tidal CO2 detector  
placement corrected \_\_\_\_\_

**CENTRAL LINE**  
estimated blood loss \_\_\_\_\_ mL  
central line placed \_\_\_\_\_-lumen \_\_\_\_\_-gauge prep: chlorhexidine  
maximum sterile barrier technique U/S assisted: sterile technique  
anesthesia \_\_\_\_\_ mL local lidocaine /  
position- R/L subclavian internal jugular (post / ant / inf approach)  
femoral  
secured good blood return position confirmed on CXR

**PROGRESS - Continued**

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

Circle (positives), backslash negatives, check Normals

Template Complete  See Addendum (Dictated / Template # \_\_\_\_\_)  
MD / DO \_\_\_\_\_