

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

HPI

chief complaint: dizziness weakness near-fainting
 vertigo (person / room) _____

timing / duration: _____
 last known well date: _____ time: _____ constant intermittent
 sudden / gradual onset _____ episodes lasting _____
 cannot confirm onset _____ worse / persistent since _____
 still present better gone now _____ noted on awakening _____
 lasted: greater than 3 hrs _____

context: _____

severity: max- mild moderate severe (1/10) _____
 currently- mild moderate severe (1/10) _____ gone

associated symptoms: headache _____
VESTIBULAR weakness _____
 hearing loss (R / L) _____ numbness _____
 ringing / roaring in ear (R / L) _____ sweating _____
 ear pain (R / L) _____ light headedness _____
 nausea / vomiting _____ fainted / nearly fainted _____
 sense of movement _____ while: standing sitting supine
 spinning / falling vague / distinct _____ lasted: _____
 sense of confusion _____

decreased ability to stand / walk _____
 weak difficult off balance cannot walk cannot stand falling
 walks w/o assistance cane walker unable to walk bed-ridden unable to sit

Usually- walks w/o assistance stands for transfers
 uses a cane / walker bed-ridden
 walks only w/ assistance unable to sit up
 unable to walk

worsened by: nothing changing position movement of head
 standing position _____

Similar symptoms previously _____

 Recently seen / treated by doctor / hospitalized _____

ROS

CONST
 recent illness / fever _____
RESP
 shortness of breath _____
 cough _____
EYES
 problems with vision _____
ENT
 sore throat _____
GI
 abdominal pain _____
 diarrhea _____
 black stools _____
GU
 problems urinating _____
 LNMP _____ preg post-menop
 missed / irregular periods _____
 heavy periods / abnml bleeding _____
 except as marked positive, all systems above reviewed and found negative

CVS
 chest pain _____
MS
 calf / leg pain (R / L) _____
 neck / back pain _____
SKIN
 rash _____
LYMPH
 swollen glands _____
 ankle swelling (R / L) _____
NEURO
 tingling hands / face _____
 muscle spasms hands / feet _____
PSYCH
 anxiety / depression _____

• CONST / ENT / NEURO components also addressed in HPI

PAST HX ___no chronic diseases

cardiac disease Afib CAD CHF MI _____
 diabetes Type 1 Type 2 _____
 diet / oral / insulin _____
 hypertension _____
 CVA / TIA deficit (R / L) _____
 head trauma _____
 inner ear problems _____
 ___old records reviewed / summary: _____

asthma / COPD _____
 hepatitis / HIV _____
 hyperlipidemia _____

Surgeries / Procedures ___none

cardiac bypass / stent _____
 pacemaker / defibrillator _____
 carotid endarterectomy _____
 appendectomy _____
 cholecystectomy _____
 hysterectomy / BTL / C-section _____

Immunizations: 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 stroke migraines CAD multiple sclerosis _____

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: _____

Ultrasound / FAST Exam: _____

Interpretation: By me By radiologist
 ___ nml / NAD ___
 abnml: _____

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 / _____

Postural Vitals:

lying: BP _____ HR _____
 sitting: BP _____ HR _____
 standing: BP _____ HR _____

PROGRESS - Continued

Time _____ unchanged improved re-examined

- ◆ CVA - t-PA given within 3 hrs last known well _____
- ◆ A-Fib / A-Flutter - ≥ 18 y / oral anticoagulant _____
- ◆ Pregnancy - HCG / US _____
- ◆ Rh Negative Pregnancy- Rhogam _____
- ◆ AOE - ≥ 2y / topical therapy / No systemic antimicrobial _____
- ◆ 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: _____ 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

Neuro

◆ CVA: (**specify vessel if known)
 Infarct: thrombotic embolic occlusion, unk type :
 artery involved:
 (R / L) _____

TIA: acute recent multiple :
 c/w syndrome:
 carotid ACA MCA PCA
 a. fugax vertebra-basilar
 lacunar: motor sensory

Meningitis / Encephalitis
 aseptic viral bacterial :
 organism: _____

Vertigo: R / L :
 benign paroxysmal central
 peripheral

Vestibular neuronitis: R / L

CV / Resp

Acute MI: STEMI NSTEMI
 anterior inferior lateral post

Angina: stable unstable
 Arrhythmia: PACs PJs PVCs
 sinus brady sinus tach
 sick sinus syndrome
 sinoatrial pauses

- ◆ A-fib: paroxysmal chronic
- ◆ A-flutter: typical atypical PSVT

AV block: 1st 2nd 3rd
 nodal rhythm idioventricular
 V tach V flutter torsades

Ischemic chest pain
 Pulm embolism w/ cor pulmonale

ENT

Hearing loss, sudden: R / L
 Labyrinthitis: R / L
 Meniere's Disease: R / L

Otitis media: R / L :
 acute recurrent chronic :
 serous suppurative
 w/ TM perf: central marginal

◆ Otorrhea: R / L
 Tinnitus: R / L

Other

Anemia:
 assoc w/: chronic dz cancer
 ESRD chemotherapy

Iron deficiency:
 due to: inadequate diet
 blood loss: acute chronic

Anxiety disorder, generalized
 Dehydration

Drug reaction, adverse: _____
 GI Bleed: w/: hematemesis
 hematochezia
 melena occult blood

Hyperventilation syndrome
 Hypoglycemia: w/ coma
 w/ diabetes: Type 1 Type 2

Hypovolemia
 ◆ Pregnancy: 1st 2nd 3rd trimester
 +preg test ectopic - tubal

Substance abuse: _____
 w/: intoxication dependence
 withdrawal delirium
 perceptual disturbance

Syncope: vasovagal orthostatic
 URI
 Viral syndrome

Signs / Symptoms

Ataxia, acute / Ataxic gait
 Dizziness
 Hypoxemia
 Malaise / Fatigue
 Nausea / Vomiting / Diarrhea
 Near syncope
 Weakness

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 V normals

6230.181.07-18

Template Complete See Addendum (Dictated / Template #)

MD / DO

Blank lined area for notes or observations.

PROGRESS - Continued

Time _____
unchanged improved re-examined

Disposition Decision
 Decision made at: _____ Left Dept. at: _____

Basis For Discharge Decision:
 pt. condition: stable improved unchanged
 ambulatory active
 drinking fluids eating
 pain controlled

pt. exam:
 stable improved unchanged
 test results: no abnml no serious abnml
 min abnml mod abnml
 social support: adequate good excellent
 follow up: available arranged discussed w/ physician

Basis For Admit Decision:
 need for: further evaluation
 add'l testing
 monitoring
 telemetry
 pain control
 IV hydration
 IV medication
 IV antibiotics
 culture results
 surgery / intensive care