

DATE: \_\_\_\_\_ TIME SEEN: \_\_\_\_\_ on arrival RM: \_\_\_\_\_ EMS Arrival  
 HISTORIAN: patient spouse paramedics \_\_\_\_\_  
 \_\_\_HX / \_\_\_EXAM LIMITED BY: \_\_\_\_\_  
 unable to obtain

**HPI**

**chief complaint:** seizure first time / hx of seizure disorder

**timing / onset / duration:** unknown duration / number  
 single episode multiple episodes (# \_\_\_\_\_) began \_\_\_\_\_  
 most recent episode: \_\_\_\_\_ status epilepticus \_\_\_\_\_  
 continued on arrival in ED \_\_\_\_\_  
 details of seizure cannot be obtained / verified \_\_\_\_\_  
 last known well date: \_\_\_\_\_ time: \_\_\_\_\_

**witnessed?** no yes, by: \_\_\_\_\_

**preceding symptoms / context:** \_\_\_none  
 activity prior to seizure \_\_\_\_\_  
 recent illness \_\_\_\_\_  
 fever / chills \_\_\_\_\_  
 missed recent doses of seizure meds \_\_\_\_\_  
 changed medication or dosage \_\_\_\_\_  
 recent alcohol intake / drug use \_\_\_\_\_  
 sleep deprivation \_\_\_\_\_

<b>character of seizure(s):</b> lost consciousness unresponsive: completely partially unknown did not regain between seizures _____ motor activity: generalized "shaking all over" shaking in one area: _____ staring _____ other: _____ incontinence urine / stool _____ stopped breathing _____ lost pulse _____	<b>post-ictal symptoms:</b> none _____ confusion _____ headache _____ speech difficulty _____ visual disturbance R / L _____ lost power / feeling _____ R / L arm R / L leg _____
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**injury:** none head neck nose lip mouth bit tongue  
 chest abdomen back RUE LUE RLE LLE

Recently seen / treated by doctor / hospitalized \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ROS**

<b>NEURO</b> headache _____ fainting / dizzy _____ <b>PSYCH</b> anxiety / depression _____ <b>EYES</b> problems with vision ( R / L ) _____ <b>CVS</b> chest pain _____ palpitations _____ <b>RESP</b> shortness of breath / cough _____ <b>GU</b> problems urinating _____ LNMP _____ preg post- menop	<b>ENT</b> sore throat _____ <b>GI</b> abdominal pain _____ nausea / vomiting _____ diarrhea _____ black stools _____ <b>MS</b> joint pain ( R / L ) _____ neck pain _____ <b>SKIN</b> rash _____ <b>LYMPH</b> swollen glands _____ ankle swelling ( R / L ) _____
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except as marked positive, all systems above reviewed and found negative

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

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

previous seizure / seizure disorder \_\_\_\_\_ CVA / TIA deficit ( R / L ) \_\_\_\_\_  
 recent onset long-standing \_\_\_\_\_ brain tumor / cancer chemo rad tx  
 since childhood \_\_\_\_\_ known mets \_\_\_\_\_  
 psychiatric disorder \_\_\_\_\_  
 • etiology: idiopathic head injury \_\_\_\_\_  
 prior stroke ethanol abuse \_\_\_\_\_  
 cancer craniotomy cysticercosis \_\_\_\_\_  
 unsure other \_\_\_\_\_  
 cardiac disease Afib CAD CHF MI  
 • sz control: good poor tx resistant diet / oral / insulin \_\_\_\_\_  
 occasional frequent none for years \_\_\_\_\_  
 last seizure: \_\_\_\_\_ hypertension \_\_\_\_\_  
 hepatitis / HIV \_\_\_\_\_

\_\_\_old records reviewed / summary: \_\_\_\_\_

**Surgeries / Procedures** \_\_\_none  
 craniotomy \_\_\_\_\_ VP shunt \_\_\_\_\_

**Immunizations:** UTD / referred to PCP  
**Medications** \_\_\_none see nurses note  
 aspirin coumadin clopidogrel phenytoin  
 phenobarbital carbamazepine valproic  
**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** CNS cancer seizure cerebral aneurysm





Circle positives, backslash negatives, check normals

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

Multiple horizontal lines for notes or additional information.

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

**PROGRESS - Continued**

C1 fx: arch: ant post burst (Jefferson fx) lateral mass  
dens: type I || III extension tearrop  
traumatic spondylo (hangman fx): type I || IA III  
C2 fx: wedge tearrop burst spinous process  
C3 fx: wedge tearrop burst spinous process  
# : stable unstable nondisplaced displaced

**FRATURES - Continued**

LP  
discussed risks, benefits, options; patient / parent / guardian consents.  
Time: \_\_\_\_\_  
open press. = \_\_\_\_\_  
RBC \_\_\_\_\_  
fluid color \_\_\_\_\_  
sterile technique \_\_\_\_\_  
glucose \_\_\_\_\_  
WBC \_\_\_\_\_  
lymphs \_\_\_\_\_  
monos \_\_\_\_\_  
L3-4 L4-5  
protein \_\_\_\_\_  
polys \_\_\_\_\_  
gm str \_\_\_\_\_

**PROCEDURES**

Wound Description / Repair: \_\_\_\_\_  
length \_\_\_\_\_ cm location \_\_\_\_\_  
linear stellate irregular flap into: subcut / muscle  
clean contaminated moderately / heavily  
distal NVT: neuro / vasc intact no tendon injury  
anesthesia: local topical \_\_\_\_\_ lidocaine / bupivacaine epi / bicarb  
prep: Betadine / other \_\_\_\_\_  
irrigated with saline  
wound explored  
to base / in bloodless field  
foreign body identified:  
wood glass metal other \_\_\_\_\_  
foreign material removed  
repair: superficial deep complicated  
Wound closed with: adhesive / Dermabond / steri-strips  
no closure required  
SKIN- # \_\_\_\_\_ nylon / prolene / staples /  
silk / ethion / dexon  
SUBCUT- # \_\_\_\_\_ vicryl / chromic